			Extended to May 15, 2025	m Incomo Tox	OMB No. 1545-0047					
F	Q	90	Return of Organization Exempt From							
Fori	n J	JU	e (except private foundat							
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open Instructions and the latest information.										
				g JUN 30, 202						
B	heck if	C Name o	organization	D Employer ident						
	Addre									
	 Name		is Center for South Suburbia	26 2020	064					
	_chang Initial		Jsiness as	<u>36-3039</u>						
	_]return]Final		and street (or P.O. box if mail is not delivered to street address) Room ox 39	/suite E Telephone numl 708-429						
	⊥return, termin 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	^{xa-} F 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> 4 12					
જ			ependent voting members of the governing body (Part VI, line 1b) 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> 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> 0						
Expenses	16a		0	• •						
БХр	D		ng expenses (Part IX, column (D), line 25) 614,351. 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 es				Beginning of Current Yea						
Assets or 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 2
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. 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\$. 53.)
	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 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 99	0 (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)?			
 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 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		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 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 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 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 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 during the tax year? (I' Yes, 'complete Schedule C, Part II, is the organization a section 501(c)(ii), 501(c)(ii), or 501(c)(ii) complete Schedule C, Part II, is the organization and the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or account is light graves can actodian for 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 actional and the right to gravitation report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, 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, 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 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 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				
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8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? // 'Yes,' complete 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 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, in quasi-endowments? If 'Yes,' complete Schedule D, Part X, line 10? If 'Yes,' complete Schedule D, 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, 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 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			
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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		
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 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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> 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, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 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> 21 X 	b				
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 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> 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 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> 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> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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> 	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			
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 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 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> 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> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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> 	16				
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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	
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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					
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		
	21		01	x	
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3

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	–		<u> </u>
02		32		x
33	Schedule N, Part II 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 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)? 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 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? Note: 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 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	х	
22000		1c		l (2023)
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Form	990 (2023) Crisis Center for South Suburbia		36-3039	9964	Р	age 5
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 [°]	?	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>		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	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			-		- v
	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.			F	000	(2023)
332005	12-21-23			Form	330	(2023)

5

Form	990	(2023)
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Page **6**

 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 1b	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 Did the organization become aware during the year of a significant diversion of the organization's assets?		4 5		X
5		Γ	5 6		X
6 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 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 I	id a d	irecto	or/trus 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 organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization 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 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 8
Par	t VII Section A. Officers, Directors, Trust		oloye	es,			hest	C		, ,				
	(A) Name and title	(B) Average hours per		not ch		tion nore tl	han or		(D) Reportable compensation	(E) Reportable compensatior		Estir	F) nated unt of	
		week (list any hours for related organizations below	director		d a dir	rector	/trusted	e)	(W-2/1099-NISC/ 1099-NEC)	from related organizations (W-2/1099-MIS) 1099-NEC)		other compensation from the organization and related organizations		
		line)	Individ	Institut	Officer	Key employee	Highest employ	Former				organi		
				_										
											_			
	Subtotal								495,252.		0.			0.
с	Subtotal Total from continuation sheets to Part VII	, Section A							<u>495,252</u> .		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								•					4
3	Did the organization list any former 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 For any individual listed on line 1a, is the sur								er compensation from t			3		X
5	and related organizations greater than \$150 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 T		ear.		(0)		
	(A) Name and business a	address	NO	NE]				(B) Description of s	ervices	Co	(C) ompens	ation	
								+						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lim	nited	to t	hose 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)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
n Gr			Fundraising events					
ifts, r A			Related organizations					
i, G nila			Government grants (contributions) 1e	4,628,851.				
ons			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 1f	748,010.				
l Ot		g	Noncash contributions included in lines 1a-1f					
Cor and		-	Total. Add lines 1a-1f		5,376,861.			
				Business Code				
e	2	а	Fees - Choices Program	900099	36,285.	36,285.		
e vio		b	Training Fees	900099	23,644.	23,644.		
Sei		с						
am eve		d						
Program Service 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) 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 and sales expenses 7b					
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	a 1,730,243.				
		b	Less: cost of goods sold 10	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 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 990 (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) Total expenses	(B) Program service	(C) Management and	(D) 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 11	Payroll taxes Fees for services (nonemployees):	500,005.	217,337.	51,7710	40,7576
	Management				
		845.	845.		
	Legal 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 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 12
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 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,
-	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 🗔 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	Type II. 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 (described on lines 1-10	(IV) IS the orga in your governi	anization listed 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) 2020	(c) 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) 2020	(c) 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	re. 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	- 2022. 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 st	t op here. 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

332022 12-21-23

<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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(u) 2010	(0) 2020				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) 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	33 1/3% support tests - 2023. 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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¹⁵ 2023.05040 CRISIS CENTER FOR SOUTH S 240089_1

Crisis Center for South Suburbia

1

Yes No

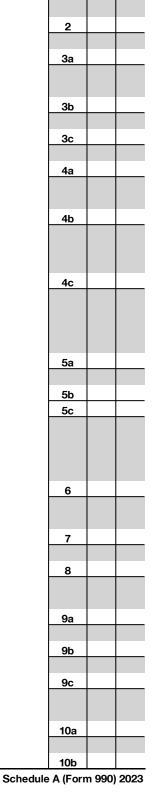
Part IV Supporting Organizations

(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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16

Sche	dule A (Form 990) 2023 Crisis Center for South Suburbia	36-303996	4 Pa	age 5
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> Part VI <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).
------------------------------------------------------------------------------------------------------------------------------	---	--	---------------------------------------------------	---------------------------------------------------------------------------------

17

- 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

36-3039964 Pag

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 (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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).

Schedule A (Form 990) 2023

332026 12-21-23

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> Part VI). 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) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
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 _{Page}
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	rmation. Provide the expla 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	nations required by Part 9b, 9c, 11a, 11b, and 11 on E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c; Part IV, Section B, line and 3b; Part V, line 1; Pai	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
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 not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion is covered by the General Rule or a Special Rule. 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	U.S. Department of Housing and Urban Development <u>451 7th Street, S.W</u> Washington, DC 20410	\$470,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. Department of Justice 950 Pennsylvania Avenue NW Washington, DC 20530	\$ <u>887,871.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	\$ <u>205,680.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U.S. Department of Treasury 1500 Pennsylvania Avenue, NW, Washington, DC 20528	\$230,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

22

323452 12-26-23

Schedule B (Form 990) (2023)

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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 4	
Name of o	rganization				Employer identification number	
Crici	s Center for South Subu	rhia			36-3039964	
Part III		ons to organizations descr through (e) and the followin charitable, etc., contributions of	na line entry. For or	ganizations	at total more than \$1,000 for the year	
(a) No. from 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 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. from 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. from 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 ZI 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. Attach to Form 990. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public 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	 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

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023	05040	CD.

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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	[,] 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 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 ((d) 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: (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	 / <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.
 Liability for uncertain tax positions. In Part XIII, provide 			

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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 2a through 2d			2e	985,21		
3	Subtract line 2e from line 1			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 4a and 4b	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 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 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		
Pa	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 1 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 1 2 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 1 2 a 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. 2a 2b 2c	xpenses per R		n		
Pa 1 2 a b	Image: Second light for the second light	ine 12a.	xpenses per R 956,944.		n <u>6,984,62</u> 956,94	1.	
Pa 1 2 a b c d	Image: Second liable of the	ine 12a.	xpenses per R 956,944.	1	n <u>6,984,62</u> :	1.	
Pa 1 2 a b c d e	Image: Second light for the second light	ine 12a.	xpenses per R 956,944.	1 2e	n <u>6,984,62</u> 956,94	1.	
Pa 1 2 b c d 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 956,944.	1 2e	n <u>6,984,62</u> 956,94	1.	
Pa 1 2 a b c d e 3 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 956,944.	1 2e	n <u>6,984,62</u> 956,94	1.	
Pa 1 2 a b c d e 3 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 956,944. 2,211.	1 2e	n <u>6,984,62</u> 956,94	<u>1.</u> <u>4</u> . 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 956,944. 2,211.	1 2e 3	n 6,984,62 956,94 6,027,67	<u>1.</u> <u>4.</u> 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 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 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 36-303	lentification number 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,		—	
		art VII) or entity in connection with prividuals or entities (fundraisers) pursu			•	ne fur		es <mark>I No</mark> be	
compensated at le	ast \$5,000 by the	organization.							
(i) Name and address or entity (fund		(ii) Activity	tundraiser have custody or control of from activity fundraiser from activity		Amount paid or retained by fundraiser ted in col. (i)				
			Yes	No	-				
Total									
3 List all states in whi 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	

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Schedule G (Form 990) 2023

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 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 Gala	(b) Event #2	(c) Other events	(d) Total events (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
Direct Expenses		Food and beverages	182.	13,607.		13,789.
הוג	8	Entertainment	<u>2,400.</u> 51,029.			2,400
		Other direct expenses	51,029.	11,144.		2,400 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	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	387,191 (d) Total gaming (add col. (a) through col. (c
a evenue s	rt	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
a evenue s	1 2	Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	1 2 3	Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	<u>1</u> 2 3 4	Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	<u>1</u> 2 3 4 5	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	(d) Total gaming (add
Pa enue	<u>1</u> 2 3 4 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 1 2 3 4 5 6	Gross revenue	answered "Yes" on Form (a) Bingo (a) Bingo (b) Statement of the second s	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	(d) Total gaming (add
	rt I 1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo Yes% 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
11 Does the organization conduct	gaming activities with nonmemb	ers?		Yes No
12 Is the organization a grantor, be				
	?			Yes No
13 Indicate the percentage of gam				
a The organization's facility				13a %
b An outside facility				13b %
14 Enter the name and address of				· · · · · · · · · · · · · · · · · · ·
		5 5 1		
Name				
Address				
15a Does the organization have a co	ontract with a third party from wh	om the organization receives	gaming revenue?	Yes No
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				
16 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 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.	
332083 09-13-23			Schec	lule G (Form 990) 2023
		32		

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	a (Form 990)
Part IV	Sunnla

Supplemental mormation (continued)	
	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 Internal Revenue Service		.	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	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Torrance Long								
4343 N. Sharidan 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

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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- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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)	- 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. 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, 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.				
	O					
~		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 X
		or 6b, describe in Part III.				
7	 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 					
		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 990)	2023

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

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

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

		(B) Breakdown of W	compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) 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)							
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	(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 (Form 990)	Complete to provide in	ormation to Form 990 or 99 formation for responses to specific questions or EZ or to provide any additional information.		2023
Department of the Treasury Internal Revenue Service	Attac	.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	n	or South Suburbia		r identification number 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 for Form 990 or 990-EZ.		<u>GEMENT TEAM</u> dule O (Form 990) 2023
90127 402354	240089	39 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.	
332212 11-14-23	Schedule O (Form 990)
40 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 sed 04/24
PMT	#		ey General Kwame F 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 Illinois Charity		Reviewed 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 18.10		E) \$ F) \$	<u>4,628,</u> 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	ว %	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	1<u>S:</u> By Paid Professional Fundraise i	35	10	0 %	P) \$		0.
	FJ TOTAL ANIOUNT NAIJED		10		U /0	·γΨ		0.
	Q) TOTAL FUNDRAISERS FE	ES AND EXPENSES			%	Q) \$		
					c /	R) \$		
	 R) NET RECEIVED BY THE C PROFESSIONAL FUNDRAIS 			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> stopher Beele, Sal		r Officer		T) \$ U) \$	<u> 162,</u> 111,	
		aine Nagle, Advanc		r Officer		V) \$	120,	
V.		RAM DESCRIPTION: CHARIT		EXPENDED)		List on b	ack side of instru 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, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE 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 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 BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (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 THREE LARGEST ACCOUNTS: 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 MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	Mary Carol Witry		
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	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
		- T
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 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 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 \$100.00 PENALTY.	lon i lo i	11 4107105
wission i simular	Mel Padillo	1/27/25

PREPARER	(PRINT NAME)

SIGNATURE

DATE