|                                                                                                                                                                                                     |                            |                                | Extended to May 15, 2025                                                                                                            | m Incomo Tox                       | OMB No. 1545-0047              |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|--|--|--|--|--|
| <b>F</b>                                                                                                                                                                                            | Q                          | 90                             | Return of Organization Exempt From                                                                                                  |                                    |                                |  |  |  |  |  |
| Fori                                                                                                                                                                                                | n J                        | <b>JU</b>                      | e (except private foundat                                                                                                           |                                    |                                |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service         Do not enter social security numbers on this form as it may be made public.         Open<br>Instructions and the latest information. |                            |                                |                                                                                                                                     |                                    |                                |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                |                                                                                                                                     | g JUN 30, 202                      |                                |  |  |  |  |  |
| B                                                                                                                                                                                                   | heck if                    | C Name o                       | organization                                                                                                                        | D Employer ident                   |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | Addre                      |                                |                                                                                                                                     |                                    |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | <br>Name                   |                                | is Center for South Suburbia                                                                                                        | 26 2020                            | 064                            |  |  |  |  |  |
|                                                                                                                                                                                                     | _chang<br>Initial          |                                | Jsiness as                                                                                                                          | <u>36-3039</u>                     |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | _]return<br>]Final         |                                | and street (or P.O. box if mail is not delivered to street address) Room<br>ox 39                                                   | /suite E Telephone numl<br>708-429 |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | ⊥return,<br>termin<br>ated |                                | own, state or province, country, and ZIP or foreign postal code                                                                     | G Gross receipts \$                | 7,697,562.                     |  |  |  |  |  |
|                                                                                                                                                                                                     | Amen                       | ded min1                       | ey Park, IL 60477                                                                                                                   | H(a) Is this a group               |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | Applic tion                | <sup>xa-</sup> <b>F</b> Name a | nd address of principal officer: Pamela Kostecki                                                                                    | for subordinat                     |                                |  |  |  |  |  |
|                                                                                                                                                                                                     | pendir                     |                                | as C above                                                                                                                          | H(b) Are all subordinate           |                                |  |  |  |  |  |
| 11                                                                                                                                                                                                  | ax-ex                      | empt status:                   | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or                                                                                   | 527 If "No," attach                | a list. See instructions       |  |  |  |  |  |
|                                                                                                                                                                                                     | Vebsi                      |                                | crisisctr.org                                                                                                                       | H(c) Group exemp                   | tion number                    |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                | X Corporation Trust Association Other L                                                                                             | Year of formation: 1979            | M State of legal domicile: IL  |  |  |  |  |  |
| Pa                                                                                                                                                                                                  | art I                      | Summary                        |                                                                                                                                     |                                    |                                |  |  |  |  |  |
| e                                                                                                                                                                                                   |                            |                                | e the organization's mission or most significant activities: The Cri                                                                |                                    |                                |  |  |  |  |  |
| anc                                                                                                                                                                                                 | 1                          |                                | a is a non-profit community organizat                                                                                               |                                    |                                |  |  |  |  |  |
| ernë                                                                                                                                                                                                | 1                          | Check this bo                  |                                                                                                                                     |                                    |                                |  |  |  |  |  |
| Governance                                                                                                                                                                                          |                            |                                |                                                                                                                                     |                                    | <u>3 12</u><br>4 12            |  |  |  |  |  |
| જ                                                                                                                                                                                                   |                            |                                | ependent voting members of the governing body (Part VI, line 1b)<br>of individuals employed in calendar year 2023 (Part V, line 2a) |                                    | 5 116                          |  |  |  |  |  |
| Activities &                                                                                                                                                                                        |                            |                                | of individuals employed in Calendar year 2023 (Part V, inte 2a)                                                                     |                                    | 6 225                          |  |  |  |  |  |
| žţ                                                                                                                                                                                                  |                            |                                | biological designation recessary)                                                                                                   |                                    | va 0.                          |  |  |  |  |  |
| Ac                                                                                                                                                                                                  |                            |                                | business taxable income from Form 990-T, Part I, line 11                                                                            |                                    | <u>u</u><br>vb 0.              |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                |                                                                                                                                     | Prior Year                         | Current Year                   |  |  |  |  |  |
| đ                                                                                                                                                                                                   | 8                          | Contributions                  | and grants (Part VIII, line 1h)                                                                                                     | 4,708,753                          |                                |  |  |  |  |  |
| Revenue                                                                                                                                                                                             | 9                          | Program servi                  | ce revenue (Part VIII, line 2g)                                                                                                     |                                    |                                |  |  |  |  |  |
| eve                                                                                                                                                                                                 | 10                         | Investment ind                 | come (Part VIII, column (A), lines 3, 4, and 7d)                                                                                    |                                    |                                |  |  |  |  |  |
| £                                                                                                                                                                                                   | 11                         | Other revenue                  | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                          |                                    |                                |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                | 5,839,052                          |                                |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                | nilar amounts paid (Part IX, column (A), lines 1-3)                                                                                 | -                                  |                                |  |  |  |  |  |
|                                                                                                                                                                                                     |                            |                                | o or for members (Part IX, column (A), line 4)                                                                                      | 0                                  |                                |  |  |  |  |  |
| ses                                                                                                                                                                                                 | 15                         |                                | compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                   | <u>3,366,393</u><br>0              |                                |  |  |  |  |  |
| Expenses                                                                                                                                                                                            | 16a                        |                                | 0                                                                                                                                   | • •                                |                                |  |  |  |  |  |
| БХр                                                                                                                                                                                                 | D                          |                                | ng expenses (Part IX, column (D), line 25) 614,351.<br>As (Part IX, column (A), lines 11a-11d, 11f-24e)                             | 1,883,026                          | . 1,033,574.                   |  |  |  |  |  |
|                                                                                                                                                                                                     | ''                         |                                | s. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                        |                                    |                                |  |  |  |  |  |
|                                                                                                                                                                                                     |                            | -                              | expenses. Subtract line 18 from line 12                                                                                             | 589,633                            |                                |  |  |  |  |  |
| or<br>es                                                                                                                                                                                            |                            |                                |                                                                                                                                     | Beginning of Current Yea           |                                |  |  |  |  |  |
| Assets or<br>d Balances                                                                                                                                                                             | 20                         | Total assets (F                | Part X, line 16)                                                                                                                    | 4,378,281                          |                                |  |  |  |  |  |
| Ass                                                                                                                                                                                                 | 21                         |                                | (Part X, line 26)                                                                                                                   | 881,783                            |                                |  |  |  |  |  |
| Find                                                                                                                                                                                                | 22                         |                                | und balances. Subtract line 21 from line 20                                                                                         | 3,496,498                          | . 4,133,170.                   |  |  |  |  |  |
|                                                                                                                                                                                                     | art II                     |                                |                                                                                                                                     |                                    |                                |  |  |  |  |  |
| Und                                                                                                                                                                                                 | er pena                    | alties of perjury,             | declare that I have examined this return, including accompanying schedules and s                                                    | tatements, and to the best of      | my knowledge and belief, it is |  |  |  |  |  |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign       | Signature of officer                                                                                   |                      |  | [      | Date             |           |  |  |  |
|------------|--------------------------------------------------------------------------------------------------------|----------------------|--|--------|------------------|-----------|--|--|--|
|            | Pamela Kostecki, Executivo                                                                             | e Director           |  |        |                  |           |  |  |  |
|            | Type or print name and title                                                                           |                      |  |        |                  |           |  |  |  |
|            | Print/Type preparer's name                                                                             | Preparer's signature |  | Date   | Check            | PTIN      |  |  |  |
| Paid       | Mel Padillo                                                                                            | Mel Padillo          |  | 01/27/ | 25 self-employed | P03172019 |  |  |  |
| Preparer   | Firm's name DESMOND & AHERN,                                                                           | LTD.                 |  | F      | Firm's EIN 36-   | 3321958   |  |  |  |
| Use Only   | Firm's address 10827 S. WESTERN                                                                        | AVENUE               |  |        |                  |           |  |  |  |
|            | CHICAGO, IL 60643                                                                                      | -3206                |  | F      | Phone no. (773   | )779-4720 |  |  |  |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions                        |                      |  |        |                  |           |  |  |  |
| LHA For    | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                      |  |        |                  |           |  |  |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

|        | 990 (2023) Crisis Center for South Suburbia                                                                                                                          | 36-3039        | 964            | Page <b>2</b>                                 |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-----------------------------------------------|
| Pa     | rt III Statement of Program Service Accomplishments                                                                                                                  |                |                | X                                             |
| 1      | Check if Schedule O contains a response or note to any line in this Part III                                                                                         | <u></u>        |                | . [A]                                         |
| '      | The Crisis Center for South Suburbia is a non-profit com                                                                                                             | munity         |                |                                               |
|        | organization providing emergency shelter and essential se                                                                                                            |                | for            |                                               |
|        | individuals and families victimized by domestic violence                                                                                                             | while          |                |                                               |
|        | addressing the societal issues contributing to it.                                                                                                                   |                |                |                                               |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                                                         | Г              |                | 37                                            |
|        | prior Form 990 or 990-EZ?                                                                                                                                            | L              | Yes            | X No                                          |
| 3      | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Г              | Ves            | X No                                          |
| 3      | If "Yes," describe these changes on Schedule O.                                                                                                                      | L              | 165            | 21 NU                                         |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as i                                                     | measured by ex | penses.        |                                               |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other                                                   |                |                | b                                             |
|        | revenue, if any, for each program service reported.                                                                                                                  |                |                |                                               |
| 4a     | (Code:) (Expenses \$1,652,427. including grants of \$752,456. ) (Reven                                                                                               | ue\$           |                | . <b>53.</b> )                                |
|        | Emergency Shelter provided to adults and children seeking                                                                                                            | g safety       | from           | ۱ <u> </u>                                    |
|        | abuse.                                                                                                                                                               |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
| 4b     | (Code: ) (Expenses 422,772. including grants of ) (Revenue) (Revenue) (Revenue)                                                                                      |                |                | )                                             |
|        | Court Advocacy provided to clients seeking to obtain an oprotection against their abuser.                                                                            | order of       |                |                                               |
|        | protection against their abuser.                                                                                                                                     |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
| 4.     | (Code:) (Expenses \$620,142. including grants of \$) (Reven                                                                                                          |                |                |                                               |
| 4c     | (Code:)(Expenses \$620,142. including grants of \$) (Reven<br>Transitional Housing including supportive services provide                                             |                | dults          | )                                             |
|        | and children while they work towards self-sufficiency.                                                                                                               | <u></u>        | 44105          | <u>,                                     </u> |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
|        |                                                                                                                                                                      |                |                |                                               |
| 4d     | Other program services (Describe on Schedule O.)                                                                                                                     |                |                |                                               |
| ти     | (Expenses \$ 1,893,725 · including grants of \$ ) (Revenue \$                                                                                                        |                | )              |                                               |
| 4e     | Total program service expenses 4,589,066.                                                                                                                            |                | 1              |                                               |
|        |                                                                                                                                                                      |                | Form <b>99</b> | <b>0</b> (2023)                               |
| 332002 | 2 12-21-23                                                                                                                                                           |                |                | ,                                             |

| Form   | aan | (2023) |
|--------|-----|--------|
| FUIIII | 330 | 120231 |

| 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, VII, VII, VII, VII, VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                                                                                                  |      | Yes | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| 2         the organization engage in direct or indered by Schedule of Contribution 3 See instructions         2         X           3         Did the organization engage in direct or indered by clicical campaign activities on balaf of or in opposition to candidates for public office? If 'I'ves,' complete Schedule C, Part I         3         X           4         Section 501(b)(b) organizations. Did the organization engage in lookying activities, or have a section 501(b) election in elected of anothic state of the organization as defined in RevDice 38.19 (*I'ves,' complete Schedule C, Part II         4         X           5         Is the organization asseement, including easements to preserve open space.         6         X           7         X         To the organization matrian any chorer advised funds or any similar funds or account? If 'Ves,' complete Schedule D, Part I         7         X           8         Did the organization reserves of an anount in set Minds or account? If 'Ves,' complete Schedule D, Part I         7         X           9         Did the organization resortion of ant, hielociral treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I         8         X           10         Did the organization resortion of ant, buildings, and exigurent in Part X, line 12, the site 56 or more of its total asset reported in Part X, ine 17, 'Yes, 'complete Schedule D, Part I'         11         X           10         Did the organization report an amount for investiments - otherescurities in Part X, line 12, that is 56 or more o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |      |     |          |
| <ul> <li>3 Did the organization engage in direct or indirect patitical campaign activities on behalf of or in opposition to candidates for public offical" if "Yes," complete Schedule C, Part II</li> <li>4 Social S01(Q) organizations. Did the organization engage in toobying activities, or have a section S01(h) dection in effect of the section of the section section S01(h) dection in effect of the section section S01(h) dection in effect of the section section S01(h) dection in effect of the section section S01(h) dection S10(h) dection S10</li></ul>                   |         | If "Yes," complete Schedule A                                                                                                    | 1    |     |          |
| public office? If 'Yes, 'complete Schedule Q, Part I         3         X           4 Section 50(kg) organization. Did the organization engage in tobbying activities, on have a section 50(kg) election in effect<br>during that as year' If 'Yes, 'complete Schedule C, Part II         4         X           5         Is the organization a socient 50(kg), or 50(kg) organization that receives membership dues, assessments, or<br>eminar amounts as defined in Rev. Proc. 96 197 'H'ss, 'complete Schedule C, Part II         5         X           6         Did the organization or inestment of amounts in such funds or accounts I's 'Hes,' complete Schedule P, Part II         5         X           7         Did the organization measure on investment of a mounts in such funds or accounts I's 'Hes,' complete Schedule P, Part I         6         X           8         Did the organization measure on investment of an amount in Part X, line 21, for oscrow or custodial account liability, serve as a custodial for<br>amounts not listed in Part X, ine provide cradit counseling, deth management, credit repair, ordebt negotiation services?         9         X           9         Did the organization report an amount for investments - provide cradit counseling, deth management, credit repair, ordebt caclo Part X, or<br>any of the organization report an amount for investments - other socurities in Part X, line 12, H're S, 'complete Schedule D, Part V         11         X           9         Did the organization report an amount for investments - other socurities in Part X, line 12, H're S, 'complete Schedule D, Part X         11         X      <                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                  | 2    | Х   |          |
| 4         Section 501(c)(3) organizations. Did the organization algogie in lobbying activities, or have a section 501(c)(i) election in effect<br>during the tax year? (I' Yes, 'complete Schedule C, Part II,<br>is the organization a section 501(c)(ii), 501(c)(ii), or 501(c)(ii) complete Schedule C, Part II,<br>is the organization and the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to<br>provide advice on the distribution or investment of anounts in such funds or account is light graves can actodian for<br>the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II         6         X           9         Did the organization and the right to gravitation report an amount in relating server over or custodial account liability, serve as a custodian for<br>actional and the right to gravitation report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D,<br>Part V         9         X           10         Did the organization report an amount for investments - other securities in Part X, line 12, If 'Yes,' complete Schedule D, Part X         10         X           10         Did the organization report an amount for investments - other securities in Part X, line 13, If 'Yes,' complete Schedule D, Part X         114                                                                                                                                                                                                                  | 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |      |     |          |
| during the tax year? If Yes, * complete Schedule C, Part II         4         X           5         Is the organization a section S(10(4), 501(6)(3) for S(10)) for S(10(4) for S(10)) for S(10) for S(1                                                                                                 |         | public office? If "Yes," complete Schedule C, Part I                                                                             | 3    |     | X        |
| 5         Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6), or 201(c)(6), or 201                                                     | 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |      |     |          |
| 5         Is the organization action 501(c)(6), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar annuts as defined in Rev. Proc. 98.197 (***); <i>*** complete Schedule D</i> , <i>Part II</i> S         X           6         Did the organization matrian any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment, including easements to preserve open space, the environment, historic fard areas, or instoric structures? If "res," complete Schedule D, Part II         7         X           8         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or instoric structures? If "res," complete Schedule D, Part II         7         X           8         Did the organization related control conselling, debt management, credit repair, or debt negoliation services?         9         X           10         Ut the organization (incetly or through a related organization, hold asset in donorrestricted endowments III, "IN "s, "complete Schedule D, Part VI.         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part V.         11a         X           12         Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part X         11a         X<                                                                                                                                                                                                                                                                                                                                                                                                    |         | during the tax year? If "Yes," complete Schedule C, Part II                                                                      | 4    |     | 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 II       0         7       ZX         7       ZX         8       Did the organization maintain any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part II       7         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       7         9       Did the organization maintain any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part II       8         9       Did the organization maintain any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part II       8         9       Did the organization directly of through a related organization, hold assets in donor restricted endowments or in quasi-endownents? If 'Yes,' complete Schedule D, Part V, III, VIII, K, or X, as applicable.       10       X         9       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         10       Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part X       11b       X         11       Did the organization report an amount for investments program related in Part X, line 10? If 'Yes,' complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |      |     |          |
| provide advice on the distribution or investment of amounts in such funds or accounts? <i>H</i> "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space,<br>the environment, historic land areas, or historic structures? <i>H</i> "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for<br>amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         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<br>amounts not disted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization identity or through a related organization, hold assets in donor-restricted endowments         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part VI         11a         X           12         Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> 'Yes,' complete Schedule D, Part XI         11a         X           13         asster reported in Part X, line 16? <i>H</i> 'Yes,' complete Schedule D, Part X         11d                                                                                                                                                                                                                                                                                                                                                                                                      |         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                          | 5    |     | X        |
| 7       Did the organization resolve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization neuron collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part IV       8       X         10       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, ine 21, for escrow or custodial account liability; serve as a custodian for a mounts on the quantization answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         10       Did the organization report an amount for lawstmeths - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments for the tax year of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization oneport an amount for investments for the tax                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6       |                                                                                                                                  |      |     |          |
| the environment, historic all dareas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide crafted counseling, debt management, craft repair, or debt negotiation services?         8         X           9         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide crafted counseling, debt management, craft repair, or debt negotiation services?         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI         10         X           11         the organization report an amount for investments - other securities 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 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI         11a         X           b Did the organization report an amount for other assets in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X         11a         X           b Did the organization report an amount for other assets in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Pa                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                  | 6    |     | X        |
| 8       Did the organization maintain collections of works of art, historical breasures, or other similar assets? // 'Yes,' complete<br>Schedule D, Part III       8       X         9       Did the organization organization propert an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for<br>amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization for any of the following questions is "Yes," than complete Schedule D, Part VI,<br>in quasi-endowments? If 'Yes,' complete Schedule D, Part X, line 10? If 'Yes,' complete Schedule D,<br>Part VI       10       X         11       Did the organization report an amount for index buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D,<br>Part XI       11a       X         11       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total<br>assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XI       11a       X         11       Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11a       X         12       Did the organization submerts of the faibilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11d       X         13       Did the organization schedule C, Part XI       11d       X       11d       X         14       Did the organization schedule for the abilities in Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7       |                                                                                                                                  |      |     |          |
| Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       The organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         11       X       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V       111       X         111       X       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V       111       X         112       X       Did the organization report an amount for investments - other assets in Part X, line 16? If 'Yes,' complete Schedule D, Part V       111       X         113       X       Intel If 'Yes,' complete Schedule D, Part V       Intel If 'Yes,' complete Schedule D, Part X       111       X         114       X       Intel If 'Yes,' complete Schedule D, Part X       Intel If 'Yes,' complete Schedule D, Part X       1112       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                  | 7    |     | <u> </u> |
| 9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments?       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VX, or X, as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for other assets in Part X, line 27. If "Yes," complete Schedule D, Part X       11a       X         11       Did the organization separate, independent audited financial statements for the tax year include a footnet that addresses the organization subins under FIN 44 (ASC 7407)? "Yes," complete Schedule D, Part X       11d       X         12       Did the organization netuded in consolidated, independent audited financial statements for the tax year?       11t                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |      |     |          |
| amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         if "Yes," complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, should assets in donor-restricted endowments       10       X         12       If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part V       11       11       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         14       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         15       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X         14       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X         14       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                                                                  | 8    |     | <u> </u> |
| 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       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       X         14       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         15       Did the organization signation report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         16       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         111       Z       Did the organization as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9       |                                                                                                                                  |      |     |          |
| 10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // m/vsg, "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, Part VI.       10       X         a)       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // m/ys," complete Schedule D, Part VI.       11a       X         b)       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // m/ys," complete Schedule D, Part VII.       11b       X         c)       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // m/ys," complete Schedule D, Part VII.       11d       X         c)       Did the organization report an amount for other labilities in Part X, line 25? // m/ys," complete Schedule D, Part X       11d       X         12a       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate or consolidated financial statements for the tax year?       11f       X         12a       Did the organization asset or orselidated in section 1700(N/M/W)?       // m/ys," complete Schedule D, Part X       11d       X         12a       Did the organization neurot an amount for ot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                  |      |     |          |
| 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, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11b     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII     11b     X       c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII     11c     X       e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X     11e     X       e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11e     X       12a     Did the organization is bapter b, positions under FIN 48 (ASC TOP)? If "Yes," complete Schedule D, Part X     11e     X       13a     It the organization is adverted to consolidated, independent audited financial statements for the tax year?     11f     X       14b     Was the organization answerd "No" to line 12a, then complete Schedule D, Part X and XII     13a     X       13b     It de organization neopt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                                                                                                                  | 9    |     |          |
| 11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11         a)       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V       11a       X         b)       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V III       11b       X         c)       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V III       11c       X         c)       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11d       X         c)       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11d       X         d)       Did the organization separate or consolidated financial statements for the tax year controlet tax defeeses the organization asperate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answered 'No' to line 12a, then completing Schedule D, Part X A and XII soptional       11z       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10      |                                                                                                                                  |      |     |          |
| as applicable.          a) Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII           11a         X          b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII          c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII          d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X           e) Did the organization report an amount for other inabilities in Part X, line 25? If "Yes," complete Schedule D, Part X           f) Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X           f) Did the organization included in consolidated, independent audited financial statements for the tax year?           f) Was the organization included in consolidated, independent audited financial statements for the tax year?           f) Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional           12a       X         13a       X         14b       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | or in quasi-endowments? If "Yes," complete Schedule D, Part V                                                                    | 10   |     | Å        |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13       Is the organization nation answered 'No' to line 12a, then complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b)(1/4)(ii)? If 'Yes," complete Schedule E       13       X         14a       Did the organization nachool aschool described in section 170(b)(1/4)(ii)? I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11      |                                                                                                                                  |      |     |          |
| Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization nocluded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization a school described in section 170(b)(1)A(ii)?       If "Yes," complete Schedule E       11a       X         13       Is the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       12a       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                  |      |     |          |
| b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII is optional       11d       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       113       X         14a       Did the organization nave aggregate revenues or expenses of more than \$5,000 of grants or other assistance to or for any foreign organization evenues or expenses of more than \$5,000 of grants or other assistance to or for any foreign organization report on Part X, columm (A), line                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | а       |                                                                                                                                  |      | v   |          |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         12a       Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       12a       X         b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                  | 11a  | A   |          |
| c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11c       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization spearate or consolidated financial statements for the tax year include a tootnote that addresses the organization otal in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       State organization askored "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14a       X         15       X       10 dthe organization report nore th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D       |                                                                                                                                  | 4.4% |     | v        |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         b Ud the organization as school described in section 170(b)(1)(A)(W)? If "Yes," complete Schedule E       13       X         14a       Did the organization namered "No" to line 12a, then completing Schedule D, Parts XI and XII soptional       12b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X         17       Did the organization report on Part IX, column (A), line 3, mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •       |                                                                                                                                  |      |     |          |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       13       X         114a       Did the organization have aggregate revenues or expenses of more than \$10,000 for grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report more than \$15,000 of expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C       |                                                                                                                                  | 110  | x   |          |
| Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nawered "No" to line 30, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       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 II and IV       16       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 II and IV       16<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ь       |                                                                                                                                  |      |     |          |
| e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       /f "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule D, Part X and XII is optional       13       X         14a       X       X       14a       X         15       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? /f "Yes," complete Schedule G, Part I and IV       16       X         16       X       11d       X       12a       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | u       |                                                                                                                                  | 114  | x   |          |
| f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Par                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ۵       | Did the organization report an amount for other liabilities in Part X line 252 // "Vos " complete Schedule D. Part X             |      |     |          |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                  |      |     |          |
| <ul> <li>12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.</li> <li>b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional</li> <li>13 Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>14 Did the organization naintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV</li> <li>16 Did the organization report a total of more than \$5,000 of expenses for professional fundraising services 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</li> <li>16 Did the organization report a total of more than \$5,000 of expenses for professional fundraising services 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</li> <li>16 Did the organization report nore than \$15,000 of expenses for professional fundraising services 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 G, Part II. See instructions</li> <li>17 Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines a total of more than \$15,000 of grass income from gaming activities on Part VIII, lines ?</li> <li>18 X</li> <li>19 Did the orga</li></ul> | •       | • •                                                                                                                              | 11f  | х   |          |
| Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II 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 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 in                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12a     |                                                                                                                                  |      |     |          |
| b       Was the organization included in consolidated, independent audited financial statements for the tax year?       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       // ff "Yes," complete Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional         14a       Did the organization maintain an office, employees, or agents outside of the United States?       Image: the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       Image: 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 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 II and IV       Image: the organization report at total of more than \$5,000 of expenses for professional fundraising services 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 G, Part I. See instructions       Image: the organization report more than \$15,000 of expenses for professional fundraising services on Part VII, lines 3, for onglete Schedule G, Part II       Image: the organization report more than \$15,000 of grass inco                                                                                                                                                                                                                      |         |                                                                                                                                  | 12a  | х   |          |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       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 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 II 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), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I.       18       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and IX                                                                                                                                                                                                                                                                                                                                                                                                                                          | b       | ,                                                                                                                                |      |     |          |
| 13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? 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 II and IV       16       X         17       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 G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                  | 12b  |     | x        |
| <ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>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 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 II and IV</li> <li>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 II and IV</li> <li>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</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX and IX and IX and IX is audited financial statements to this return?</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 X</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13      |                                                                                                                                  |      |     |          |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 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 II 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20a       X         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       20a       X </td <td>14a</td> <td></td> <td>14a</td> <td></td> <td>Х</td>                                                                                                                                                                                                                                                                                                                                                  | 14a     |                                                                                                                                  | 14a  |     | Х        |
| <ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 X</li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a X</li> <li>20b Id 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? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>21 X</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | b       |                                                                                                                                  |      |     |          |
| 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19       X         20a       X       20a       X         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? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |      |     |          |
| 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 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       XX       19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b       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       20a       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | or more? If "Yes," complete Schedule F, Parts I and IV                                                                           | 14b  |     | X        |
| <ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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        |      |     |          |
| 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       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                                                                                                                  | 15   |     | X        |
| <ul> <li>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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a 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? <i>If "Yes," complete Schedule I. Parts I and II</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16      |                                                                                                                                  |      |     |          |
| column (A), lines 6 and 11e? /f "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       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? /f "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                  | 16   |     | X        |
| 18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17      |                                                                                                                                  |      |     |          |
| 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                  | 17   |     | X        |
| 19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18      |                                                                                                                                  |      | 37  |          |
| complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 46      |                                                                                                                                  | 18   | X   |          |
| 20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19      |                                                                                                                                  |      |     | v        |
| b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b></b> |                                                                                                                                  |      |     |          |
| 21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II       21       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                  |      |     |          |
| domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                  | 206  |     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 21      |                                                                                                                                  | 01   | x   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 332000  |                                                                                                                                  |      |     | (2023)   |

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332003 12-21-23

| Form | 990 | (2023) |
|------|-----|--------|
|      |     |        |

|        |                                                                                                                                                                                                                      |          | Yes | No          |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                        |          |     |             |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                          | 22       |     | X           |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                                                                          |          |     |             |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                       |          |     |             |
|        | Schedule J                                                                                                                                                                                                           | 23       | Х   |             |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                              |          |     |             |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                   |          |     |             |
|        | Schedule K. If "No," go to line 25a                                                                                                                                                                                  | 24a      |     | X           |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                    | 24b      |     |             |
| с      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                 |          |     |             |
|        | any tax-exempt bonds?                                                                                                                                                                                                | 24c      |     |             |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                              | 24d      |     |             |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                                         |          |     |             |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                        | 25a      |     | x           |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                                           |          |     |             |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete                                                                                                |          |     |             |
|        | Schedule L. Part I                                                                                                                                                                                                   | 25b      |     | x           |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                      |          |     |             |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                              |          |     |             |
|        | controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II                                                                                                                   | 26       |     | x           |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                          |          |     |             |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                          |          |     |             |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                             | 27       |     | x           |
| 28     | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,                                                                                              |          |     |             |
|        | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                          |          |     |             |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                     |          |     |             |
|        | "Yes," complete Schedule L, Part IV                                                                                                                                                                                  | 28a      |     | x           |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                      | 28b      |     | x           |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>                                                                                                      |          |     |             |
| •      | "Yes," complete Schedule L, Part IV                                                                                                                                                                                  | 28c      |     | x           |
| 29     | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                                                                                                              | 29       |     | x           |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                          |          |     |             |
| 00     | 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                                                                                                     | <b>–</b> |     | <u> </u>    |
| 02     |                                                                                                                                                                                                                      | 32       |     | x           |
| 33     | Schedule N, Part II<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                    | 52       |     |             |
| 55     |                                                                                                                                                                                                                      | 33       |     | x           |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                            | - 55     |     |             |
| 34     |                                                                                                                                                                                                                      | 34       |     | x           |
| 25.2   | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                            | 35a      |     | X           |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 354      |     | - 23        |
| U      |                                                                                                                                                                                                                      | 35b      |     |             |
| 36     | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>                                                                                                                | 330      |     |             |
| 30     |                                                                                                                                                                                                                      | 36       |     | x           |
| 37     | If "Yes," complete Schedule R, Part V, line 2<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                    | 30       |     | - 23        |
| 37     |                                                                                                                                                                                                                      | 37       |     | x           |
| 20     | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>                                                                                           | - 37     |     | - 23        |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O                               | 38       | х   |             |
| Par    |                                                                                                                                                                                                                      | 30       | 21  | I           |
|        | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                           |          |     |             |
|        |                                                                                                                                                                                                                      | <u></u>  | Vac |             |
| 4      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                         |          | Yes | No          |
|        |                                                                                                                                                                                                                      | -        |     |             |
|        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b U</b><br>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming    |          |     |             |
| C      |                                                                                                                                                                                                                      | 10       | х   |             |
| 22000  |                                                                                                                                                                                                                      | 1c       |     | l<br>(2023) |
| JJ2004 | <b>4</b>                                                                                                                                                                                                             | POIIT    |     | (2023)      |
|        | <b>→</b>                                                                                                                                                                                                             |          |     |             |

| Form   | 990 (2023) Crisis Center for South Suburbia                                                                         |                   | 36-3039               | 9964       | Р   | age <b>5</b> |
|--------|---------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|------------|-----|--------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                           |                   |                       |            |     |              |
|        |                                                                                                                     |                   |                       |            | Yes | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |                   |                       |            |     |              |
|        | filed for the calendar year ending with or within the year covered by this return                                   | 2a                | 116                   | 5          |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return        | ns?               |                       | 2b         | Х   |              |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |                   |                       | 3a         |     | X            |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule           | ο                 |                       | 3b         |     |              |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other a           |                   |                       |            |     |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a            | ccour             | nt)?                  | 4a         |     | X            |
| b      | If "Yes," enter the name of the foreign country                                                                     |                   |                       |            |     |              |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad               | ccoun             | ts (FBAR).            |            |     |              |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |                   |                       | 5a         |     | X            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact        | ction?            |                       | 5b         |     | X            |
| с      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                   |                   |                       | 5c         |     |              |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the              | e orga            | nization solicit      |            |     |              |
|        | any contributions that were not tax deductible as charitable contributions?                                         |                   |                       | 6a         |     | X            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution          | ons oi            | gifts                 |            |     |              |
|        | were not tax deductible?                                                                                            |                   |                       | 6b         |     |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).                                       |                   |                       |            |     |              |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p           | rovided to the payor? | 7a         |     | X            |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     |                   |                       | 7b         |     |              |
| с      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | as req            | uired                 |            |     |              |
|        | to file Form 8282?                                                                                                  |                   |                       | 7c         |     | X            |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year                                                   | 7d                |                       |            |     |              |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co            | ontrac            | t?                    | 7e         |     | X            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra           | act?              |                       | 7f         |     | X            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo        | rm 88             | 99 as required?       | 7g         |     |              |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization      | tion fi           | e a Form 1098-C?      | 7h         |     |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                       | by th             | е                     |            |     |              |
|        | sponsoring organization have excess business holdings at any time during the year?                                  |                   |                       | 8          |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.                                                           |                   |                       |            |     |              |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?                                  |                   |                       | 9a         |     |              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                   |                   |                       | 9b         |     |              |
| 10     | Section 501(c)(7) organizations. Enter:                                                                             |                   |                       |            |     |              |
| а      | Initiation fees and capital contributions included on Part VIII, line 12                                            | 10a               |                       | _          |     |              |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                         | 10b               |                       | _          |     |              |
|        | Section 501(c)(12) organizations. Enter:                                                                            | 1                 | 1                     |            |     |              |
|        | Gross income from members or shareholders                                                                           | 11a               |                       | _          |     |              |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against                           |                   |                       |            |     |              |
|        | amounts due or received from them.)                                                                                 | 11b               |                       | _          |     |              |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                | 1041 <sup>°</sup> | ?                     | 12a        |     |              |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b               |                       | -          |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                    |                   |                       |            |     |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?                                |                   |                       | <u>13a</u> |     |              |
|        | <b>Note:</b> 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                    | 1                 | 1                     |            |     |              |
|        | organization is licensed to issue qualified health plans                                                            | 13b               |                       | -          |     |              |
|        | Enter the amount of reserves on hand                                                                                | 13c               |                       |            |     | 37           |
|        |                                                                                                                     |                   |                       | 14a        |     | X            |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul              |                   |                       | 14b        |     | <u> </u>     |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner               |                   |                       | -          |     | - <b>v</b>   |
|        | excess parachute payment(s) during the year?                                                                        |                   |                       | 15         |     | X            |
| 40     | If "Yes," see the instructions and file Form 4720, Schedule N.                                                      |                   |                       |            |     |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment             | Incor             | ne?                   | 16         |     | X            |
| 4-     | If "Yes," complete Form 4720, Schedule O.                                                                           | L                 |                       |            |     |              |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac               |                   |                       | -          |     |              |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                              |                   |                       | 17         |     |              |
|        | If "Yes," complete Form 6069.                                                                                       |                   |                       | <b>F</b>   | 000 | (2023)       |
| 332005 | 12-21-23                                                                                                            |                   |                       | Form       | 330 | (2023)       |

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| Form | 990 | (2023) |
|------|-----|--------|
|------|-----|--------|

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 Form 990 (2023)
 Crisis Center for South Suburbia
 36-3039964
 Page

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

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

|         | tion A. Governing Body and Management                                                                                                                                                                                   |                        |         | Yes     | N   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|---------|-----|
| 1a      | Enter the number of voting members of the governing body at the end of the tax year 1a                                                                                                                                  | 12                     |         | 105     | 14  |
| 14      | 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 0.                                                                                                                   |                        |         |         |     |
| h       | Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>                                                                                                                            | 12                     |         |         |     |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a                                                                                                        |                        |         |         |     |
| 2       |                                                                                                                                                                                                                         |                        | 2       |         | Х   |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct                                                                                                               |                        | 2       |         |     |
| 3       | of officers, directors, trustees, or key employees to a management company or other person?                                                                                                                             |                        | 3       |         | Х   |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 wa                                                                                                                |                        | 4       |         | X   |
| -       | Did the organization make any significant changes to its governing documents since the profit form 990 wa<br>Did the organization become aware during the year of a significant diversion of the organization's assets? |                        | 4<br>5  |         | X   |
| 5       |                                                                                                                                                                                                                         | Γ                      | 5<br>6  |         | X   |
| 6<br>7- | Did the organization have members or stockholders?                                                                                                                                                                      |                        | 6       |         | 2   |
| 7a      |                                                                                                                                                                                                                         |                        | -       |         |     |
|         | more members of the governing body?                                                                                                                                                                                     |                        | 7a      |         | X   |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho                                                                                                               |                        |         |         |     |
| _       | persons other than the governing body?                                                                                                                                                                                  |                        | 7b      |         | Х   |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the                                                                                                  |                        | •       | v       |     |
| a       | The governing body?                                                                                                                                                                                                     |                        | 8a      | X       |     |
| b       | Each committee with authority to act on behalf of the governing body?                                                                                                                                                   | F                      | 8b      | Х       |     |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a                                                                                                         |                        |         |         |     |
|         | organization's mailing address? If "Yes." provide the names and addresses on Schedule O                                                                                                                                 |                        | 9       |         | Σ   |
| ec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue                                                                                                               | Code.)                 |         |         |     |
|         |                                                                                                                                                                                                                         | Г                      |         | Yes     | N   |
|         | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                      |                        | 10a     |         | Х   |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters                                                                                                           |                        |         |         |     |
|         | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                         |                        | 10b     |         |     |
|         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before                                                                                                              | re filing the form?    | 11a     | Х       |     |
| b       | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                           |                        |         |         |     |
| 2a      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                 |                        | 12a     | X       |     |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con                                                                                            |                        | 12b     | Х       |     |
| С       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," d                                                                                                             | lescribe               |         |         |     |
|         | on Schedule O how this was done                                                                                                                                                                                         | F                      | 12c     | X       |     |
| 3       | Did the organization have a written whistleblower policy?                                                                                                                                                               |                        | 13      | Х       |     |
| 4       | Did the organization have a written document retention and destruction policy?                                                                                                                                          |                        | 14      | Х       |     |
| 5       | Did the process for determining compensation of the following persons include a review and approval by in                                                                                                               | dependent              |         |         |     |
|         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                       |                        |         |         |     |
| а       | The organization's CEO, Executive Director, or top management official                                                                                                                                                  |                        | 15a     | Х       |     |
| b       | Other officers or key employees of the organization                                                                                                                                                                     |                        | 15b     | Х       |     |
|         | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                      |                        |         |         |     |
| 6a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w                                                                                                        | rith a                 |         |         |     |
|         | taxable entity during the year?                                                                                                                                                                                         |                        | 16a     |         | Х   |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p                                                                                                        | articipation           |         |         |     |
|         | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization                                                                                                            | ı's                    |         |         |     |
|         | exempt status with respect to such arrangements?                                                                                                                                                                        |                        | 16b     |         |     |
| ec      | tion C. Disclosure                                                                                                                                                                                                      |                        |         |         |     |
| 7       | List the states with which a copy of this Form 990 is required to be filed $\_	extsf{IL}$                                                                                                                               |                        |         |         |     |
| 8       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990                                                                                                              | -T (section 501(c)(3)s | only) a | availat | ole |
|         | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                                     |                        |         |         |     |
|         | X Own website X Another's website X Upon request Other (explain on So                                                                                                                                                   | chedule O)             |         |         |     |
| 9       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of                                                                                                              |                        | financ  | ial     |     |
|         | statements available to the public during the tax year.                                                                                                                                                                 |                        |         |         |     |
| 20      | State the name, address, and telephone number of the person who possesses the organization's books and                                                                                                                  | d records              |         |         |     |
|         | Meghan Mokate - 708-429-7255                                                                                                                                                                                            |                        |         |         |     |
|         | PO Box 39, Tinley Park, IL 60477                                                                                                                                                                                        |                        |         |         |     |
|         | TO DOR 55, TIMICY TAIR, IL OUT,                                                                                                                                                                                         |                        |         |         |     |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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                  | (do                           |                          | Pos     |              | ۱<br>than d                     | ane    | Reportable                   | Reportable      | Estimated                   |
|                            | hours per                | box                           | , unles                  | ss pei  | rson i       | s both                          | n an   | compensation                 | compensation    | amount of                   |
|                            | week                     |                               | cer an<br>I              | id a d  | irecto       | or/trus<br>T                    | tee)   | from                         | from related    | other                       |
|                            | (list any                | rector                        |                          |         |              |                                 |        | the                          | organizations   | compensation                |
|                            | hours for                | or di                         | ee                       |         |              | ated                            |        | organization                 | (W-2/1099-MISC/ | from the                    |
|                            | related<br>organizations | ustee                         | trust                    |         | 96           | bens                            |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |
|                            | below                    | ual tr                        | tional                   |         | voldu        | t con                           | _      | 1099-NEC)                    |                 | organizations               |
|                            | line)                    | ndividual trustee or director | n stit utio nal tru stee | Officer | Key employee | Highest compensated<br>employee | Former |                              |                 | organizations               |
| (1) Pamela Kostecki        | 40.00                    |                               |                          |         | -            |                                 | -      |                              |                 |                             |
| Executive Director         |                          | 1                             |                          | х       |              |                                 |        | 162,327.                     | Ο.              | 0.                          |
| (2) Lorraine Nagle         | 40.00                    |                               |                          |         |              |                                 |        |                              |                 |                             |
| Advancement Officer        |                          |                               |                          |         |              | Х                               |        | 120,185.                     | 0.              | 0.                          |
| (3) Christopher Beele      | 40.00                    |                               |                          |         |              |                                 |        |                              |                 |                             |
| Sales & Volunteer Officer  |                          |                               |                          |         |              | Х                               |        | 111,144.                     | 0.              | 0.                          |
| (4) Meghan Mokate          | 40.00                    |                               |                          |         |              |                                 |        |                              |                 |                             |
| Finance & Strategy Officer |                          |                               |                          |         |              | X                               |        | 101,596.                     | 0.              | 0.                          |
| (5) Jennifer Kanacki       | 2.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| President                  |                          | Х                             |                          | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (6) Debra Fahey            | 2.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Vice President             |                          | Х                             |                          | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (7) Mary Carol Witry       | 2.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Treasurer                  |                          | Х                             |                          | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (8) Brenda White           | 2.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Secretary                  |                          | Х                             |                          | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (9) Kathleen Abbott        | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (10) David Anders          | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (11) Colleen Feigenwinter  | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (12) Kris Laakson          | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (13) Derrick Lott          | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (14) Dan Michalski         | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (15) Maureen Niswonger     | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (16) Tobbie Walter         | 1.00                     |                               |                          |         |              |                                 |        |                              |                 |                             |
| Director                   |                          | Х                             |                          |         |              |                                 |        | 0.                           | 0.              | 0.                          |
|                            |                          |                               |                          |         |              |                                 |        |                              |                 |                             |
|                            |                          |                               |                          |         |              |                                 |        |                              |                 |                             |
|                            |                          |                               |                          |         |              |                                 |        |                              |                 | - 000 (2222)                |

332007 12-21-23

7

|            | 990 (2023) Crisis Ce                                                                                               | nter fo                                                             | r        | So       | utl     | h :                    | Sul               | ou       | rbia                              | 36-30                                                        | 399     | 64                                                                                | Pag                          | ge <b>8</b> |
|------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|----------|---------|------------------------|-------------------|----------|-----------------------------------|--------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|------------------------------|-------------|
| Par        | t VII Section A. Officers, Directors, Trust                                                                        |                                                                     | oloye    | es,      |         |                        | hest              | C        |                                   | , ,                                                          |         |                                                                                   |                              |             |
|            | <b>(A)</b><br>Name and title                                                                                       | <b>(B)</b><br>Average<br>hours per                                  |          | not ch   |         | <b>tion</b><br>nore tl | han or            |          | (D)<br>Reportable<br>compensation | <b>(E)</b><br>Reportable<br>compensatior                     |         | Estir                                                                             | <b>F)</b><br>nated<br>unt of |             |
|            |                                                                                                                    | week<br>(list any<br>hours for<br>related<br>organizations<br>below | director |          | d a dir | rector                 | /trusted          | e)       | (W-2/1099-NISC/<br>1099-NEC)      | from related<br>organizations<br>(W-2/1099-MIS)<br>1099-NEC) |         | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |                              |             |
|            |                                                                                                                    | line)                                                               | Individ  | Institut | Officer | Key employee           | Highest<br>employ | Former   |                                   |                                                              |         | organi                                                                            |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          | _        |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              | _       |                                                                                   |                              |             |
|            | Subtotal                                                                                                           |                                                                     |          |          |         |                        |                   |          | 495,252.                          |                                                              | 0.      |                                                                                   |                              | 0.          |
| с          | Subtotal<br>Total from continuation sheets to Part VII                                                             | , Section A                                                         |          |          |         |                        |                   |          | <u>495,252</u> .                  |                                                              | 0.      |                                                                                   |                              | 0.          |
| 2          | Total (add lines 1b and 1c)<br>Total number of individuals (including but no<br>compensation from the organization |                                                                     |          |          |         |                        |                   |          | •                                 |                                                              |         |                                                                                   |                              | 4           |
| 3          | Did the organization list any <b>former</b> officer,                                                               | director, truste                                                    | e, ke    | ey e     | mplo    | oyee                   | e, or l           | higl     | hest compensated emp              | loyee on                                                     | Γ       | Y                                                                                 | es                           | No          |
| 4          | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the sur                  |                                                                     |          |          |         |                        |                   |          | er compensation from t            |                                                              |         | 3                                                                                 |                              | X           |
| 5          | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a                      |                                                                     |          |          |         |                        |                   |          |                                   |                                                              | -       | 4 2                                                                               | X                            |             |
|            | rendered to the organization? If "Yes," comp                                                                       |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         | 5                                                                                 |                              | Х           |
| <u>Sec</u> | tion B. Independent Contractors Complete this table for your five highest con                                      | npensated ind                                                       | eper     | nden     | nt co   | ntra                   | ctors             | s th     | at received more than \$          | 100,000 of comp                                              | ensatio | on from                                                                           | 1                            |             |
|            | the organization. Report compensation for the                                                                      | he calendar ye                                                      | ear er   | ndin     | g wi    | th oi                  | r with            | hin<br>T |                                   | ear.                                                         |         | (0)                                                                               |                              |             |
|            | (A)<br>Name and business a                                                                                         | address                                                             | NO       | NE       | ]       |                        |                   |          | <b>(B)</b><br>Description of s    | ervices                                                      | Co      | (C)<br>ompens                                                                     | ation                        |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   | +        |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
|            |                                                                                                                    |                                                                     |          |          |         |                        |                   |          |                                   |                                                              |         |                                                                                   |                              |             |
| 2          | Total number of independent contractors (in \$100,000 of compensation from the organiz                             | •                                                                   | ot lim   | nited    | to t    | hose<br>0              | e liste           | ed       | above) who received mo            | ore than                                                     |         | 0(                                                                                |                              |             |

Form **990** (2023)

332008 12-21-23

|                                                        |       |     | 2023) Crisis Center                                                      | for Sout            | h Suburbia                  | a.                                           | 36-3039                                     | 964 Page 9                                                      |
|--------------------------------------------------------|-------|-----|--------------------------------------------------------------------------|---------------------|-----------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|
| Pa                                                     | rt V  | 411 | Statement of Revenue                                                     |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Check if Schedule O contains a response                                  | or note to any line | ( - )                       | (=)                                          | (2)                                         |                                                                 |
|                                                        |       |     |                                                                          |                     | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| s<br>S                                                 | 1     | 2   | Federated campaigns 1a                                                   |                     |                             |                                              |                                             |                                                                 |
| Contributions, Gifts, Grants and Other Similar Amounts | •     |     | Membership dues 1b                                                       |                     |                             |                                              |                                             |                                                                 |
| n Gr                                                   |       |     | Fundraising events                                                       |                     |                             |                                              |                                             |                                                                 |
| ifts,<br>r A                                           |       |     | Related organizations                                                    |                     |                             |                                              |                                             |                                                                 |
| i, G<br>nila                                           |       |     | Government grants (contributions) 1e                                     | 4,628,851.          |                             |                                              |                                             |                                                                 |
| ons                                                    |       |     | All other contributions, gifts, grants, and                              |                     |                             |                                              |                                             |                                                                 |
| her                                                    |       | •   | similar amounts not included above <b>1f</b>                             | 748,010.            |                             |                                              |                                             |                                                                 |
| l Ot                                                   |       | g   | Noncash contributions included in lines 1a-1f                            |                     |                             |                                              |                                             |                                                                 |
| Cor<br>and                                             |       | -   | Total. Add lines 1a-1f                                                   |                     | 5,376,861.                  |                                              |                                             |                                                                 |
|                                                        |       |     |                                                                          | Business Code       |                             |                                              |                                             |                                                                 |
| e                                                      | 2     | а   | Fees - Choices Program                                                   | 900099              | 36,285.                     | 36,285.                                      |                                             |                                                                 |
| e<br>vio                                               |       | b   | Training Fees                                                            | 900099              | 23,644.                     | 23,644.                                      |                                             |                                                                 |
| Sei                                                    |       | с   |                                                                          |                     |                             |                                              |                                             |                                                                 |
| am<br>eve                                              |       | d   |                                                                          |                     |                             |                                              |                                             |                                                                 |
| Program Service<br>Revenue                             |       | е   |                                                                          |                     |                             |                                              |                                             |                                                                 |
| Ъ                                                      |       | f   | All other program service revenue                                        |                     |                             |                                              |                                             |                                                                 |
|                                                        |       | g   | Total. Add lines 2a-2f                                                   |                     | 59,929.                     |                                              |                                             |                                                                 |
|                                                        | 3     |     | Investment income (including dividends, inter-                           | est, and            |                             |                                              |                                             |                                                                 |
|                                                        |       |     | other similar amounts)                                                   |                     | 12,733.                     |                                              |                                             | 12,733.                                                         |
|                                                        | 4     |     | Income from investment of tax-exempt bond p                              |                     |                             |                                              |                                             |                                                                 |
|                                                        | 5     |     | Royalties                                                                |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | (i) Real                                                                 | (ii) Personal       |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Gross rents                                                              |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Less: rental expenses 6b 0                                               |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Rental income or (loss) 6c 6,755.                                        |                     | 6 755                       |                                              |                                             | 6 755                                                           |
|                                                        |       |     | Net rental income or (loss)<br>Gross amount from sales of (i) Securities |                     | 6,755.                      |                                              |                                             | 6,755.                                                          |
|                                                        | 1     | а   |                                                                          | (ii) Other          |                             |                                              |                                             |                                                                 |
|                                                        |       | L   | assets other than inventory 7a                                           |                     |                             |                                              |                                             |                                                                 |
| Ð                                                      |       | D   | Less: cost or other basis<br>and sales expenses <b>7b</b>                |                     |                             |                                              |                                             |                                                                 |
| venue                                                  |       | ~   | Gain or (loss)                                                           |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Net gain or (loss)                                                       |                     |                             |                                              |                                             |                                                                 |
| Other Re                                               |       |     | Gross income from fundraising events (not                                |                     |                             |                                              |                                             |                                                                 |
| 0                                                      |       |     | including \$ of contributions reported on line 1c). See                  |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Part IV, line 18                                                         | 489,517.            |                             |                                              |                                             |                                                                 |
|                                                        |       | h   | Less: direct expenses                                                    |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Net income or (loss) from fundraising events                             |                     | 387,191.                    |                                              |                                             | 387,191.                                                        |
|                                                        |       |     | Gross income from gaming activities. See                                 |                     | , -                         |                                              |                                             |                                                                 |
|                                                        | -     |     | Part IV, line 19                                                         | a                   |                             |                                              |                                             |                                                                 |
|                                                        |       | b   | Less: direct expenses                                                    |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Net income or (loss) from gaming activities                              |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | Gross sales of inventory, less returns                                   |                     |                             |                                              |                                             |                                                                 |
|                                                        |       |     | and allowances 10                                                        | <b>a</b> 1,730,243. |                             |                                              |                                             |                                                                 |
|                                                        |       | b   | Less: cost of goods sold 10                                              | <b>b</b> 956,944.   |                             |                                              |                                             |                                                                 |
|                                                        |       | С   | Net income or (loss) from sales of inventory .                           |                     | 773,299.                    |                                              |                                             | 773,299.                                                        |
| s                                                      |       |     |                                                                          | Business Code       |                             |                                              |                                             |                                                                 |
| eou                                                    | 11    | а   | Miscellaneous                                                            | 900099              | 21,524.                     | 21,524.                                      |                                             |                                                                 |
| Miscellaneous<br>Revenue                               |       | b   |                                                                          |                     |                             |                                              |                                             |                                                                 |
| Sev                                                    |       | c   |                                                                          |                     |                             |                                              |                                             |                                                                 |
| Mis                                                    |       |     | All other revenue                                                        |                     | 01 504                      |                                              |                                             |                                                                 |
|                                                        |       |     | Total. Add lines 11a-11d                                                 |                     | 21,524.                     | 01 452                                       | 0.                                          | 1179978.                                                        |
|                                                        | 12    |     | Total revenue. See instructions                                          |                     | 6,638,292.                  | 81,453.                                      | I 0.                                        | Form <b>990</b> (2023)                                          |
| 33200                                                  | 9 12- | 21- | 23                                                                       |                     | _                           |                                              |                                             | FOLUI 220 (2023)                                                |

9

Crisis Center for South Suburbia 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).

|          | Check if Schedule O contains a respons                                                                     | se or note to any line in t | his Part IX            |                       |                           |
|----------|------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|-----------------------|---------------------------|
| Do       | not include amounts reported on lines 6b,                                                                  | (A)<br>Total expenses       | (B)<br>Program service | (C)<br>Management and | <b>(D)</b><br>Fundraising |
| 7b,      | 8b, 9b, and 10b of Part VIII.                                                                              | Total expenses              | expenses               | general expenses      | expenses                  |
| 1        | Grants and other assistance to domestic organizations                                                      |                             |                        |                       |                           |
|          | and domestic governments. See Part IV, line 21                                                             | 752,456.                    | 752,456.               |                       |                           |
| 2        | Grants and other assistance to domestic                                                                    |                             |                        |                       |                           |
|          | individuals. See Part IV, line 22                                                                          |                             |                        |                       |                           |
| 3        | Grants and other assistance to foreign                                                                     |                             |                        |                       |                           |
|          | organizations, foreign governments, and foreign                                                            |                             |                        |                       |                           |
|          | individuals. See Part IV, lines 15 and 16                                                                  |                             |                        |                       |                           |
| 4        | Benefits paid to or for members                                                                            |                             |                        |                       |                           |
| 5        | Compensation of current officers, directors,                                                               | 160 207                     | 100 054                | 20 242                | 10 120                    |
| _        | trustees, and key employees                                                                                | 162,327.                    | 123,954.               | 20,243.               | 18,130                    |
| 6        | Compensation not included above to disqualified                                                            |                             |                        |                       |                           |
|          | persons (as defined under section $4958(f)(1)$ ) and                                                       |                             |                        |                       |                           |
| _        | persons described in section 4958(c)(3)(B)                                                                 | 3,403,883.                  | 2,635,819.             | 204 042               | 373,122.                  |
| 7        | Other salaries and wages                                                                                   | 5,403,003.                  | 4,035,019.             | 394,942.              | J/J,144.                  |
| 8        | Pension plan accruals and contributions (include                                                           | 50,947.                     | 36,152.                | 8,575.                | 6,220,                    |
| 0        | section 401(k) and 403(b) employer contributions)                                                          | 326,636.                    | 225,156.               | 73,706.               | 27,774.                   |
| 9        | Other employee benefits                                                                                    | 300,065.                    | 219,557.               | 31,771.               | 48,737                    |
| 10<br>11 | Payroll taxes<br>Fees for services (nonemployees):                                                         | 500,005.                    | 217,337.               | 51,7710               | 40,7576                   |
|          | Management                                                                                                 |                             |                        |                       |                           |
|          |                                                                                                            | 845.                        | 845.                   |                       |                           |
|          | Legal<br>Accounting                                                                                        | 15,740.                     | 11,251.                | 2,972.                | 1,517.                    |
|          | Lobbying                                                                                                   | 10,7100                     | 11/2011                |                       |                           |
|          | Professional fundraising services. See Part IV, line 17                                                    |                             |                        |                       |                           |
| f        | Investment management fees                                                                                 | 2,211.                      |                        | 2,211.                |                           |
|          | Other. (If line 11g amount exceeds 10% of line 25,                                                         | _ /                         |                        |                       |                           |
| 9        | column (A), amount, list line 11g expenses on Sch 0.)                                                      | 246,673.                    | 81,152.                | 140,105.              | 25,416.                   |
| 12       | Advertising and promotion                                                                                  |                             |                        |                       |                           |
| 13       | Office expenses                                                                                            | 82,972.                     | 34,123.                | 11,553.               | 37,296.                   |
| 14       | Information technology                                                                                     |                             | ,                      | ,                     | •                         |
| 15       | Royalties                                                                                                  |                             |                        |                       |                           |
| 16       | Occupancy                                                                                                  | 340,167.                    | 258,274.               | 39,343.               | 42,550.                   |
| 17       | Travel                                                                                                     |                             |                        |                       |                           |
| 18       | Payments of travel or entertainment expenses                                                               |                             |                        |                       |                           |
|          | for any federal, state, or local public officials                                                          |                             |                        |                       |                           |
| 19       | Conferences, conventions, and meetings                                                                     |                             |                        |                       |                           |
| 20       | Interest                                                                                                   | 5,408.                      | 5,408.                 |                       |                           |
| 21       | Payments to affiliates                                                                                     |                             |                        |                       |                           |
| 22       | Depreciation, depletion, and amortization                                                                  | 72,354.                     | 49,088.                | 23,266.               |                           |
| 23       | Insurance                                                                                                  | 58,324.                     | 44,707.                | 8,167.                | 5,450.                    |
| 24       | Other expenses. Itemize expenses not covered                                                               |                             |                        |                       |                           |
|          | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                             |                        |                       |                           |
|          | amount, list line 24e expenses on Schedule 0.)                                                             |                             |                        |                       |                           |
| а        |                                                                                                            | 70,427.                     | 31,998.                | 29,025.               | 9,404.                    |
| b        | Staff Training & Travel                                                                                    | 60,443.                     | 42,819.                | 13,419.               | 4,205.                    |
| С        | Maintenance & Repairs                                                                                      | 29,579.                     | 23,918.                | 5,045.                | 616.                      |
| d        | Miscellaneous                                                                                              | 26,910.                     | 11,185.                | 11,242.               | 4,483.                    |
| е        | All other expenses                                                                                         | 21,521.                     | 1,204.                 | 10,886.               | 9,431.                    |
| 25       | Total functional expenses. Add lines 1 through 24e                                                         | 6,029,888.                  | 4,589,066.             | 826,471.              | 614,351.                  |
| 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)                                                             |                             |                        |                       |                           |

Form 990 (2023)

Assets

Liabilities

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 1,795,173. 2,825,968. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 1,163,833. 947,095. 3 3 Pledges and grants receivable, net 12,924. 15,444. 4 4 Accounts receivable, net 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 15,476. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,107,324. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 621,568. 561,082. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 375,656. Investments - program-related. See Part IV, line 11 340,230. 13 13 14 14 Intangible assets 444,553. 842,949. 15 15 Other assets. See Part IV, line 11 4,378,281. 5,583,670. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 301,114. 460,580. Accounts payable and accrued expenses 17 17 18 18 Grants payable 12,548. 43,216. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 124,445. 106,802. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 443,676. 839,902. 25 of Schedule D 881,783. 1,450,500. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 3,496,498. 27 3,757,514. 27 Net assets without donor restrictions Net assets with donor restrictions 375,656. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Crisis Center for South Suburbia Part X | Balance Sheet

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

5,583,670. Form 990 (2023)

4,133,170.

29

30

31

32

33

Net Assets or Fund Balances

29

30

31

32

33

11 2023.05040 CRISIS CENTER FOR SOUTH S 240089 1

3,496,498.

4,378,281.

07490127 402354 240089

| Form | 990 (2023) Crisis Center for South Suburbia                                                                        | 36-30    | )39964  | Pag | ge <b>12</b> |
|------|--------------------------------------------------------------------------------------------------------------------|----------|---------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets                                                                                 |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                        |          | <u></u> |     |              |
|      |                                                                                                                    |          |         |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                          | 1        | 6,638   |     |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2        | 6,029   |     |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3        | 608     |     |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 3,496   |     |              |
| 5    | Net unrealized gains (losses) on investments                                                                       | 5        | 28      | ,20 | 68.          |
| 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       | 4,133   | ,1  | <u>70.</u>   |
| Pa   | rt XII Financial Statements and Reporting                                                                          |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |         |     | X            |
|      |                                                                                                                    |          |         | 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     | 0.       |         |     |              |
| 2a   |                                                                                                                    |          | 2a      |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a     |         |     |              |
|      | separate basis, consolidated basis, or both:                                                                       |          |         |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                             |          |         |     |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b      | X   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis, |         |     |              |
|      | consolidated basis, or both:                                                                                       |          |         |     |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                           |          |         |     |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |          |         |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c      | X   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on 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 |          |         |     |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b      |     |              |

Form **990** (2023)

| SCHEDULE A Public Charity Status and Public Support |                     |                   |                        | OMB No. 1545-0047                                      |                                     |                                   |                |                |                            |
|-----------------------------------------------------|---------------------|-------------------|------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------|----------------|----------------|----------------------------|
| (Form 9                                             | 90)                 |                   |                        | •                                                      |                                     |                                   |                |                | 2022                       |
|                                                     |                     |                   |                        | nization is a section 501<br>47(a)(1) nonexempt cha    |                                     |                                   | or a section   |                | 2023                       |
|                                                     | of the Treasury     |                   | А                      | ttach to Form 990 or Fo                                | orm 990-E                           | Z.                                |                |                | Open to Public             |
| Internal Reve                                       |                     |                   | Go to www.irs.gov/     | Form990 for instruction                                | ns and the                          | e latest inf                      | ormation.      | <u> </u>       | Inspection                 |
| Name of                                             | the organizati      |                   | in Combon              | for gouth gul                                          | la                                  | _                                 |                |                | identification number      |
| Part I                                              | Baaaan              |                   |                        | for South Sul                                          |                                     |                                   |                |                | 6-3039964                  |
|                                                     |                     |                   |                        | (All organizations must c                              |                                     |                                   | ee instructior | IS.            |                            |
| Ē.                                                  |                     | -                 |                        | For lines 1 through 12, c                              |                                     | -                                 |                |                |                            |
|                                                     | -                   |                   |                        | on of churches described                               |                                     | on 170(b)(*                       | I)(A)(i).      |                |                            |
| 2                                                   |                     |                   |                        | Attach Schedule E (Forn                                |                                     |                                   |                |                |                            |
| 3                                                   | •                   | •                 |                        | anization described in se                              |                                     |                                   |                | V) Easter      |                            |
| 4                                                   |                     | -                 | ation operated in co   | njunction with a hospital                              | described                           | in sectio                         | A)(1)(a)011 n  | .)(III). Enter | the hospital's hame,       |
| <b>-</b>                                            | city, and stat      | -                 | ar the herefit of a co | llege or university owned                              | l or operat                         |                                   | vorpmontal u   |                | ad in                      |
| 5                                                   | •                   | •                 | Complete Part II.)     | liege of university owned                              | or operation                        | eu by a go                        | veninentaiu    | nit describe   |                            |
| c 🗌                                                 |                     |                   |                        | nantal unit described in                               | anation 1                           | 70/61/41/41                       | (.)            |                |                            |
| 6 🗔<br>7 X                                          |                     |                   | -                      | nental unit described in                               |                                     |                                   |                | ha ganaral r   | aublia dagaribad in        |
| 1 [23]                                              | -                   |                   | omplete Part II.)      | ntial part of its support fr                           | on a gove                           | ennentai                          |                | ie general p   |                            |
| 8                                                   |                     |                   | • •                    | (1)(A)(vi). (Complete Par                              | + 11 \                              |                                   |                |                |                            |
| 9                                                   |                     |                   |                        | in section 170(b)(1)(A)(                               | ,                                   | ed in coniu                       | inction with a | land-grant     | college                    |
| <u> </u>                                            | -                   |                   |                        | ulture (see instructions).                             |                                     | -                                 |                | -              | -                          |
|                                                     | university:         | or a nornand g    | grant concyc or agric  |                                                        |                                     | name, eny                         | , and state of | the conege     |                            |
| 10                                                  |                     | on that norma     | Illy receives (1) more | than 33 1/3% of its supp                               | ort from c                          | ontribution                       | ns memberst    | nin fees and   | d aross receipts from      |
|                                                     |                     |                   |                        | t to certain exceptions; a                             |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        | (less section 511 tax) fro                             |                                     |                                   |                |                | -                          |
|                                                     |                     |                   | mplete Part III.)      |                                                        |                                     | eee acqu                          |                | ,a             |                            |
| 11                                                  |                     |                   |                        | ively to test for public sa                            | fetv. See                           | section 50                        | )9(a)(4).      |                |                            |
| 12                                                  | •                   | -                 | -                      | ively for the benefit of, to                           | •                                   |                                   |                | rrv out the    | purposes of one or         |
|                                                     | •                   | -                 | -                      | ed in section 509(a)(1) o                              | -                                   |                                   |                | -              |                            |
|                                                     |                     |                   | -                      | f supporting organizatior                              |                                     |                                   |                |                |                            |
| a                                                   | _                   | •                 | • •                    | supervised, or controlled                              |                                     | -                                 |                | -              | giving                     |
|                                                     |                     |                   | -                      | gularly appoint or elect a                             | • • • •                             | -                                 |                |                |                            |
|                                                     |                     | -                 | complete Part IV, Se   | • • • •                                                |                                     |                                   |                |                |                            |
| b                                                   | <b>Type II.</b> A s | supporting org    | anization supervised   | l or controlled in connect                             | tion with its                       | s supporte                        | ed organizatio | n(s), by hav   | ving                       |
|                                                     | control or r        | nanagement o      | of the supporting org  | anization vested in the sa                             | ame perso                           | ns that co                        | ntrol or mana  | ge the supr    | ported                     |
|                                                     | organizatio         | n(s). You mus     | t complete Part IV,    | Sections A and C.                                      |                                     |                                   |                |                |                            |
| c 🗌                                                 | Type III fur        | nctionally inte   | grated. A supportin    | g organization operated                                | in connect                          | tion with, a                      | and functiona  | lly integrate  | ed with,                   |
|                                                     | its support         | ed organizatio    | n(s) (see instructions | ). You must complete I                                 | Part IV, Se                         | ections A,                        | D, and E.      |                |                            |
| d                                                   | Type III no         | n-functionally    | y integrated. A supp   | porting organization oper                              | ated in co                          | nnection v                        | vith its suppo | rted organiz   | zation(s)                  |
|                                                     | that is not         | functionally int  | egrated. The organiz   | zation generally must sat                              | isfy a distr                        | ibution red                       | quirement and  | l an attentiv  | /eness                     |
|                                                     | requiremer          | nt (see instructi | ions). You must cor    | nplete Part IV, Sections                               | A and D,                            | and Part                          | V.             |                |                            |
| е 🗌                                                 | Check this          | box if the orga   | anization received a   | written determination fro                              | m the IRS                           | that it is a                      | Туре I, Туре   | II, Type III   |                            |
|                                                     | functionally        | / integrated, or  | r Type III non-functio | nally integrated supporti                              | ng organiz                          | ation.                            |                |                |                            |
| f Ent                                               | er the number       | of supported o    | organizations          |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   | n about the supporte   |                                                        |                                     | Para Pata d                       |                |                |                            |
|                                                     | (i) Name of supp    |                   | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 | (IV) IS the orga<br>in your governi | anization listed<br>ing document? | (v) Amount o   | -              | (vi) Amount of other       |
|                                                     | organizatior        | I                 |                        | above (see instructions))                              | Yes                                 | No                                | support (see i | istructions)   | support (see instructions) |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |
|                                                     |                     |                   |                        |                                                        |                                     |                                   |                |                |                            |

<u>Total</u>

| Schedule A |        |            |              |            |        |           | Suburbia       |
|------------|--------|------------|--------------|------------|--------|-----------|----------------|
| Part II    | Suppor | t Schedule | for Organiza | tions Desc | cribed | in Sectio | ns 170(b)(1)(A |

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)                        | (a) 2019                  | <b>(b)</b> 2020      | <b>(c)</b> 2021           | (d) 2022                    | (e) 2023           | (f) Total       |
| 1    | Gifts, grants, contributions, and                              |                           |                      |                           |                             |                    |                 |
|      | membership fees received. (Do not                              |                           |                      |                           |                             |                    |                 |
|      | include any "unusual grants.")                                 | 4306964.                  | 4034831.             | 2832154.                  | 4708753.                    | 5376861.           | 21259563.       |
| 2    | Tax revenues levied for the organ-                             |                           |                      |                           |                             |                    |                 |
|      | ization's benefit and either paid to                           |                           |                      |                           |                             |                    |                 |
|      | or expended on its behalf                                      |                           |                      |                           |                             |                    |                 |
| 3    | The value of services or facilities                            |                           |                      |                           |                             |                    |                 |
|      | furnished by a governmental unit to                            |                           |                      |                           |                             |                    |                 |
|      | the organization without charge                                |                           |                      |                           |                             |                    |                 |
| 4    | Total. Add lines 1 through 3                                   | 4306964.                  | 4034831.             | 2832154.                  | 4708753.                    | 5376861.           | 21259563.       |
| 5    | The portion of total contributions                             |                           |                      |                           |                             |                    |                 |
|      | by each person (other than a                                   |                           |                      |                           |                             |                    |                 |
|      | governmental unit or publicly                                  |                           |                      |                           |                             |                    |                 |
|      | supported organization) included                               |                           |                      |                           |                             |                    |                 |
|      | on line 1 that exceeds 2% of the                               |                           |                      |                           |                             |                    |                 |
|      | amount shown on line 11,                                       |                           |                      |                           |                             |                    |                 |
|      | column (f)                                                     |                           |                      |                           |                             |                    |                 |
| 6    | Public support. Subtract line 5 from line 4.                   |                           |                      |                           |                             |                    | 21259563.       |
| Sec  | tion B. Total Support                                          |                           |                      |                           |                             |                    |                 |
| Cale | ndar year (or fiscal year beginning in)                        | (a) 2019                  | <b>(b)</b> 2020      | <b>(c)</b> 2021           | (d) 2022                    | (e) 2023           | (f) Total       |
| 7    | Amounts from line 4                                            | 4306964.                  | 4034831.             | 2832154.                  | 4708753.                    | 5376861.           | 21259563.       |
| 8    | Gross income from interest,                                    |                           |                      |                           |                             |                    |                 |
|      | dividends, payments received on                                |                           |                      |                           |                             |                    |                 |
|      | securities loans, rents, royalties,                            |                           |                      |                           |                             |                    |                 |
|      | and income from similar sources                                | 28,073.                   | 23,709.              | -12,705.                  |                             | 12,733.            | 51,810.         |
| 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.)                                   |                           |                      |                           |                             | 21,524.            | 21,524.         |
| 11   | Total support. Add lines 7 through 10                          |                           |                      |                           |                             |                    | 21332897.       |
| 12   | Gross receipts from related activities,                        | etc. (see instructio      | ons)                 |                           |                             | 12                 | 287,015.        |
| 13   | First 5 years. If the Form 990 is for th                       | ne organization's fir     | st, second, third, f | fourth, or fifth tax y    | /ear as a section 5         | 01(c)(3)           |                 |
|      | organization, check this box and stop                          |                           |                      |                           |                             |                    |                 |
| Sec  | ction C. Computation of Publi                                  | ic Support Per            | centage              |                           |                             |                    |                 |
|      | Public support percentage for 2023 (I                          |                           | -                    |                           |                             | 14                 | 99.66 %         |
|      | Public support percentage from 2022                            |                           |                      |                           |                             | 15                 | %               |
| 16a  | 33 1/3% support test - 2023. If the o                          | organization did no       | t check the box or   | n line 13, and line 1     | 14 is 33 1/3% or m          | ore, check this bo |                 |
|      | ${\color{black} \text{stop}}$ here. The organization qualifies | as a publicly suppo       | orted organization   |                           |                             |                    | X               |
| b    | 33 1/3% support test - 2022. If the                            | organization did no       | t check a box on l   | ine 13 or 16a, and        | line 15 is 33 1/3%          | or more, check th  | is box          |
|      | and stop here. The organization qual                           |                           |                      |                           |                             |                    |                 |
| 17a  | 10% -facts-and-circumstances test                              | - 2023. If the org        | anization did not c  | heck a box on line        | e 13, 16a, or 16b, a        | and line 14 is 10% | or more,        |
|      | and if the organization meets the fact                         | s-and-circumstance        | es test, check this  | box and stop he           | <b>re.</b> Explain in Part  | VI how the organiz | zation          |
|      | meets the facts-and-circumstances te                           | est. The organizatio      | n qualifies as a pu  | blicly supported o        | rganization                 |                    |                 |
| b    | 10% -facts-and-circumstances test                              | - <b>2022.</b> If the org | anization did not c  | heck a box on line        | e 13, 16a, 16b, or 1        | 7a, and line 15 is | 10% or          |
|      | more, and if the organization meets the                        | ne facts-and-circum       | istances test, cheo  | ck this box and <b>st</b> | t <b>op here.</b> Explain i | n Part VI how the  |                 |
|      | organization meets the facts-and-circl                         | umstances test. Th        | e organization qua   | alifies as a publicly     | supported organiz           | ation              |                 |
| 18   | Private foundation. If the organization                        | on did not check a l      | box on line 13, 16a  | a, 16b, 17a, or 17b       | , check this box a          | nd see instruction | s               |
|      |                                                                |                           |                      |                           |                             | Schedule A         | (Form 990) 2023 |

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| <u> </u> |                                                                                                                                                                                        |                      | 1                   |                      |                     |                      |                   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------------|---------------------|----------------------|-------------------|
| Cale     | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2019             | (b) 2020            | (c) 2021             | (d) 2022            | (e) 2023             | (f) Total         |
| 1        | Gifts, grants, contributions, and                                                                                                                                                      |                      |                     |                      |                     |                      |                   |
|          | membership fees received. (Do not                                                                                                                                                      |                      |                     |                      |                     |                      |                   |
|          | include any "unusual grants.")                                                                                                                                                         |                      |                     |                      |                     |                      |                   |
| 2        | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                      |                     |                      |                   |
| 3        | Gross receipts from activities that                                                                                                                                                    |                      |                     |                      |                     |                      |                   |
|          | are not an unrelated trade or bus-                                                                                                                                                     |                      |                     |                      |                     |                      |                   |
|          | iness under section 513                                                                                                                                                                |                      |                     |                      |                     |                      |                   |
| 4        | Tax revenues levied for the organ-                                                                                                                                                     |                      |                     |                      |                     |                      |                   |
| •        | ization's benefit and either paid to                                                                                                                                                   |                      |                     |                      |                     |                      |                   |
|          | or expended on its behalf                                                                                                                                                              |                      |                     |                      |                     |                      |                   |
| 5        | The value of services or facilities                                                                                                                                                    |                      |                     |                      |                     |                      |                   |
| 5        | furnished by a governmental unit to                                                                                                                                                    |                      |                     |                      |                     |                      |                   |
|          |                                                                                                                                                                                        |                      |                     |                      |                     |                      |                   |
| •        | the organization without charge                                                                                                                                                        |                      |                     |                      |                     |                      |                   |
|          | Total. Add lines 1 through 5                                                                                                                                                           |                      |                     |                      |                     |                      |                   |
| 7a       | Amounts included on lines 1, 2, and                                                                                                                                                    |                      |                     |                      |                     |                      |                   |
|          | 3 received from disqualified persons                                                                                                                                                   |                      |                     |                      |                     |                      |                   |
| b        | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                     |                      |                     |                      |                   |
| c        | Add lines 7a and 7b                                                                                                                                                                    |                      |                     |                      |                     |                      |                   |
|          | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                      |                     |                      |                     |                      |                   |
|          | ction B. Total Support                                                                                                                                                                 |                      |                     |                      |                     |                      |                   |
| Cale     | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2019             | <b>(b)</b> 2020     | (c) 2021             | (d) 2022            | (e) 2023             | (f) Total         |
|          | Amounts from line 6                                                                                                                                                                    | (u) 2010             | (0) 2020            |                      |                     |                      |                   |
|          | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               |                      |                     |                      |                     |                      |                   |
| b        | Unrelated business taxable income                                                                                                                                                      |                      |                     |                      |                     |                      |                   |
|          | (less section 511 taxes) from businesses                                                                                                                                               |                      |                     |                      |                     |                      |                   |
|          | acquired after June 30, 1975                                                                                                                                                           |                      |                     |                      |                     |                      |                   |
|          | Add lines 10a and 10b                                                                                                                                                                  |                      |                     |                      |                     |                      |                   |
|          | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                      |                     |                      |                     |                      |                   |
| 12       | Other income. Do not include gain<br>or loss from the sale of capital                                                                                                                  |                      |                     |                      |                     |                      |                   |
| 13       | assets (Explain in Part VI.)<br>Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                         |                      |                     | 1                    |                     | 1                    |                   |
|          | First 5 years. If the Form 990 is for th                                                                                                                                               | ne organization's fi | rst. second. third. | fourth, or fifth tax | vear as a section f | 501(c)(3) organizati | on.               |
|          | check this box and stop here                                                                                                                                                           | 0                    |                     |                      |                     |                      | ·                 |
| Sec      | ction C. Computation of Publi                                                                                                                                                          |                      |                     |                      |                     |                      |                   |
|          | Public support percentage for 2023 (I                                                                                                                                                  |                      |                     | column (f))          |                     | 15                   | %                 |
| 16       | Public support percentage from 2022                                                                                                                                                    |                      | -                   |                      |                     | 16                   | <u>%</u>          |
|          | tion D. Computation of Inves                                                                                                                                                           |                      |                     |                      |                     |                      | 70                |
|          | Investment income percentage for 20                                                                                                                                                    |                      |                     | ino 12 oolumn (4)    |                     | 17                   | %                 |
| 17       |                                                                                                                                                                                        |                      |                     |                      |                     |                      |                   |
| 18       | Investment income percentage from                                                                                                                                                      |                      |                     | an line 14 and lin   |                     |                      | <u>%</u>          |
| 198      | <b>33 1/3% support tests - 2023.</b> If the                                                                                                                                            |                      |                     |                      |                     |                      |                   |
|          | more than 33 1/3%, check this box ar                                                                                                                                                   | -                    |                     |                      | •••••               |                      | L                 |
| b        | 33 1/3% support tests - 2022. If the                                                                                                                                                   |                      |                     |                      |                     |                      |                   |
|          | line 18 is not more than 33 1/3%, che                                                                                                                                                  |                      |                     |                      |                     |                      |                   |
| 20       | Private foundation. If the organization                                                                                                                                                | on did not check a   | box on line 14, 19  | a, or 19b, check t   | his box and see ins | structions           |                   |
| 33202    | 23 12-21-23                                                                                                                                                                            |                      |                     |                      |                     | Schedule /           | A (Form 990) 2023 |

(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

# Schedule A (Form 990) 2023 Crisis Center for South Suburbia 36-3039964 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 36-3039964 Page 3

qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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<sup>15</sup> 2023.05040 CRISIS CENTER FOR SOUTH S 240089\_1

Crisis Center for South Suburbia

1

Yes No

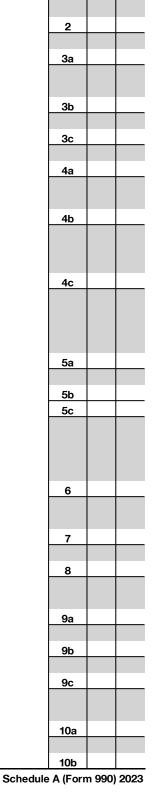
#### Part IV Supporting Organizations

(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.)

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| Sche | dule A (Form 990) 2023 Crisis Center for South Suburbia                                                            | 36-303996 | 4 Pa | age <b>5</b> |
|------|--------------------------------------------------------------------------------------------------------------------|-----------|------|--------------|
| Par  | rt IV Supporting Organizations (continued)                                                                         |           |      |              |
|      |                                                                                                                    |           | Yes  | No           |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?                            |           |      |              |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and     |           |      |              |
|      | 11c below, the governing body of a supported organization?                                                         | 11a       |      |              |
| b    | A family member of a person described on line 11a above?                                                           | 11b       |      |              |
| с    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide |           |      |              |
|      | detail in Part VI.                                                                                                 | 11c       |      |              |
| Sec  | tion B. Type I Supporting Organizations                                                                            |           |      |              |
|      |                                                                                                                    |           | Yes  | No           |
|      |                                                                                                                    |           |      |              |

for South Suburbia

| 1 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
|   | Port VI have a statistic state to the state of the state |   |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

| Section D | . All Type | e 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 satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| The organization supported a governmental entity. Describe in the now you supported a governmental entity (see instructions) | с |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). |
|------------------------------------------------------------------------------------------------------------------------------|---|--|---------------------------------------------------|---------------------------------------------------------------------------------|
|------------------------------------------------------------------------------------------------------------------------------|---|--|---------------------------------------------------|---------------------------------------------------------------------------------|

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- 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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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2

Yes No

Yes No

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|      | dule A (Form 990) 2023 Crisis Center for Sout                                |                |                           | 36-3039964 Page 6              |
|------|------------------------------------------------------------------------------|----------------|---------------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 |                |                           |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify |                |                           | n Part VI). See instructions.  |
|      | All other Type III non-functionally integrated supporting organizations mu   | st complete    | Sections A through E.     |                                |
| Sect | ion A - Adjusted Net Income                                                  |                | (A) Prior Year            | (B) Current Year<br>(optional) |
| _1   | Net short-term capital gain                                                  | 1              |                           |                                |
| 2    | Recoveries of prior-year distributions                                       | 2              |                           |                                |
| 3    | Other gross income (see instructions)                                        | 3              |                           |                                |
| 4    | Add lines 1 through 3.                                                       | 4              |                           |                                |
| 5    | Depreciation and depletion                                                   | 5              |                           |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                |                           |                                |
|      | collection of gross income or for management, conservation, or               |                |                           |                                |
|      | maintenance of property held for production of income (see instructions)     | 6              |                           |                                |
| 7    | Other expenses (see instructions)                                            | 7              |                           |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8              |                           |                                |
| Sect | ion B - Minimum Asset Amount                                                 |                | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |                |                           |                                |
|      | instructions for short tax year or assets held for part of year):            |                |                           |                                |
| а    | Average monthly value of securities                                          | 1a             |                           |                                |
| b    | Average monthly cash balances                                                | 1b             |                           |                                |
| с    | Fair market value of other non-exempt-use assets                             | 1c             |                           |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                             | 1d             |                           |                                |
| е    | Discount claimed for blockage or other factors                               |                |                           |                                |
|      | (explain in detail in Part VI):                                              |                |                           |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2              |                           |                                |
| 3    | Subtract line 2 from line 1d.                                                | 3              |                           |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                |                           |                                |
|      | see instructions).                                                           | 4              |                           |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5              |                           |                                |
| 6    | Multiply line 5 by 0.035.                                                    | 6              |                           |                                |
| 7    | Recoveries of prior-year distributions                                       | 7              |                           |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8              |                           |                                |
| Sect | ion C - Distributable Amount                                                 |                |                           | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1              |                           |                                |
| 2    | Enter 0.85 of line 1.                                                        | 2              |                           |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3              |                           |                                |
| 4    | Enter greater of line 2 or line 3.                                           | 4              |                           |                                |
| 5    | Income tax imposed in prior year                                             | 5              |                           |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                |                           |                                |
|      | emergency temporary reduction (see instructions).                            | 6              |                           |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting or | ganization (see                |

instructions).

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#### Crisis Center for South Suburbia Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

| Schedule A    | (Form 990) 2023                                                              | Crisis Center                                                  | for South Su                                                                        | burbia                                                                                       | 36-3039964 <sub>Page</sub>                                                                        |
|---------------|------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Part VI       | Supplemental Info<br>Part IV, Section A, lines<br>line 1; Part IV, Section D | rmation. Provide the expla<br>1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, | nations required by Part<br>9b, 9c, 11a, 11b, and 11<br>on E, lines 1c, 2a, 2b, 3a, | II, line 10; Part II, line 17a<br>c; Part IV, Section B, line<br>and 3b; Part V, line 1; Pai | or 17b; Part III, line 12;<br>s 1 and 2; Part IV, Section C,<br>rt V, Section B, line 1e; Part V, |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
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|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
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|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
|               |                                                                              |                                                                |                                                                                     |                                                                                              |                                                                                                   |
| 32028 12-21-2 | 23                                                                           |                                                                | 20                                                                                  |                                                                                              | Schedule A (Form 990) 20                                                                          |

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

| Nume of the organizati |                                                                                                                                                                         |                      |  |  |  |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|--|
|                        | Crisis Center for South Suburbia                                                                                                                                        | 36-3039964           |  |  |  |
| Organization type (cho | eck one):                                                                                                                                                               |                      |  |  |  |
| Filers of:             | Section:                                                                                                                                                                |                      |  |  |  |
| Form 990 or 990-EZ     | $\fbox{X}$ 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                                                                                                                                    |                      |  |  |  |
|                        |                                                                                                                                                                         |                      |  |  |  |
|                        | tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. 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 to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

**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).

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

Name of organization

Page **2** 

Employer identification number

36-3039964

### Crisis Center for South Suburbia

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

|              |                                                                                                           |                            | 1                                                                                  |
|--------------|-----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>    1</u> | U.S. Department of Housing and Urban<br>Development<br><u>451 7th Street, S.W</u><br>Washington, DC 20410 | \$470,515.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 2            | U.S. Department of Justice<br>950 Pennsylvania Avenue NW<br>Washington, DC 20530                          | \$ <u>887,871.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 3            | U.S. Department of Health and Human<br>Services<br>200 Independence Avenue, S.W.<br>Washington, DC 20201  | \$ <u>205,680.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 4            | U.S. Department of Treasury<br>1500 Pennsylvania Avenue, NW,<br>Washington, DC 20528                      | \$230,070.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|              |                                                                                                           | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|              |                                                                                                           | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

22

323452 12-26-23

Schedule B (Form 990) (2023)

| No.<br>from<br>Part I        | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------|
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received      |
|                              |                                              |                                                 |                           |
|                              |                                              | \$                                              |                           |
| 3453 12-26-23                | 23                                           |                                                 | Schedule B (Form 990) (20 |

Crisis Center for South Suburbia

Name of organization

Part II

(a)

Employer identification number

36-3039964

#### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| Schedule I                | B (Form 990) (2023)                     |                                                                                                  |                       |                    | Page <b>4</b>                           |  |
|---------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------------------------|--|
| Name of o                 | rganization                             |                                                                                                  |                       |                    | Employer identification number          |  |
| Crici                     | s Center for South Subu                 | rhia                                                                                             |                       |                    | 36-3039964                              |  |
| Part III                  |                                         | ons to organizations descr<br>through (e) and the followin<br>charitable, etc., contributions of | na line entry. For or | ganizations        | at total more than \$1,000 for the year |  |
| (a) No.<br>from<br>Part I | . (b) Purpose of gift (c) Use of gift   |                                                                                                  | gift                  | (d) Desc           | ription of how gift is held             |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
|                           |                                         | (e) Trans                                                                                        | fer of gift           |                    |                                         |  |
|                           | Transferee's name, address, a           | nd ZIP + 4                                                                                       | R                     | elationship of tra | nsferor to transferee                   |  |
| (a) No.                   |                                         |                                                                                                  |                       |                    |                                         |  |
| from<br>Part I            | (b) Purpose of gift                     | (c) Use of                                                                                       | gift                  | (d) Desc           | ription of how gift is held             |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
|                           | (e) Transfer of gift                    |                                                                                                  |                       |                    |                                         |  |
| ·                         | Transferee's name, address, and ZIP + 4 |                                                                                                  | R                     | elationship of tra | nsferor to transferee                   |  |
| (-) N-                    |                                         |                                                                                                  |                       |                    |                                         |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of                                                                                       | gift                  | (d) Desc           | ription of how gift is held             |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
|                           | (e) Transfer of gift                    |                                                                                                  |                       |                    |                                         |  |
| ·                         | Transferee's name, address, a           | e's name, address, and ZIP + 4                                                                   |                       | elationship of tra | nsferor to transferee                   |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of                                                                                       | gift                  | (d) Desc           | ription of how gift is held             |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
|                           | (e) Transfer of gift                    |                                                                                                  |                       |                    |                                         |  |
|                           | Transferee's name, address, a           | nd <b>ZI</b> P + 4                                                                               | R                     | elationship of tra | nsferor to transferee                   |  |
|                           |                                         |                                                                                                  |                       |                    |                                         |  |
| 323454 12-26              | a-23                                    |                                                                                                  | <u> </u>              |                    | Schedule B (Form 990) (2023)            |  |

| SCHEDULE D |  |
|------------|--|
| (Form 990) |  |

### **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.<br>Attach to Form 990.<br>Attach to Form 990.<br>Go to www.irs.gov/Form990 for instructions and the latest information. |                                                  |                                               |                      | Open to Public<br>Inspection              |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|----------------------|-------------------------------------------|--|--|
|     | e of the organizati                                                                                                                                                                              |                                                  |                                               | Employe              | Employer identification number 36-3039964 |  |  |
| Par | rt I Organiza                                                                                                                                                                                    | ations Maintaining Donor Advise                  |                                               |                      |                                           |  |  |
| ' u |                                                                                                                                                                                                  | n answered "Yes" on Form 990, Part IV, lir       |                                               | or Accounto.         | Complete il the                           |  |  |
|     | 0.9424.0                                                                                                                                                                                         |                                                  | (a) Donor advised funds                       | (b) Funds a          | nd other accounts                         |  |  |
| 1   | Total number at er                                                                                                                                                                               | nd of year                                       |                                               | (                    |                                           |  |  |
| 2   |                                                                                                                                                                                                  | f contributions to (during year)                 |                                               |                      |                                           |  |  |
| 3   |                                                                                                                                                                                                  | f grants from (during year)                      |                                               |                      |                                           |  |  |
| 4   |                                                                                                                                                                                                  | t end of year                                    |                                               |                      |                                           |  |  |
| 5   | Did the organizatio                                                                                                                                                                              | ed funds                                         |                                               |                      |                                           |  |  |
| -   | -                                                                                                                                                                                                | on's property, subject to the organization's     | -                                             |                      | Yes No                                    |  |  |
| 6   |                                                                                                                                                                                                  | on inform all grantees, donors, and donor a      |                                               |                      |                                           |  |  |
|     |                                                                                                                                                                                                  | poses and not for the benefit of the donor of    |                                               |                      |                                           |  |  |
|     | impermissible priv                                                                                                                                                                               | ate benefit?                                     |                                               |                      | . Yes No                                  |  |  |
| Par | rt II Conserv                                                                                                                                                                                    | ation Easements. Complete if the or              |                                               |                      |                                           |  |  |
| 1   | Purpose(s) of cons                                                                                                                                                                               | servation easements held by the organizati       | on (check all that apply).                    |                      |                                           |  |  |
|     | Preservation                                                                                                                                                                                     | n of land for public use (for example, recrea    | ation or education)                           | a historically impo  | ortant land area                          |  |  |
|     | Protection o                                                                                                                                                                                     | of natural habitat                               | Preservation of                               | a certified historic | c structure                               |  |  |
|     | Preservation                                                                                                                                                                                     | n of open space                                  |                                               |                      |                                           |  |  |
| 2   |                                                                                                                                                                                                  | through 2d if the organization held a quali      | fied conservation contribution in the form    |                      |                                           |  |  |
|     | day of the tax year                                                                                                                                                                              | r.                                               |                                               | Held                 | d at the End of the Tax Year              |  |  |
| а   | Total number of co                                                                                                                                                                               | onservation easements                            |                                               | 2a                   |                                           |  |  |
| b   | Total acreage rest                                                                                                                                                                               | ricted by conservation easements                 |                                               | 2b                   |                                           |  |  |
| С   | Number of conser                                                                                                                                                                                 | vation easements on a certified historic str     | ucture included on line 2a                    | 2c                   |                                           |  |  |
| d   |                                                                                                                                                                                                  | vation easements included on line 2c acqu        |                                               |                      |                                           |  |  |
|     |                                                                                                                                                                                                  | ture listed in the National Register             |                                               |                      |                                           |  |  |
| 3   | Number of conser                                                                                                                                                                                 | vation easements modified, transferred, re       | leased, extinguished, or terminated by the    | organization durir   | ng the tax                                |  |  |
|     | year                                                                                                                                                                                             |                                                  |                                               |                      |                                           |  |  |
| 4   |                                                                                                                                                                                                  | where property subject to conservation ea        |                                               |                      |                                           |  |  |
| 5   |                                                                                                                                                                                                  | tion have a written policy regarding the pe      |                                               |                      |                                           |  |  |
| 6   | ,                                                                                                                                                                                                | forcement of the conservation easements i        |                                               |                      |                                           |  |  |
| 6   | Stall and voluntee                                                                                                                                                                               | r hours devoted to monitoring, inspecting,       | fianding of violations, and emorcing cons     | ervation easemen     | ts during the year                        |  |  |
| 7   | Amount of expens                                                                                                                                                                                 | <br>ses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservat  | ion essements du     | ring the year                             |  |  |
| '   | Amount of expens                                                                                                                                                                                 | ses incurred in monitoring, inspecting, nand     | and enorcing conserva                         | lion easements du    | ining the year                            |  |  |
| 8   | Does each conser                                                                                                                                                                                 | vation easement reported on line 2d above        | satisfy the requirements of section 170(h     | (4)(B)(i)            |                                           |  |  |
| Ŭ   | and section 170(h)                                                                                                                                                                               |                                                  |                                               |                      | Yes No                                    |  |  |
| 9   |                                                                                                                                                                                                  | be how the organization reports conservati       |                                               |                      |                                           |  |  |
|     |                                                                                                                                                                                                  | d include, if applicable, the text of the foot   |                                               |                      | s the                                     |  |  |
|     |                                                                                                                                                                                                  | ounting for conservation easements.              | 5                                             |                      |                                           |  |  |
| Par |                                                                                                                                                                                                  | ations Maintaining Collections or                | f Art, Historical Treasures, or Ot            | her Similar As       | ssets.                                    |  |  |
|     | Complete i                                                                                                                                                                                       | f the organization answered "Yes" on Form        | n 990, Part IV, line 8.                       |                      |                                           |  |  |
| 1a  | If the organization                                                                                                                                                                              | elected, as permitted under FASB ASC 95          | 58, not to report in its revenue statement a  | nd balance sheet     | works                                     |  |  |
|     | of art, historical tre                                                                                                                                                                           | easures, or other similar assets held for pul    | blic exhibition, education, or research in fu | rtherance of publi   | с                                         |  |  |
|     | service, provide in                                                                                                                                                                              | Part XIII the text of the footnote to its final  | ncial statements that describes these item    | S.                   |                                           |  |  |
| b   | If the organization                                                                                                                                                                              | elected, as permitted under FASB ASC 95          | 58, to report in its revenue statement and t  | alance sheet wor     | ks of                                     |  |  |
|     | art, historical treas                                                                                                                                                                            | sures, or other similar assets held for public   | c exhibition, education, or research in furth | erance of public s   | ervice,                                   |  |  |
|     | provide the followi                                                                                                                                                                              | ing amounts relating to these items.             |                                               |                      |                                           |  |  |
|     | (i) Revenue inclu                                                                                                                                                                                | ded on Form 990, Part VIII, line 1               |                                               | \$                   |                                           |  |  |
|     | .,                                                                                                                                                                                               |                                                  |                                               |                      |                                           |  |  |
| 2   | If the organization                                                                                                                                                                              | received or held works of art, historical tre    | asures, or other similar assets for financia  |                      |                                           |  |  |
|     | the following amou                                                                                                                                                                               | unts required to be reported under FASB A        | ASC 958 relating to these items:              |                      |                                           |  |  |

a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|--------------------|------------------------|---------------------|-------------|----------|-------|---------------|
| Par  | t III Organizations Maintaining C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Collections of Ar       | t, Historical 1           | reasures, or       | Other                  | Similar             | Assets      | (continu | Jed)  |               |
| 3    | Using the organization's acquisition, access                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ion, and other record   | s, check any of th        | ne following that  | make sig               | gnificant u         | ise of its  |          |       |               |
|      | collection items (check all that apply).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                           |                    |                        |                     |             |          |       |               |
| а    | Public exhibition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | c                       | Loan or e                 | exchange progra    | m                      |                     |             |          |       |               |
| b    | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e                       | e 🗌 Other                 |                    |                        |                     |             |          |       |               |
| с    | Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                           |                    |                        |                     |             |          |       |               |
| 4    | Provide a description of the organization's c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ollections and explai   | n how they furthe         | r the organizatior | n's exem               | pt purpos           | se in Part  | XIII.    |       |               |
| 5    | During the year, did the organization solicit of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or receive donations    | of art, historical tr     | easures, or other  | <sup>,</sup> similar a | assets              |             |          |       |               |
|      | to be sold to raise funds rather than to be maintained as part of the organization's collection?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                           |                    |                        |                     |             |          |       |               |
| Par  | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | te if the organiza        | tion answered "Y   | es" on F               | orm 990,            | Part IV, li | ne 9, or |       |               |
| 1a   | Is the organization an agent, trustee, custod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lian, or other intermed | diary for contribut       | ions or other ass  | ets not i              | ncluded             |             |          |       |               |
|      | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                           |                    |                        |                     |             | Yes      |       | No            |
| b    | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                           |                    |                        |                     |             |          |       | _             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | -                         |                    |                        |                     |             | Amount   |       |               |
| с    | Beginning balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                           |                    |                        | 1c                  |             |          |       |               |
| d    | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                           |                    |                        |                     |             |          |       |               |
| е    | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                           |                    |                        |                     |             |          |       |               |
| f    | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                           |                    |                        | 1f                  |             | _        |       |               |
| 2a   | Did the organization include an amount on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Form 990, Part X, line  | 21, for escrow of         | custodial accou    | nt liabilit            | y?                  | L           | Yes      |       | No            |
|      | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                           |                    |                        |                     |             |          |       |               |
| Par  | t V Endowment Funds Complete i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                       |                           |                    |                        |                     |             |          |       |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Current year        | (b) Prior year            | (c) Two years      | s back (               | ( <b>d)</b> Three y | ears back   | (e) Four | years | back          |
| 1a   | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                           |                    |                        |                     |             |          |       |               |
| b    | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                           |                    |                        |                     |             |          |       |               |
| с    | Net investment earnings, gains, and losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                           |                    |                        |                     |             |          |       |               |
| d    | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                           |                    |                        |                     |             |          |       |               |
| е    | Other expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                           |                    |                        |                     |             |          |       |               |
|      | and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                           |                    |                        |                     |             |          |       |               |
| f    | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                           |                    |                        |                     |             |          |       |               |
| g    | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                           |                    |                        |                     |             |          |       |               |
| 2    | Provide the estimated percentage of the cur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                       |                           | (a)) held as:      |                        |                     |             |          |       |               |
| a    | Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | _%                        |                    |                        |                     |             |          |       |               |
| b    | Permanent endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | %                       |                           |                    |                        |                     |             |          |       |               |
| С    | Term endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _%                      |                           |                    |                        |                     |             |          |       |               |
| 0-   | The percentages on lines 2a, 2b, and 2c sho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                           |                    |                        |                     |             |          |       |               |
| Ja   | Are there endowment funds not in the posse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ession of the organiza  | ation that are neit       | and administere    | ed for the             | •                   |             | Г        | Yes   | No            |
|      | organization by:<br>(i) Unrelated organizations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                           |                    |                        |                     |             | 3a(i)    |       |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                           |                    |                        |                     |             | 3a(ii)   |       |               |
| h    | If "Yes" on line 3a(ii), are the related organization of the second seco | ations listed as requir |                           |                    |                        |                     |             | 3b       |       |               |
| 4    | Describe in Part XIII the intended uses of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                           |                    |                        |                     |             | 50       | I     |               |
| Par  | t VI   Land, Buildings, and Equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ŭ                       |                           |                    |                        |                     |             |          |       |               |
|      | Complete if the organization answere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | ), Part IV, line 11a      | a. See Form 990,   | Part X, li             | ine 10.             |             |          |       |               |
|      | Description of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) Cost or c           | • • •                     | ost or other       | • •                    | cumulate            | d           | (d) Book | value | э             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | basis (investr          | nent) ba                  | sis (other)        | dep                    | preciation          |             |          | ~ ~ ~ |               |
|      | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | 1 1                       | 68,250.            | 1 4                    | 96 20               |             |          |       | 50.           |
|      | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                           | 725,890.           |                        | 86,30               |             |          |       | 87.           |
|      | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                           | <u>317,973.</u>    |                        | 02,51               |             | 215      |       |               |
|      | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | 4                         | 123,689.           | 3                      | 85,90               |             | 5/       | ,78   |               |
|      | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                           | 71,522.            |                        | 71,52               |             | EC1      | ~ ~ ~ | $\frac{1}{2}$ |
| Tota | . Add lines 1a through 1e. (Column (d) must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | equal Form 990, Part    | <u>X, line 10c, colur</u> | <u>тп (В))</u>     |                        | <u></u>             |             | 561      | , 08  | 24.           |

Schedule D (Form 990) 2023

|                                                                                                           |                                         | TD. 000 T 0111 000, T art X, IIIC 12.   |                         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------|
| (a) Description of security or category (including name of security)                                      | (b) Book value                          | (c) Method of valuation: Cost or er     | nd-of-year market value |
| (1) Financial derivatives                                                                                 |                                         |                                         |                         |
| (2) Closely held equity interests                                                                         |                                         |                                         |                         |
| (3) Other                                                                                                 |                                         |                                         |                         |
| (A)                                                                                                       |                                         |                                         |                         |
| (B)                                                                                                       |                                         |                                         |                         |
| (C)                                                                                                       |                                         |                                         |                         |
| (D)                                                                                                       |                                         |                                         |                         |
| (E)                                                                                                       |                                         |                                         |                         |
| (F)                                                                                                       |                                         |                                         |                         |
| (G)                                                                                                       |                                         |                                         |                         |
| (H)                                                                                                       |                                         |                                         |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. |                                         |                                         |                         |
| Complete if the organization answered "Yes"                                                               | on Form 990. Part IV. line 1            | 1c. See Form 990. Part X. line 13.      |                         |
| (a) Description of investment                                                                             | (b) Book value                          | (c) Method of valuation: Cost or er     | nd-of-year market value |
| (1) First Midwest Endowment                                                                               | (,, , , , , , , , , , , , , , , , , , , |                                         | ,                       |
| (1) Finds                                                                                                 | 375,656.                                | End-of-Year Market                      | . Value                 |
| (3)                                                                                                       |                                         |                                         |                         |
| (4)                                                                                                       |                                         |                                         |                         |
| (5)                                                                                                       |                                         |                                         |                         |
| (6)                                                                                                       |                                         |                                         |                         |
| (7)                                                                                                       |                                         |                                         |                         |
| (8)                                                                                                       |                                         |                                         |                         |
| (9)                                                                                                       |                                         |                                         |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))                                          | 375,656.                                |                                         |                         |
| Part IX Other Assets                                                                                      |                                         |                                         |                         |
| Complete if the organization answered "Yes"                                                               | on Form 990, Part IV, line 1            | 1d. See Form 990, Part X, line 15.      |                         |
|                                                                                                           | Description                             |                                         | (b) Book value          |
| (1) Deposits                                                                                              |                                         |                                         | 63,133.                 |
| (2) Operating Lease - right of                                                                            | f use asset                             |                                         | 779,816.                |
| (3)                                                                                                       |                                         |                                         |                         |
| (4)                                                                                                       |                                         |                                         |                         |
| (5)                                                                                                       |                                         |                                         |                         |
| (6)                                                                                                       |                                         |                                         |                         |
| (7)                                                                                                       |                                         |                                         |                         |
| (8)                                                                                                       |                                         |                                         |                         |
| (9)                                                                                                       |                                         |                                         |                         |
| Total. (Column (b) must equal Form 990, Part X, line 15, col                                              | <br>/ <i>(</i> B))                      |                                         | 842,949.                |
| Part X Other Liabilities                                                                                  | <u>. (</u> 2)/                          |                                         | 1 1                     |
| Complete if the organization answered "Yes"                                                               | on Form 990, Part IV, line 1            | 1e or 11f. See Form 990, Part X, line 2 | 5.                      |
| 1. (a) Description of liability                                                                           |                                         |                                         | (b) Book value          |
| (1) Federal income taxes                                                                                  |                                         |                                         |                         |
| (2) Operating Lease Liability                                                                             |                                         |                                         | 839,902.                |
|                                                                                                           |                                         |                                         |                         |
| (4)                                                                                                       |                                         |                                         |                         |
| (5)                                                                                                       |                                         |                                         |                         |
| (6)                                                                                                       |                                         |                                         |                         |
| (7)                                                                                                       |                                         |                                         |                         |
| (8)                                                                                                       |                                         |                                         |                         |
| (9)                                                                                                       |                                         |                                         |                         |
| Total. (Column (b) must equal Form 990, Part X, line 25, co                                               |                                         |                                         | 839,902.                |
| <ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>                          |                                         |                                         |                         |

07490127 402354 240089

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990 Part IV line 11b See Form 990 Part X line 12

| Complete if the organization answered thes on Form 990, Part IV, line TD. See Form 990, Part X, line T2. |                |                                                           |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|--|--|--|--|--|
| (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)                                                                                                      |                |                                                           |  |  |  |  |  |
| (B)                                                                                                      |                |                                                           |  |  |  |  |  |
| (C)                                                                                                      |                |                                                           |  |  |  |  |  |
| (D)                                                                                                      |                |                                                           |  |  |  |  |  |
| (E)                                                                                                      |                |                                                           |  |  |  |  |  |
| (F)                                                                                                      |                |                                                           |  |  |  |  |  |
| (G)                                                                                                      |                |                                                           |  |  |  |  |  |
| (H)                                                                                                      |                |                                                           |  |  |  |  |  |
|                                                                                                          |                |                                                           |  |  |  |  |  |

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 ... 🚺

| Sche                                                                                                                                   | Schedule D (Form 990) 2023 Crisis Center for South Suburbia 36-3039964 Page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                     |              |                                     |                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|--------------|-------------------------------------|-------------------------------|--|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                     |              |                                     |                               |  |
|                                                                                                                                        | Complete if the organization answered "Yes" on Form 990, Part IV,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | line 12a.                                 |                                     |              |                                     |                               |  |
| 1                                                                                                                                      | Total revenue, gains, and other support per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                     | 1            | 7,621,29                            | 3.                            |  |
| 2                                                                                                                                      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                     |              |                                     |                               |  |
| а                                                                                                                                      | Net unrealized gains (losses) on investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a                                        | 28,268.                             |              |                                     |                               |  |
| b                                                                                                                                      | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                     |              |                                     |                               |  |
| с                                                                                                                                      | Recoveries of prior year grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                     |              |                                     |                               |  |
| d                                                                                                                                      | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | 956,944.                            |              |                                     |                               |  |
| е                                                                                                                                      | Add lines <b>2a</b> through <b>2d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                     | 2e           | 985,21                              |                               |  |
| 3                                                                                                                                      | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                     | 3            | 6,636,08                            | 1.                            |  |
| 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                                        | 2,211.                              |              |                                     |                               |  |
| b                                                                                                                                      | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b                                        |                                     |              |                                     |                               |  |
| с                                                                                                                                      | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4c                                        | 2,21                                | 1.           |                                     |                               |  |
| 5                                                                                                                                      | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                                         | 6,638,29                            | 2.           |                                     |                               |  |
|                                                                                                                                        | retainevende: / taa milee e and ter (fills must edual f offit 330. Fart f. line f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                  |                                     | -            |                                     | 2.                            |  |
|                                                                                                                                        | rt XII Reconciliation of Expenses per Audited Financial S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tatements With E                          | xpenses per R                       | eturi        | n                                   |                               |  |
|                                                                                                                                        | rt XII Reconciliation of Expenses per Audited Financial S<br>Complete if the organization answered "Yes" on Form 990, Part IV,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tatements With E                          | xpenses per R                       | eturi        | n                                   |                               |  |
|                                                                                                                                        | rt XII Reconciliation of Expenses per Audited Financial S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | itatements With E                         | xpenses per R                       | eturi<br>1   | n 6,984,62                          |                               |  |
| Pa                                                                                                                                     | Reconciliation of Expenses per Audited Financial S           Complete if the organization answered "Yes" on Form 990, Part IV,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | itatements With E                         | xpenses per R                       |              | n                                   |                               |  |
| <b>Pa</b>                                                                                                                              | Reconciliation of Expenses per Audited Financial S           Complete if the organization answered "Yes" on Form 990, Part IV,           Total expenses and losses per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ine 12a.                                  | xpenses per R                       |              | n                                   |                               |  |
| Pa<br>1<br>2                                                                                                                           | Image: style="text-align: center;">Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | line 12a.                                 | xpenses per R                       |              | n                                   |                               |  |
| Pa<br>1<br>2<br>a                                                                                                                      | Image: style="text-align: center;">Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | line 12a.                                 | xpenses per R                       |              | n                                   |                               |  |
| Pa<br>1<br>2<br>a<br>b                                                                                                                 | Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | line 12a.<br>2a<br>2b<br>2c               | xpenses per R                       |              | n                                   |                               |  |
| Pa<br>1<br>2<br>a<br>b                                                                                                                 | Image: Second light for the second light  | ine 12a.                                  | xpenses per R<br>956,944.           |              | n<br><u>6,984,62</u><br>956,94      | 1.                            |  |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d                                                                                                       | Image: Second liable of the | ine 12a.                                  | xpenses per R<br>956,944.           | 1            | n<br><u>6,984,62</u> :              | 1.                            |  |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e                                                                                                  | Image: Second light for the second light  | ine 12a.                                  | xpenses per R<br>956,944.           | 1<br>2e      | n<br><u>6,984,62</u><br>956,94      | 1.                            |  |
| Pa<br>1<br>2<br>b<br>c<br>d<br>3                                                                                                       | Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2a       2b       2c       2d             | xpenses per R<br>956,944.           | 1<br>2e      | n<br><u>6,984,62</u><br>956,94      | 1.                            |  |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4                                                                                        | Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2a           2b           2c           2d | xpenses per R<br>956,944.           | 1<br>2e      | n<br><u>6,984,62</u><br>956,94      | 1.                            |  |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4                                                                                        | Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         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       | xpenses per R<br>956,944.<br>2,211. | 1<br>2e      | n<br><u>6,984,62</u><br>956,94      | <u>1.</u><br><u>4</u> .<br>7. |  |
| Pa           1           2           b           c           d           e           3           4           b           c           5 | Reconciliation of Expenses per Audited Financial S         Complete if the organization answered "Yes" on Form 990, Part IV,         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 | xpenses per R<br>956,944.<br>2,211. | 1<br>2e<br>3 | n<br>6,984,62<br>956,94<br>6,027,67 | <u>1.</u><br><u>4.</u><br>7.  |  |

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

Part X, Line 2:

FIN 48 Note from Audited Financial Statements

| Crisis Center for South Suburbia maintains an exemption from federal       |
|----------------------------------------------------------------------------|
| income taxes with the Internal Revenue Service pursuant to the provisions  |
| of Internal Revenue Code Section 501(c)(3). The Organization qualifies for |
| the charitable contribution deduction under Section 170(b)(1)(A)(vi) and   |
| has been classified as an organization that is not a private foundation    |
| under Section 509(a)(1). The tax-exempt purpose of the Organization and    |
| the nature in which it operates is described above. The Organization       |
| continues to operate in compliance with its tax-exempt purpose.            |
| The Organization's annual information and income tax returns filed with    |
| the federal and state governments are subject to examination by the IRS,   |
| 332054 09-28-23 Schedule D (Form 990) 2023<br>28                           |

|                                                                         | Crisis Center for South Suburbia         | 36-3039964   | Page 5 |  |  |  |
|-------------------------------------------------------------------------|------------------------------------------|--------------|--------|--|--|--|
| Part XIII Supplemental Information (continued)                          |                                          |              |        |  |  |  |
|                                                                         |                                          |              |        |  |  |  |
| generally for three                                                     | years after they have been filed.        |              |        |  |  |  |
|                                                                         |                                          |              |        |  |  |  |
| The Organization has                                                    | adopted the requirements for accounting  | for uncerta  | in     |  |  |  |
|                                                                         |                                          |              |        |  |  |  |
| tax positions and max                                                   | nagement has determined that the Organiz | ation was no | ot     |  |  |  |
|                                                                         |                                          |              |        |  |  |  |
| required to record a liability related to uncertain tax positions as of |                                          |              |        |  |  |  |
|                                                                         |                                          |              |        |  |  |  |
| June 30, 2024 and 20                                                    | 23.                                      |              |        |  |  |  |

Part XI, Line 2d - Other Adjustments:

Cost of Goods Sold

Part XII, Line 2d - Other Adjustments:

Cost of Goods Sold

Schedule D (Form 990) 2023

332055 09-28-23

| SCHEDULE G                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Suppleme                        | ntal Information Regarding                                                       | Func                                                                                        | Iraisi | ing or Gaming A                                                       | ctiv    | ities                 | OMB No. 1545-0047            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------|---------|-----------------------|------------------------------|--|
| (Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or if the                       | 2023                                                                             |                                                                                             |        |                                                                       |         |                       |                              |  |
| Department of the Treasury                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | rganization entered more than \$15<br>Attach to Form 990 c                       |                                                                                             |        |                                                                       |         |                       | Open to Public               |  |
| Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | o www.irs.gov/Form990 for instruc                                                | ctions                                                                                      | and th | ne latest information                                                 | າ.      |                       | Inspection                   |  |
| Name of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Center for South S                                                               | ubu                                                                                         | rbia   | 9                                                                     |         | Employer id<br>36-303 | lentification number<br>9964 |  |
| Part I Fundrais                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Complete if the organization answe                                               |                                                                                             |        |                                                                       | ine 1   |                       |                              |  |
| required to                                                                                                                                                                                                                                                                                                                                                                                                                                                      | required to complete this part. |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
| 1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       In-person solicitations |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | r oral agreement with any individual                                             |                                                                                             | Ũ      |                                                                       | tees,   |                       | <b>—</b>                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | art VII) or entity in connection with prividuals or entities (fundraisers) pursu |                                                                                             |        | •                                                                     | ne fur  |                       | es <mark>I No</mark><br>be   |  |
| compensated at le                                                                                                                                                                                                                                                                                                                                                                                                                                                | ast \$5,000 by the              | organization.                                                                    |                                                                                             |        |                                                                       |         |                       |                              |  |
| (i) Name and address<br>or entity (fund                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | (ii) Activity                                                                    | tundraiser<br>have custody<br>or control of<br>from activity<br>fundraiser<br>from activity |        | Amount paid<br>or retained by<br>fundraiser<br>ted in col. <b>(i)</b> |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  | Yes                                                                                         | No     | -                                                                     |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
| 3 List all states in whi<br>or licensing.                                                                                                                                                                                                                                                                                                                                                                                                                        | ch the organizatio              | n is registered or licensed to solicit c                                         | ontrib                                                                                      | utions | or has been notified                                                  | it is e | exempt from           | registration                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  |                                                                                             |        |                                                                       |         |                       |                              |  |

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 $^{30}_{2023.05040}$  CRISIS CENTER FOR SOUTH S 240089\_1

 Schedule G (Form 990) 2023
 Crisis Center for South Suburbia
 36-3039964
 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

|                        |                                         |                                                                                                                                                                                                | (a) Event #1<br>Gala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b) Event #2                                                                                   | (c) Other events                   | (d) Total events<br>(add col. (a) through                    |
|------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| ۵                      |                                         |                                                                                                                                                                                                | (event type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (event type)                                                                                   | (total number)                     | col. (c))                                                    |
| Hevenue                | 1                                       | Gross receipts                                                                                                                                                                                 | 301,589.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 75,101.                                                                                        | 112,827.                           | 489,517.                                                     |
|                        | 2                                       | Less: Contributions                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    |                                                              |
|                        | 3                                       | Gross income (line 1 minus line 2)                                                                                                                                                             | 301,589.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 75,101.                                                                                        | 112,827.                           | 489,517                                                      |
|                        | 4                                       | Cash prizes                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    |                                                              |
|                        | 5                                       | Noncash prizes                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    |                                                              |
| enses                  | 6                                       | Rent/facility costs                                                                                                                                                                            | 23,464.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 500.                                                                                           |                                    | 23,964                                                       |
| <b>Direct Expenses</b> |                                         | Food and beverages                                                                                                                                                                             | 182.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13,607.                                                                                        |                                    | 13,789.                                                      |
| הוג                    | 8                                       | Entertainment                                                                                                                                                                                  | <u>2,400.</u><br>51,029.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                    | 2,400                                                        |
|                        |                                         | Other direct expenses                                                                                                                                                                          | 51,029.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11,144.                                                                                        |                                    | 2,400<br>62,173                                              |
|                        |                                         | Direct expense summary. Add lines 4 throug                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    | 102,326                                                      |
|                        |                                         | Net income summary. Subtract line 10 from                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    | 507,191                                                      |
| °a                     | rt I                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                    | (d) Total gaming (add                                        |
| °a                     | rt I                                    | <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or ro<br>(b) Pull tabs/instant                                          | eported more than                  | 387,191<br>(d) Total gaming (add<br>col. (a) through col. (c |
| a evenue s             | rt                                      | <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or ro<br>(b) Pull tabs/instant                                          | eported more than                  | (d) Total gaming (add                                        |
| a evenue s             | 1<br>2                                  | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or ro<br>(b) Pull tabs/instant                                          | eported more than                  | (d) Total gaming (add                                        |
|                        | 1<br>2<br>3                             | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or ro<br>(b) Pull tabs/instant                                          | eported more than                  | (d) Total gaming (add                                        |
|                        | <u>1</u><br>2<br>3<br>4                 | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or ro<br>(b) Pull tabs/instant                                          | eported more than                  | (d) Total gaming (add                                        |
|                        | <u>1</u><br>2<br>3<br>4<br>5            | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form (a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 990, Part IV, line 19, or re<br>(b) Pull tabs/instant<br>bingo/progressive bingo               | c) Other gaming                    | (d) Total gaming (add                                        |
| Pa enue                | <u>1</u><br>2<br>3<br>4<br>5            | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or rebingo/progressive bingo                                            | eported more than (c) Other gaming | (d) Total gaming (add                                        |
| a evenue s             | rt I<br>1<br>2<br>3<br>4<br>5<br>6      | Gross revenue                                                                                                                                                                                  | answered "Yes" on Form (a) Bingo (a) Bingo (b) Statement of the second s | 990, Part IV, line 19, or re<br>(b) Pull tabs/instant<br>bingo/progressive bingo               | c) Other gaming                    | (d) Total gaming (add                                        |
|                        | rt I<br>1<br>2<br>3<br>4<br>5<br>6<br>7 | Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor | (a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi | 990, Part IV, line 19, or re<br>(b) Pull tabs/instant<br>bingo/progressive bingo<br>Yes%<br>No | c) Other gaming                    | (d) Total gaming (add                                        |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

| Schedule G (Form 990) 2023                  | Crisis Center :                    | for South Suburl                 | bia 36-1                         | 3039964 Page 3                        |
|---------------------------------------------|------------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <b>11</b> Does the organization conduct     | gaming activities with nonmemb     | ers?                             |                                  | Yes No                                |
| <b>12</b> Is the organization a grantor, be |                                    |                                  |                                  |                                       |
|                                             | ?                                  |                                  |                                  | Yes No                                |
| 13 Indicate the percentage of gam           |                                    |                                  |                                  |                                       |
| a The organization's facility               |                                    |                                  |                                  | 13a %                                 |
| <b>b</b> An outside facility                |                                    |                                  |                                  | 13b %                                 |
| 14 Enter the name and address of            |                                    |                                  |                                  | · · · · · · · · · · · · · · · · · · · |
|                                             |                                    | 5 5 1                            |                                  |                                       |
| Name                                        |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Address                                     |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| <b>15a</b> Does the organization have a co  | ontract with a third party from wh | om the organization receives     | gaming revenue?                  | Yes No                                |
|                                             |                                    |                                  |                                  |                                       |
| <b>b</b> If "Yes," enter the amount of ga   | aming revenue received by the or   | ganization \$                    | and the amount                   |                                       |
| of gaming revenue retained by               | the third party \$                 |                                  |                                  |                                       |
| c If "Yes," enter name and addres           |                                    |                                  |                                  |                                       |
|                                             | -                                  |                                  |                                  |                                       |
| Name                                        |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Address                                     |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| <b>16</b> Gaming manager information:       |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Name                                        |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Gaming manager compensatior                 | n \$                               |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Description of services provided            | d                                  |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| Director/officer                            | Employee                           | Independent contractor           |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| 17 Mandatory distributions:                 |                                    |                                  |                                  |                                       |
| a Is the organization required unc          | der state law to make charitable o | listributions from the gaming p  | proceeds to                      |                                       |
| retain the state gaming license?            | ?                                  |                                  |                                  | . Ves No                              |
| <b>b</b> Enter the amount of distributior   |                                    |                                  |                                  |                                       |
| organization's own exempt acti              |                                    |                                  |                                  |                                       |
| Part IV Supplemental Info                   | ormation. Provide the explana      | tions required by Part I, line 2 | b, columns (iii) and (v); and Pa | rt III, lines 9, 9b, 10b,             |
| 15b, 15c, 16, and 17b,                      | as applicable. Also provide any a  | dditional information. See inst  | ructions.                        |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
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|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
|                                             |                                    |                                  |                                  |                                       |
| 332083 09-13-23                             |                                    |                                  | Schec                            | lule G (Form 990) 2023                |
|                                             |                                    | 32                               |                                  |                                       |

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|         | a (Form 990) |
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| Part IV | Sunnla       |

| Supplemental mormation (continued) |                       |
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|                                    | Schedule G (Form 990) |
|                                    | Schedule G (Form 990) |

332084 04-01-23

| SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|--|
| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                             |                     | <b>.</b>                           | Attach to Form           |                                               |                                                                       |                                       | Open to Public                            |  |
|                                                                                                                                                                                                                                    |                     | Go to www.irs                      | .gov/Form990 for         | the latest informa                            | ation.                                                                |                                       | Inspection                                |  |
| Name of the organization                                                                                                                                                                                                           | enter for §         | South Subur                        | bia                      |                                               |                                                                       |                                       | Employer identification number 36-3039964 |  |
| Part I General Information on Grants                                                                                                                                                                                               |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| 1 Does the organization maintain records                                                                                                                                                                                           | to substantiate the | amount of the grants               | or assistance, the       | grantees' eligibility                         | for the grants or assis                                               | stance, and the selection             | on                                        |  |
| criteria used to award the grants or ass                                                                                                                                                                                           |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| 2 Describe in Part IV the organization's pr                                                                                                                                                                                        | ocedures for monito | pring the use of grant             | funds in the United      | l States.                                     |                                                                       |                                       |                                           |  |
| Part II Grants and Other Assistance to recipient that received more than                                                                                                                                                           | -                   |                                    |                          |                                               | anization answered "Y                                                 | ′es" on Form 990, Part                | IV, line 21, for any                      |  |
| <b>1 (a)</b> Name and address of organization or government                                                                                                                                                                        | <b>(b)</b> EIN      | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance     |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| Torrance Long                                                                                                                                                                                                                      |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| 4343 N. Sharidan<br>Chicago, IL 60613                                                                                                                                                                                              | 35-2645512          |                                    | 6,000.                   | 0.                                            |                                                                       |                                       | Occupancy                                 |  |
|                                                                                                                                                                                                                                    | 55-2045512          |                                    | 8,000.                   | 0.                                            |                                                                       |                                       |                                           |  |
| Discover                                                                                                                                                                                                                           |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| PO Box 6103                                                                                                                                                                                                                        |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| Carol Stream, IL 60197                                                                                                                                                                                                             | 36-2517428          |                                    | 8,658.                   | 0.                                            |                                                                       |                                       | Legal Fees                                |  |
| Reloshare                                                                                                                                                                                                                          |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| 1327 W. Washington Suite 106                                                                                                                                                                                                       |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
| Chicago, IL 60607                                                                                                                                                                                                                  | 85-1356799          |                                    | 20,594.                  | ٥.                                            |                                                                       |                                       | Client Hotel Stay                         |  |
| Several landlords/hotels/service                                                                                                                                                                                                   |                     |                                    | , ,                      |                                               |                                                                       |                                       | Various                                   |  |
| providers that were paid under 5K                                                                                                                                                                                                  |                     |                                    |                          |                                               |                                                                       |                                       | landlords/hotels/services                 |  |
| - Various locations - XXX, IL                                                                                                                                                                                                      |                     |                                    |                          |                                               |                                                                       |                                       | that were paid under                      |  |
| 60606                                                                                                                                                                                                                              | Applied For         |                                    | 717,204.                 | ٥.                                            |                                                                       |                                       | \$5,000 for occupancy,                    |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |
|                                                                                                                                                                                                                                    |                     |                                    |                          |                                               |                                                                       |                                       |                                           |  |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

| Part II | l can |
|---------|-------|
|         |       |

36-3039964

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |
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|                                 |                          |                          |                                       |                                                          |                                       |
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|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part II, line 1, Column (h):

Name of Organization or Government:

Several landlords/hotels/service providers that were paid under 5K

(h) Purpose of Grant or Assistance: Various landlords/hotels/services

that were paid under \$5,000 for occupancy, emergency shelter, food, and

services.

| SC   | HEDULE J                                                                                                                               | Compensation Information                                                                                                                                                           |           | OMB No. 1      | 545-004        | 47     |
|------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------|--------|
| (Fo  | rm 990)                                                                                                                                | -<br>For certain Officers, Directors, Trustees, Key Employees, and Highest                                                                                                         |           | 20             | ົງງ            | )      |
|      |                                                                                                                                        | Compensated Employees                                                                                                                                                              |           | 20             | ZJ             | )      |
| Dono | tment of the Treasury                                                                                                                  | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>Attach to Form 990.                                                                                  |           | Open to        |                | ic     |
|      | al Revenue Service                                                                                                                     | Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                             | -         | Inspe          | ction          |        |
| Nam  | e of the organizatio                                                                                                                   |                                                                                                                                                                                    |           | identificatio  |                | nber   |
| _    |                                                                                                                                        | Crisis Center for South Suburbia                                                                                                                                                   | 36-       | 303996         | 4              |        |
| Pa   | rt I Question                                                                                                                          | s Regarding Compensation                                                                                                                                                           |           |                |                |        |
|      |                                                                                                                                        |                                                                                                                                                                                    |           |                | Yes            | No     |
| 1a   |                                                                                                                                        | ate 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 o                                                                                                                       | , i i i i i i i i i i i i i i i i i i i                                                                                                                                            |           |                |                |        |
|      | Travel for com                                                                                                                         |                                                                                                                                                                                    |           |                |                |        |
|      |                                                                                                                                        | cation and gross-up payments Health or social club dues or initiation fee                                                                                                          |           |                |                |        |
|      |                                                                                                                                        | spending account Personal services (such as maid, chauffer                                                                                                                         | ir, cnet) |                |                |        |
| L.   | If any of the house                                                                                                                    | on line to are checked, did the propriorization follow a written policy recording as written                                                                                       |           |                |                |        |
| D    | •                                                                                                                                      | on line 1a are checked, did the organization follow a written policy regarding payment or                                                                                          |           | 1b             |                |        |
| 2    |                                                                                                                                        | provision of all of the expenses described above? If "No," complete Part III to explain                                                                                            |           |                |                |        |
| 2    | -                                                                                                                                      | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,<br>rs, including the CEO/Executive Director, regarding the items checked on line 1a? |           | 2              |                |        |
|      | trustees, and once                                                                                                                     |                                                                                                                                                                                    |           | ····· <u> </u> |                |        |
| 3    | Indicate which, if a                                                                                                                   | 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                                                                                     |           |                |                |        |
|      |                                                                                                                                        | ation of the CEO/Executive Director, but explain in Part III.                                                                                                                      |           |                |                |        |
|      | Compensation                                                                                                                           |                                                                                                                                                                                    |           |                |                |        |
|      | Independent compensation consultant Compensation survey or study                                                                       |                                                                                                                                                                                    |           |                |                |        |
|      |                                                                                                                                        | ther organizations X Approval by the board or compensation c                                                                                                                       | ommittee  |                |                |        |
|      |                                                                                                                                        |                                                                                                                                                                                    |           |                |                |        |
| 4    | During the year, did                                                                                                                   | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                            |           |                |                |        |
|      | organization or a re                                                                                                                   | lated organization:                                                                                                                                                                |           |                |                |        |
| а    |                                                                                                                                        | e payment or change-of-control payment?                                                                                                                                            |           | <u>4a</u>      |                | X      |
| b    |                                                                                                                                        | eive payment from a supplemental nonqualified retirement plan?                                                                                                                     |           | 4b             |                | X      |
| С    | •                                                                                                                                      | eive payment from an equity-based compensation arrangement?                                                                                                                        |           | 4c             |                | X      |
|      | If "Yes" to any of lin                                                                                                                 | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                           |           |                |                |        |
|      | <b>O</b>                                                                                                                               |                                                                                                                                                                                    |           |                |                |        |
| ~    |                                                                                                                                        | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                            | -         |                |                |        |
| 5    |                                                                                                                                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                                                                      | 11        |                |                |        |
| ~    | contingent on the r                                                                                                                    |                                                                                                                                                                                    |           | Ea             |                | x      |
|      |                                                                                                                                        | ation?                                                                                                                                                                             |           |                |                | X      |
| D.   |                                                                                                                                        | or 5b, describe in Part III.                                                                                                                                                       |           | 50             |                |        |
| 6    |                                                                                                                                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                                                                      | n         |                |                |        |
| J    |                                                                                                                                        |                                                                                                                                                                                    |           |                |                |        |
| а    | a The organization?                                                                                                                    |                                                                                                                                                                                    |           |                |                |        |
|      |                                                                                                                                        | ation?                                                                                                                                                                             |           |                |                | X<br>X |
|      |                                                                                                                                        | or 6b, describe in Part III.                                                                                                                                                       |           |                |                |        |
| 7    | <ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> </ul> |                                                                                                                                                                                    |           |                |                |        |
|      |                                                                                                                                        | nes 5 and 6? If "Yes," describe in Part III                                                                                                                                        |           | 7              |                | X      |
| 8    |                                                                                                                                        | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the                                                                                     |           |                |                | [      |
|      |                                                                                                                                        |                                                                                                                                                                                    |           | 8              |                | X      |
| 9    |                                                                                                                                        | id the organization also follow the rebuttable presumption procedure described in                                                                                                  |           |                |                |        |
|      | Regulations section                                                                                                                    |                                                                                                                                                                                    |           | 9              |                |        |
| For  | Paperwork Reduct                                                                                                                       | ion Act Notice, see the Instructions for Form 990.                                                                                                                                 |           | dule J (Forn   | n <b>990</b> ) | 2023   |

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                     |      | (B) Breakdown of W       | compensation                              |                                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title  |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) Pamela Kostecki | (i)  | 162,327.                 | 0.                                        | 0.                                        | 0.                                | 0.                      | 162,327.                           | 0.                                        |
| Executive Director  | (ii) | 0.                       | 0.                                        | 0.                                        | 0.                                | 0.                      | 0.                                 | 0.                                        |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (i)  |                          |                                           |                                           |                                   |                         |                                    |                                           |
|                     | (ii) |                          |                                           |                                           |                                   |                         |                                    |                                           |

#### Part III Supplemental Information

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

Schedule J (Form 990) 2023

| SCHEDULE O<br>(Form 990)                               | Complete to provide in | ormation to Form 990 or 99<br>formation for responses to specific questions or<br>EZ or to provide any additional information. |          | 2023                                         |
|--------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Attac                  | .gov/Form990 for the latest information.                                                                                       |          | Open to Public<br>Inspection                 |
| Name of the organization                               | n                      | or South Suburbia                                                                                                              |          | r identification number<br>039964            |
| Form 990, Pa:                                          | rt I, Line 1, Descr    | iption of Organization Mis                                                                                                     | sion:    |                                              |
| shelter and o                                          | essential services :   | for individuals and famili                                                                                                     | es vict  | imized                                       |
| by domestic y                                          | violence while addre   | essing the societal issues                                                                                                     | contri   | buting                                       |
| to it.                                                 |                        |                                                                                                                                |          |                                              |
| Form 990, Pa:                                          | rt III, Line 4d, Otl   | her Program Services:                                                                                                          |          |                                              |
| Other program                                          | ms to meet the organ   | nization's mission, includ                                                                                                     | ing eme  | rgency                                       |
| services, co                                           | unseling, education    | , live safe, social enterp                                                                                                     | rise, a  | nd                                           |
| volunteer se                                           | rvices                 |                                                                                                                                |          |                                              |
| Expenses \$ 1                                          | ,893,725. includi      | ng grants of \$ 0. Revenu                                                                                                      | e \$ 0.  |                                              |
| Form 990, Pa:                                          | rt VI, Section B, 1    | ine 11b:                                                                                                                       |          |                                              |
| The Finance a                                          | & Strategy Officer :   | reviews the 990. The 990 i                                                                                                     | s then   | reviewed by                                  |
| the Executive                                          | e Director and fina    | lly the board treasurer, w                                                                                                     | ho both  | sign off                                     |
| on it.                                                 |                        |                                                                                                                                |          |                                              |
| Form 990, Pa:                                          | rt VI, Section B, L    | ine 12c:                                                                                                                       |          |                                              |
| EACH BOARD M                                           | EMBER REVIEWS AND S    | IGNS A COPY OF THE CONFLIC                                                                                                     | T OF IN  | TEREST                                       |
| POLICY ON AN                                           | ANNUAL BASIS. ALSO     | THE CONFLICT OF INTEREST                                                                                                       | POLICY   | IS INCLUDED                                  |
| IN THE EMPLO                                           | YEE HANDBOOK.          |                                                                                                                                |          |                                              |
| Form 990, Pa:                                          | rt VI, Section B, L    | ine 15:                                                                                                                        |          |                                              |
| ALL EMPLOYEE;                                          | S UNDERGO A WRITTEN    | EVALUATION PROCESS. THE E                                                                                                      | XECUTIV  | E DIRECTOR                                   |
| SALARY IS EV                                           | ALUATED BY THE BOAR    | D PRESIDENT AND THIS EVALU                                                                                                     | ATION I  | S REVIEWED                                   |
| BY MEMBERS O                                           | F THE CCSS BOARD EX    | ECUTIVE COMMITTEE CONSISTI                                                                                                     | NG CONS  | ISTING OF                                    |
|                                                        | SIDENT, SECRETARY A    | ND TREASURER. MEMBERS OF T<br>for Form 990 or 990-EZ.                                                                          |          | <u>GEMENT TEAM</u><br>dule O (Form 990) 2023 |
| 90127 402354                                           | 240089                 | 39<br>2023.05040 CRISIS CENTI                                                                                                  | ER FOR S | SOUTH S 24008                                |

| Crisis Center for South Suburbia                        | 36-3039964            |
|---------------------------------------------------------|-----------------------|
| ARE EVALUATED BY THE EXECUTIVE DIRECTOR.                |                       |
|                                                         |                       |
| ALL OTHER EMPLOYEES ARE EVALUATED BY THEIR IMMEDIATE SU | UPERVISOR AND THE     |
| HUMAN RESOURCE EXECUTIVE DIRECTOR REVIEWS AND APPROVES  | THESE EVALUATION.     |
|                                                         |                       |
| Form 990, Part VI, Section C, Line 19:                  |                       |
| GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST          |                       |
| Form 990, Part XII, line 2c:                            |                       |
| The process did not change from the prior year.         |                       |
|                                                         |                       |
|                                                         |                       |
|                                                         |                       |
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|                                                         |                       |
| 332212 11-14-23                                         | Schedule O (Form 990) |
| 40<br>90127 402354 240089 2023.05040 CRISIS CE          | NTER FOR SOUTH S 24(  |

Page 2

Schedule O (Form 990) 2023

Name of the organization

| For Off         | ce Use Only                                                                 | ILLINOIS CHARITABLE                                    |                                            |                                |            |                       |                            | AG990-IL<br>sed 04/24 |
|-----------------|-----------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|--------------------------------|------------|-----------------------|----------------------------|-----------------------|
| PMT             | #                                                                           |                                                        | ey General Kwame F<br>t Bureau, 115 S. Las |                                | со         | #                     | I LEVIS                    | 5CU 04/24             |
|                 |                                                                             |                                                        | icago, IL 60603                            |                                | 00         |                       | items attache              |                       |
| AMT             |                                                                             | Report for                                             | the Fiscal Period:                         |                                | X          | Copy of I             |                            |                       |
|                 |                                                                             | Desiration                                             |                                            | Make Checks                    | X          |                       | inancial Stater            |                       |
| INIT            |                                                                             | Beginning                                              | 07/01/2023                                 | Payable to<br>Illinois Charity |            | Reviewed<br>Copy of F | Financial Stat             | ements                |
|                 |                                                                             | & Ending                                               | 06/30/2024                                 | Bureau Fund                    | X          |                       | al Report Filin            | a Fee                 |
|                 |                                                                             |                                                        |                                            |                                |            |                       | e Report Filing            | -                     |
|                 | al ID # <u>36-3039964</u>                                                   |                                                        | MO DAY YR                                  | Date organization was          | created    |                       |                            |                       |
|                 | Intributions to the organization                                            | tax deductible? X Yes                                  |                                            | YEAR-END                       |            | M                     | D DAY                      | YR                    |
| LUYa            |                                                                             |                                                        |                                            | AMOUNTS                        |            |                       |                            |                       |
|                 | Address: PO Box 39                                                          |                                                        |                                            | A) ASSETS                      |            | A) \$                 | 5,583,                     |                       |
|                 | , State: Tinley Par                                                         | rk, IL                                                 |                                            | B) LIABILITIE                  |            | B) \$                 | $\frac{1,450}{4,122}$      |                       |
| Zi              | p Code: 60477                                                               |                                                        |                                            | C) NET ASSE                    | 15         | C) \$                 | 4,133,                     | 1/0.                  |
| I.              | SUMMARY OF ALL                                                              | REVENUE ITEMS DURING                                   | THE YEAR:                                  | PERCENTA                       | GE         |                       | AMOUNT                     |                       |
|                 | ,                                                                           | RIBUTIONS AND PROGRAM SERVICE                          | REV. (GROSS AMTS.)                         | 12.17                          |            | D) \$                 | 807,                       |                       |
|                 | E) GOVERNMENT GRANTS A                                                      | AND MEMBERSHIP DUES                                    |                                            | 69.73<br>18.10                 |            | E) \$<br>F) \$        | <u>4,628,</u><br>1,201,    |                       |
|                 | F) OTHER REVENUES                                                           |                                                        |                                            | 10.10                          | 0 %        | ι) φ                  | 1,201,                     | JUZ.                  |
|                 |                                                                             | ME AND CONTRIBUTIONS RECEIVED (A                       |                                            | 10                             | 0 %        | G) \$                 | 6,638,                     | 292.                  |
| II.             |                                                                             | EXPENDITURES DURING 1                                  | THE YEAR:                                  | 62.60                          | -          |                       | 2 026                      | 610                   |
|                 | H) OPERATING CHARITABLE                                                     | E PROGRAM EXPENSE                                      |                                            | 63.62                          | 1%         | H) \$                 | 3,836,                     | 610.                  |
|                 | I) EDUCATION PROGRAM S                                                      | SERVICE EXPENSE                                        |                                            |                                | %          | I) \$                 |                            |                       |
|                 | ,                                                                           |                                                        |                                            |                                |            |                       |                            |                       |
|                 | J) TOTAL CHARITABLE PRO                                                     | OGRAM SERVICE EXPENSE (ADD H & I)                      |                                            | 63.62                          | 7 %        | J) \$                 | <u>3,836,</u>              | 610.                  |
|                 | J1) JOINT COSTS ALLOCATE                                                    | D TO PROGRAM SERVICES (INCLUDE                         | D IN J) <u>\$</u>                          |                                |            |                       |                            |                       |
|                 | K) GRANTS TO OTHER CHAR                                                     | RITABLE ORGANIZATIONS                                  |                                            | 12.47                          | 9 %        | K) \$                 | 752,                       | 456.                  |
|                 |                                                                             |                                                        |                                            |                                | F          |                       | 4 500                      | 000                   |
|                 | L) TOTAL CHARITABLE PRO                                                     | GRAM SERVICE EXPENDITURE (ADD )                        | J & K)                                     | 76.10                          | <b>ว</b> % | L) \$                 | 4,589,                     | 000.                  |
|                 | M) MANAGEMENT AND GEN                                                       | ERAL EXPENSE                                           |                                            | 13.70                          | 6 %        | M) \$                 | 826,                       | <u>471.</u>           |
|                 | N) FUNDRAISING EXPENSE                                                      |                                                        |                                            | 10.18                          | 8 %        | N) \$                 | 614,                       | 351.                  |
|                 | 0) TOTAL EXPENDITURES T                                                     | HIS PERIOD (ADD L. M & N)                              |                                            | 10                             | 0 %        | 0) \$                 | 6,029,                     | 888.                  |
| III.            | •                                                                           | PAID FUNDRAISER & CON                                  | SULTANT ACTIVITIES                         |                                |            |                       | . /                        |                       |
|                 |                                                                             | ort of Individual Fundraising Campaign (               | Form IFC). One for each PFR.)              |                                |            |                       |                            |                       |
|                 | PROFESSIONAL FUNDRAISER                                                     | <b>1<u>S:</u><br/>By Paid Professional Fundraise</b> i | 35                                         | 10                             | 0 %        | P) \$                 |                            | 0.                    |
|                 | FJ TOTAL ANIOUNT NAIJED                                                     |                                                        | 10                                         |                                | U /0       | ·γΨ                   |                            | 0.                    |
|                 | Q) TOTAL FUNDRAISERS FE                                                     | ES AND EXPENSES                                        |                                            |                                | %          | Q) \$                 |                            |                       |
|                 |                                                                             |                                                        |                                            |                                | <b>c</b> / | R) \$                 |                            |                       |
|                 | <ul> <li>R) NET RECEIVED BY THE C</li> <li>PROFESSIONAL FUNDRAIS</li> </ul> |                                                        |                                            | L                              | %          | njφ                   |                            |                       |
|                 | S) TOTAL AMOUNT PAID TO                                                     | PROFESSIONAL FUNDRAISING CONS                          |                                            |                                |            | S) \$                 |                            | 0.                    |
| IV.             |                                                                             | THE (3) HIGHEST PAID P                                 |                                            | IE YEAR:                       |            |                       | 1.00                       | 207                   |
|                 |                                                                             | <u>la Kostecki, Execu</u><br>stopher Beele, Sal        |                                            | r Officer                      |            | T) \$<br>U) \$        | <u>   162,</u><br>111,     |                       |
|                 |                                                                             | aine Nagle, Advanc                                     |                                            | r Officer                      |            | V) \$                 | 120,                       |                       |
| V.              |                                                                             | RAM DESCRIPTION: CHARIT                                |                                            | EXPENDED)                      |            | List on b             | ack side of instru<br>CODE |                       |
| -15-24          | W) DESCRIPTION: prov:                                                       | ides emergency she                                     | elter for domes                            | stic violen                    | ce         | W)#                   | 111                        |                       |
| 398091 07-15-24 | X) DESCRIPTION: Women                                                       | n Shelter                                              |                                            |                                |            | X) #                  | 133                        |                       |
| 198(            | V) DESCRIPTION Resci                                                        | ue and Emergency S                                     | Services                                   |                                |            | Y) #                  | 116                        |                       |

| IF  | THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:                                                                                                                                                                                                                                                                                                   |    | YES | NO |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1.  | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?                                                                                                                                                                                                                                                                                                      | 1. |     | X  |
| 2.  | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,<br>DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,<br>DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE<br>ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 2. |     | X  |
| 3.  | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE<br>THAN 10% OF THE OUTSTANDING SHARES?                                                                                                                                                                                                                                       | 3. |     | X  |
| 4.  | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?                                                                                                                                                                                                                                                          | 4. |     | X  |
| 5.  | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)                                                                                                                                                                                                                                                                                                 | 5. |     | X  |
|     | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS<br>BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?<br>IF "YES", ENTER<br>(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;<br>(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$;                                                                                              | 6. |     | X  |
|     | (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$                                                                                                                                                                                                                                                                              |    |     |    |
| 7.  | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?                                                                                                                                                                                                                                                                                         | 7. |     | X  |
| 8.  | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?                                                                                                                                                                                                                                         | 8. |     | X  |
| 9.  | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?                                                                                                                                                                                                                            | 9. |     | X  |
| 10. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS<br>THREE LARGEST ACCOUNTS:<br>Old Plank Trail, 20012 Wolf Road, Mokena, IL 60448                                                                                                                                                                                                         |    |     |    |
|     | CIBC, 17865 80th Ave Tinley Park, IL 60477                                                                                                                                                                                                                                                                                                                                            |    |     |    |
|     | Old National Bank, 7800 W 95th Street   Hickory Hills IL, 60457                                                                                                                                                                                                                                                                                                                       | 7  |     |    |
| 11. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Meghan Mokate - 708-429-7255                                                                                                                                                                                                                                                                                                             |    |     |    |

### • ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

| BE SURE TO INCLUDE ALL FEES DUE:                                                                   | Pamela Kostecki                   |           |      |
|----------------------------------------------------------------------------------------------------|-----------------------------------|-----------|------|
| 1.) REPORTS ARE DUE WITHIN SIX<br>MONTHS OF YOUR FISCAL YEAR END.                                  | PRESIDENT OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| 2.) FOR FEES DUE SEE INSTRUCTIONS.                                                                 | Mary Carol Witry                  |           |      |
| <ol> <li>REPORTS THAT ARE LATE OR<br/>INCOMPLETE ARE SUBJECT TO A<br/>\$100.00 PENALTY.</li> </ol> | TREASURER OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| \$100.00 FENALTT.                                                                                  | Mel Padillo                       |           |      |
|                                                                                                    | PREPARER (PRINT NAME)             | SIGNATURE | DATE |

| IF THE ANSWER TO ANY OF THE FOL                  | LOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:                                                                                   | YES NO       |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                                                  |                                                                                                                                           | - <b>T</b>   |
| 1. WAS THE ORGANIZATION THE SUBJECT OF P         | NY COURT ACTION, FINE, PENALTY OR JUDGMENT?                                                                                               | 1. X         |
| 2. DID THE ORGANIZATION MAKE A GRANT AW          | ARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS.                                                                     |              |
|                                                  | ST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,                                                                     |              |
|                                                  | FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE                                                                       |              |
|                                                  | MPENSATION?                                                                                                                               | 2. X         |
|                                                  |                                                                                                                                           |              |
| 3. HAS THE ORGANIZATION INVESTED IN ANY (        | ORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE                                                                        |              |
| THAN 10% OF THE OUTSTANDING SHARES?              |                                                                                                                                           | 3. X         |
|                                                  |                                                                                                                                           |              |
|                                                  | ELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON                                                                    |              |
| OR ORGANIZATION?                                 |                                                                                                                                           | 4. X         |
|                                                  |                                                                                                                                           |              |
| 5. DID THE ORGANIZATION USE THE SERVICES         | OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)                                                                                           | 5. X         |
|                                                  | T OF ANY OOL OF ATION MAN ING ADUPATION HAT ON LITED AT INC OCOTO                                                                         |              |
|                                                  | T OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS<br>SING EXPENSES?                                                       | 6. X         |
| 6b. IF "YES", ENTER                              |                                                                                                                                           | U, A         |
| (I) THE AGGREGATE AMOUNT OF THESE JO             | INT COSTS \$                                                                                                                              |              |
| (II) THE AMOUNT ALLOCATED TO PROGRAM             | SERVICES \$                                                                                                                               |              |
| (III) THE AMOUNT ALLOCATED TO MANAGEN            | ENT AND GENERAL \$; AND                                                                                                                   |              |
| (IV) THE AMOUNT ALLOCATED TO FUNDRAIS            | ING \$                                                                                                                                    |              |
|                                                  |                                                                                                                                           |              |
| 7. DID THE ORGANIZATION EXPEND ITS RESTRI        | CTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?                                                                                   | 7. X         |
|                                                  |                                                                                                                                           |              |
|                                                  | D REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR                                                                      |              |
| REVOKED BY ANY GOVERNMENTAL AGENCY               | 7                                                                                                                                         | 8. X         |
|                                                  |                                                                                                                                           |              |
|                                                  | DGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,                                                                  |              |
| COMMINGLING OR MISUSE OF ORGANIZATIO             | NAL FUNDS?                                                                                                                                | 9. X         |
|                                                  | ICIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS                                                                                   |              |
| THREE LARGEST ACCOUNTS:                          | UNAL INSTITUTIONS WHERE THE UNDANIZATION MAINTAINS (15                                                                                    |              |
|                                                  | 2 Wolf Road, Mokena, IL 60448                                                                                                             |              |
|                                                  |                                                                                                                                           |              |
| CIBC, 17865 80th Ave                             | Tinley Park, IL 60477                                                                                                                     |              |
|                                                  |                                                                                                                                           |              |
| Old National Bank, 78                            | 00 W 95th Street   Hickory Hills IL, 60457                                                                                                |              |
|                                                  |                                                                                                                                           |              |
| 11. NAME AND TELEPHONE NUMBER OF CONTAC          | TPERSON: Meghan Mokate - 708-429-7255                                                                                                     |              |
|                                                  |                                                                                                                                           |              |
| • ALL ATTAC                                      | HMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •                                                                                    |              |
| IDER PENALTY OF PERJURY, I (WE) THE UNDERS       | GNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE                                                             | E ATTACHED   |
|                                                  | ) STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WI                                                             |              |
| INUIS ATTORNEY GENERAL FOR THE PURPOSE O         | IF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER A<br>HEREBY TO THE JURISDICTION OF THE STATE OF 11 LINOIS. | UTHORIZE AND |
| NEE 10 OUDWIT WITGELF AND THE KEUIOTHANTT        |                                                                                                                                           | .11          |
| BE SURE TO INCLUDE ALL FEES DUE:                 | Pamela Kostecki Manula A PART                                                                                                             | 1/15/2       |
| 1.) REPORTS ARE DUE WITHIN SIX                   | PRESIDENT OF TRUSTEE (PRINT NAME)                                                                                                         | , DATE       |
| MONTHS OF YOUR FISCAL YEAR END.                  | W/ 1.//                                                                                                                                   | 17.          |
| 2.) FOR FEES DUE SEE INSTRUCTIONS.               | Mary Carol Witry / mg/ unil Witry                                                                                                         | 7 1/13/      |
| 3.) REPORTS THAT ARE LATE OR                     | TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE                                                                                               | DATE         |
| INCOMPLETE ARE SUBJECT TO A<br>\$100.00 PENALTY. | lon i lo i                                                                                                                                | 11 4107105   |
| wission i simular                                | Mel Padillo                                                                                                                               | 1/27/25      |

| PREPARER | (PRINT NAME) |
|----------|--------------|
|          |              |

SIGNATURE

DATE