Public Inspection Copy

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

		le 2021 Calendar year, or tax year beginning 000 1, 2021 and end	anig C	UN 30, 2022					
В	Check i applicat	C Name of organization		D Employer identific	cation number				
Σ	Addr chan	CHICAGO ARTS PARTNERSHIPS IN EDUCATION							
Ļ	Nam chan	ge Doing business as		36-39693	34				
L	Initia retur		om/suite	E Telephone numbe					
	Final retur	n/ 1010 W 33111 B1	7	312-870-	6140 2,780,346.				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code							
L	Ame retur	chicago, il 00009		H(a) Is this a group re					
	Appl			for subordinates? Yes X No					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		xempt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)$ or $a = 4947(a)(1)$	527	If "No," attach a	list. See instructions				
		ite: ▶ WWW.CAPECHICAGO.ORG		H(c) Group exemptio					
		of organization: X Corporation Trust Association Other	L Year	of formation: 1992 N	A State of legal domicile: ${ t IL}$				
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: CAPE I	NCRE	ASES STUDEN	TS'				
Activities & Governance		CREATIVITY AND CRITICAL THINKING THROUGH T	HE A	RTS.					
ern	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as					
Š	3			3	12				
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			11				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			13				
Ĭ	6	Total number of volunteers (estimate if necessary)			40				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
			<u> </u>	Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		2,202,882.	2,018,843.				
en	9	Program service revenue (Part VIII, line 2g)		312,033.	750,155.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,819.	11,314.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		503.	34.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,528,237.	2,780,346.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		635,790.	706,769.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 102,570		0.	0.				
ž	b			1 565 640	1 000 506				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,765,649.	1,982,536.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,401,439.					
. (/	19	Revenue less expenses. Subtract line 18 from line 12		126,798.	91,041.				
Net Assets or			Ве	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		1,163,023.	1,136,349.				
et A	21	Total liabilities (Part X, line 26)		210,516.	147,982.				
		Net assets or fund balances. Subtract line 21 from line 20		952,507.	988,367.				
	art II	9	d atatama		u limaniladan and haliaf ikia				
		alties of perjury, I declare that I have examined this return, including accompanying schedules an ect, and complete. Declaration of preparer (other than officer) is based on all information of which			y knowledge and bellet, it is				
uut	, corre	ict, and complete. Declaration of preparer (other than officer) is based on an information of which	preparer	las any knowledge.					
e:		Signature of officer		I Date					
Sig He		JOSHUA NATHAN, PRESIDENT							
116	16	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	RON MARKLUND		if self-employe	P01985511				
_	parer	Firm's name DUGAN & LOPATKA, CPA'S PC			36-2886485				
	Only	Firm's address 4320 WINFIELD ROAD SUITE 450							
	•	WARRENVILLE, IL 60555-4036		Phone no. 63	0-665-4440				
Ma	y the	IRS discuss this return with the preparer shown above? See instructions		1	X Yes No				

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ا		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		177
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	٠. ا		₩.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government out rait ix, column (n), interior res, complete concedie i, raits rand ir			

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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		Х
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		Х
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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
h	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?//f			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		х
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	- 31		
32	Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24		х
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		Joa		
ü	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		х
27	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	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>	31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	71	
. a				
	Check if Schedule O contains a response or note to any line in this Part V			L L
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms will a mineral Enter of those applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۰.		
	(gambling) winnings to prize winners?	1c	990	(0004)

Page 5

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

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	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 transaction?	5b		Х	
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 organization 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 contributions or gifts				
_	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	_		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		X	
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		25	
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	40-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
-	Note: See the instructions for additional information the organization must report on Schedule O.	100			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Form 990 (2021)

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

36-3969334

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	and the description of the second of the sec		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12		1.00	1,10					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
h	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	5 6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ا							
<i>1</i> a	more members of the governing body?	7a		X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a							
b		7b		X					
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76							
		8a	х						
	The governing body? Each committee with authority to act on behalf of the governing body?		X						
		8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		22					
<u> </u>	tion b. I oncies (mis section b requests information about policies not required by the internal nevenue code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa							
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tiu							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a	х						
	Other officers or key employees of the organization	15b		Х					
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	135							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
104	taxable entity during the year?	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ►IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	ahle					
.5	for public inspection. Indicate how you made these available. Check all that apply.	J Jiny	,						
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial						
.5	statements available to the public during the tax year.	u midi	iolal						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	GILES LEMMENS - 312-870-6140								
	1010 W 35TH ST. 697. CHICAGO. IL 60609								

132006 12-09-21

orm	990	(2021)

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

36-3969334

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any		CCI aii		10010	17 11 43		from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tru		oyee	ompe		1099-NEC)		and related
	below	ividua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	Inst	Officer.	Ke	Hig	윤			
(1) AMY RASMUSSEN	40.00			7.7				70 252	0	4 605
EXECUTIVE DIRECTOR	2 00			Х				78,252.	0.	4,695.
(2) WILLIAM ESTRADA	2.00	\ \ -		7.7				12 025	0	0
SECRETARY	1 00	Х		Х				12,925.	0.	0.
(3) NIEMA QURESHI	1.00	x						7 711	0	0
DIRECTOR	1.00							7,711.	0.	0.
(4) KEVIN MCGOWAN	1.00	Х						6,970.	0.	0.
DIRECTOR (5) PHIL COTTON	1.00	^						0,970.	0.	<u> </u>
DIRECTOR	1.00	Х						800.	0.	0.
(6) JOSH NATHAN	2.00	^						000.	· ·	<u> </u>
BOARD PRESIDENT	2.00	Х		х				0.	0.	0.
(7) MARGARET KOREMAN	2.00							0.	· · ·	<u> </u>
BOARD VICE PRESIDENT	2.00	Х		х				0.	0.	0.
(8) CAROL EASTIN	2.00							0.	0.	
TREASURER	2.00	Х		х				0.	0.	0.
(9) RICHARD ASSMUS	1.00									
DIRECTOR		x						0.	0.	0.
(10) L. TIMOTHY HALLERON	1.00							•		
DIRECTOR		х						0.	0.	0.
(11) AMY NATHAN	1.00							-		
DIRECTOR		х						0.	0.	0.
(12) KARRIE SULLIVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KYLE JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
		1								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A)	(B)	(B) (C)				(D)	(E)		(F)						
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimated				
	hours per week					is bot or/trus		compensation	compensatio			nount	of		
	(list any	Į.					Ė	from the	from related organizations			other pensa	tion		
	hours for	direc.				pa		organization	(W-2/1099-MIS			om the			
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)			anizati	ion		
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relate			
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons		
		흐	Ë	₩.	- S	宝岩	요								
										\rightarrow					
										\neg					
										\longrightarrow					
dh Orthand							Ļ	106,658.		0.		4,6	<u>a 5</u>		
1b Subtotal								0.		0.		4,0	0.		
c Total from continuation sheets to Part VI								106,658.		0.		4,6			
d Total (add lines 1b and 1c)							10 r	·	000 of reportab			-,0			
compensation from the organization	ot inflited to th	1036	liste	Ju ai	DOV	c) wi	10 11	eceived more than proo	,000 of reportable	C			0		
compensation from the organization												Yes	No		
3 Did the organization list any former officer,	director, trust	ee. I	cev e	ame	love	e. o	hio	nhest compensated emp	lovee on	- [
line 1a? If "Yes," complete Schedule J for s											3		Х		
4 For any individual listed on line 1a, is the su										····					
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X		
5 Did any person listed on line 1a receive or a															
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest co	-	-								npens	ation f	rom			
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.						
(A) Name and business	address	NT/	ONE	7				(B) Description of s	envices	C	Ompe	;) nsatio	n		
TVAITE AND DUSINESS	<u>audic33</u>	14/	JIVI	<u>. </u>			-	Description of s	CIVICCS		ompe	isatio	<u> </u>		
							_								
-															
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	ore than						
\$100,000 of compensation from the organi	zation >				(0									
											Form	990 (2	2021)		

Pa	rt VI						
		Check if Schedule O contains a response of	or note to any lir	7.5		(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	
S S	4.	Foderated compaigns					sections 512 - 514
ant		Federated campaigns 1a					
٩٥		Membership dues1b1c					
ifts Ir A		Fundraising events 1c 1d					
nila		Government grants (contributions) 1e 1,	700,982.				
Sir		All other contributions, gifts, grants, and	, , ,				
her	•		317,861.				
Contributions, Gifts, Grants and Other Similar Amounts	o	Noncash contributions included in lines 1a-1f					
and	_	Total. Add lines 1a-1f	>	2,018,843.			
			Business Code				
e l	2 a	PROGRAM SERVICE	611710	750,155.	750,155.		
Program Service Revenue	b	,					
Se	С	;					
eve	d						
о П	е						
ه ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	750,155.			
	3	Investment income (including dividends, interes	•	11 214			11 214
		other similar amounts)		11,314.			11,314.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	(ii) Personal				
	6 -		(ii) i ersonai	-			
		Gross rents					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
	d	Net gain or (loss)	>				
Other	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events)				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	h	and allowances 10a Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	34.	34.		
ane	b						
eve	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		34.			44 24
	12	Total revenue. See instructions	>	2,780,346.	750,189.	0.	11,314.

Form 990 (2021)

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

36-3969334 Page 10

Part IX Statement of Functional Expenses									
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	mplete column (A).					
	Check if Schedule O contains a respon				X				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	82,947.	8,295.	49,768.	24,884.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	400 054	400 202	42.050	48 550				
7	Other salaries and wages	499,954.	409,323.	43,079.	47,552.				
8	Pension plan accruals and contributions (include	15 121	12 025	260	1 007				
_	section 401(k) and 403(b) employer contributions)	15,131. 64,160.	13,835. 46,289.	269. 9,990.	1,027. 7,881.				
9	Other employee benefits	44,577.	32,160.	6,941.	5,476.				
10	Payroll taxes	44,377.	32,100.	0,941.	3,470.				
11	Fees for services (nonemployees):								
	Management								
b	Legal Accounting	19,113.		19,113.					
d	Lobbying			23,2231					
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees				_				
g	Other. (If line 11g amount exceeds 10% of line 25,				_				
_	column (A), amount, list line 11g expenses on Sch O.)	817,550.	809,306.	4,793. 1,435.	3,451. 7,002. 4,213.				
12	Advertising and promotion	10,928.	2,491.	1,435.	7,002.				
13	Office expenses	57,246.	7,226.	45,807.	4,213.				
14	Information technology								
15	Royalties	46 556	2 122	4.4.05.6					
16	Occupancy	16,756.	2,400.	14,356.					
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	20,011.	15,464.	3,463.	1,084.				
19	Conferences, conventions, and meetings	20,011.	13,404.	3,403.	1,004.				
20 21	Interest Payments to affiliates								
22	Depreciation, depletion, and amortization	2,690.		2,690.					
23	Insurance	11,682.		11,682.	_				
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	ARTIST FEES	886,371.	878,177.	8,194.					
b	SUPPLIES AND MATERIALS	74,847.	74,847.						
С	RESEARCH AND DEVELOPMEN	50,442.	50,442.	4.4.600					
d	BAD DEBT	14,900.		14,900.					
	All other expenses	2 (00 205	2 252 255	226 422	100 550				
25	Total functional expenses. Add lines 1 through 24e	2,689,305.	2,350,255.	236,480.	102,570.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								

Form 990 (2021)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,659.	1	341,445
	2	Savings and temporary cash investments		6,277.	2	6,231	
	3	Pledges and grants receivable, net		479,552.	3	367,277	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ-	ed in se	tion 4958(c)(3)(B)		6	
21	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges			1,437.	9	3,217
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	33,473.			
	b	Less: accumulated depreciation		25,578.	10,585.	10c	7,895 410,284
1	11	Investments - publicly traded securities			460,513.	11	410,284
1	12	Investments - other securities. See Part IV, line			12		
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		15			
1	16	Total assets. Add lines 1 through 15 (must eq		l l	1,163,023.	16	1,136,349
1	17	Accounts payable and accrued expenses			108,816.	17	147,982
1	18	Grants payable		18			
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
န္မ 2	22	Loans and other payables to any current or for	mer offi	er, director,			
		trustee, key employee, creator or founder, sub	stantial	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		22	
- 2	23	Secured mortgages and notes payable to unre	lated th	d parties		23	
2	24	Unsecured notes and loans payable to unrelat	ed third	oarties	101,700.	24	0
2	25	Other liabilities (including federal income tax, p	ayables	o related third			
		parties, and other liabilities not included on line	es 17-24	Complete Part X			
		of Schedule D			040 546	25	4.5
2	26	Total liabilities. Add lines 17 through 25			210,516.	26	147,982
_ι		Organizations that follow FASB ASC 958, ch	eck her	• ► X			
<u> </u>		and complete lines 27, 28, 32, and 33.			650 050		000 000
	27	Net assets without donor restrictions			672,259.	27	897,068
	28	Net assets with donor restrictions			280,248.	28	91,299
5		Organizations that do not follow FASB ASC	958, ch	ck here 🕨 📖			
5		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund				29	
g 3	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated			050 505	31	000 265
_	32	Total net assets or fund balances		l l	952,507.	32	988,367
3	33	Total liabilities and net assets/fund balances			1,163,023.	33	1,136,349 Form 990 (202

Form	1 990 (2021) CHICAGO ARTS PARTNERSHIPS IN EDUCATION	36-3969	334	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)		,78		
2	Total expenses (must equal Part IX, column (A), line 25)		,689		
3	Revenue less expenses. Subtract line 2 from line 1	3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			07.
5	Net unrealized gains (losses) on investments	5	-5	5,1	81.
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	988	3,3	67 .
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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

Employer identification number 36-3969334

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12. o	heck only	one box.)		
1		A church, convention of ch						
2	同	A school described in sect i				(2)(• //• • //•	
_						V6V4VAV:	::\	
3	H	A hospital or a cooperative						the eller or service the transfer of the trans
4		A medical research organiz	ation operated in co	njunction with a nospita	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
Ŭ		or university or a non-land-g	-			-	-	-
		•	grant college or agric	ulture (see iristructions).	Linter the	riarrie, city	y, and state of the colleg	le oi
40	X	university:						
10	Δ	An organization that norma						
		activities related to its exen						
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ıfety.See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). 0	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga				-	· · · · · ·	, aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	•		
		• • • •			a majority (or tire dire	ctors or trustees or the s	supporting
		organization. You must o						
b								-
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	-	•	-		•	
е		Check this box if the orga	·	-				
·		functionally integrated, or					. 1, po 1, 1, po 11, 1, po 111	
	Ent	, ,		, , , , , , , , , , , , , , , , , , , ,	0 0			
		er the number of supported o						
9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	'	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		0.94.1124.101.1		above (see instructions))	Yes	No	support (see mediations)	capport (coc mondents)
Tota								
·OTS	**							

- · · · · · · · · · · · · · · · · · · ·	IITCACO AD	шс руршиг	DCHIDC IN	EDIICAMIC	ON 36-396	0224		
Schedule A (Form 990) 2021 Part II Support Schedule for								
(Complete only if you checke								
fails to qualify under the tests					aa	· • · gaa		
Section A. Public Support			,					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1 Gifts, grants, contributions, and	(a) 2011	(5) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotar		
membership fees received. (Do not								
include any "unusual grants.")								
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								
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.								
Section B. Total Support								
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7 Amounts from line 4								
8 Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources								
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.)								
11 Total support. Add lines 7 through 10								
12 Gross receipts from related activities,	*	,			12			
13 First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)			
organization, check this box and stor						<u></u>		
Section C. Computation of Publ								
14 Public support percentage for 2021 (14	%		
15 Public support percentage from 2020						%		
16a 33 1/3% support test - 2021. If the o								
stop here. The organization qualifies								
b 33 1/3% support test - 2020. If the o	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							

Schedule A (Form 990) 2021

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

 Schedule A (Form 990) 2021

CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	(Complete only if you checked			rganization tailed	to quality under P	art II. If the organiz	ation fails to
Sec	qualify under the tests listed betion A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(6) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	1,097,533.	1,583,417.	1,502,601.	2,202,882.	2,018,843.	8,405,276.
0		1,057,555.	1,303,417.	1,302,001.	2,202,002.	2,010,043.	0,403,270.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	248,150.	130,895.	35,700.	312,033.	750,155.	1 476 022
_	organization's tax-exempt purpose	240,130.	130,093.	33,700.	314,033.	750,155.	1,476,933.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,345,683.	1,714,312.	1,538,301.	2,514,915.	2,768,998.	9,882,209.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	22,262.	6,094.	16,500.	23,250.	29,904.	98,010.
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						0.
_	Add lines 7a and 7b	22,262.	6,094.	16,500.	23,250.	29,904.	98,010.
	Public support. (Subtract line 7c from line 6.)	22,2021	0,0310	10/3001	2372301	23 / 3 0 1 0	9,784,199.
Sec	etion B. Total Support						3,701,133.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		1,345,683.	1,714,312.	1,538,301.	2,514,915.	2,768,998.	(f) Total 9,882,209.
	Amounts from line 6	1,343,003.	1,714,312.	1,330,301.	2,314,313.	2,700,330.	7,002,203.
IUa	dividends, payments received on						
	securities loans, rents, royalties,	12 425	10 600	0 110	10 010	11 214	F.C. 207
	and income from similar sources	13,435.	10,609.	8,110.	12,819.	11,314.	56,287.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	10 10 -	10 100		10010		
c	Add lines 10a and 10b	13,435.	10,609.	8,110.	12,819.	11,314.	56,287.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		9,946.	2.	503.	34.	10,485.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,359,118.	1,734,867.	1,546,413.	2,528,237.	2,780,346.	9,948,981.
	First 5 years. If the Form 990 is for the	ne organization's fir	st. second. third. f		vear as a section 5	01(c)(3) organizati	on.
	check this box and stop here						▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				<u>, </u>
	Public support percentage for 2021 (I			olumn (f))		15	98.34 %
	Public support percentage from 2020					16	98.27 %
	etion D. Computation of Inves					10	70
	•			o 12 ookumn (fl)		17	.57 %
	Investment income percentage for 20					18	
18	Investment income percentage from 2						,,,
19a	33 1/3% support tests - 2021. If the						▶ ▼
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che		-	•		-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	, or 19b, check th	is box and see ins		
	00 01 04 00					Calaadula A	(Form 990) 2021

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
Ja		
3b		
SD		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
•		
6		
_		
7		
8		
9a		
9b		
9с		
10a		
10b		

the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b За

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	į.
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-functional	ally integrate	d Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 7

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	<u> </u>
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2021

b Applied to 2021 distributable amount

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Public Inspection Copy

Schedule A	(Form 990) 2021	CHIC	AGO	ARTS	PARTNER	RSHIPS	IN	EDUCATION	36-3969334	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c lines 2 and	, 4b, 4d d 3; Pa	c, 5a, 6, 9a rt IV, Secti	ı, 9b, 9c, 11a, on E, lines 1c,	11b, and 11 2a, 2b, 3a,	c; Parl and 3b	t IV, Section B, lines 1 o; Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	n C,
	Section D, lines 5, 6, and (See instructions.)	8; and Pa	rt V, Se	ection E, lir	ies 2, 5, and 6	. Also comp	lete th	is part for any additio	nal information.	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

Employer identification number 36-3969334

Pai		d Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
			•	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			n during the tax
	year >	, , , ,	J	3
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			•
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservat	tion easeme	nts during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	•		
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	rtherance o	f public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and b	palance she	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:	•	·	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
			_	\$
2	If the organization received or held works of art, historical trea			de
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			·

132051 10-28-21

Schedule D (Form 990) 2021

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

	dule D (Form 990) 2021 CHICAGO t III Organizations Maintaining C	ARTS PART							69334 ts (continue	
3	Using the organization's acquisition, accessi									,
	collection items (check all that apply):	,	,	,	3		5			
а	Public exhibition	c	ı 🔲 ı	Loan or exc	change progra	am				
b										
С										
4										
5										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes	☐ No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back ((d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	zation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R?	?				3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment :	funds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a. \$	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book v	/alue
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			3	33,473.		25,5	78.	7	,895.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)				7	,895.

7,895. Schedule D (Form 990) 2021

	ARTS PARTNERSHIE	S IN EDUCATION	36-3969334 Page 3
Part VII Investments - Other Securities Complete if the organization answered		a 11h See Form 990 Part Y line :	12
(a) Description of security or category (including name of se			st or end-of-year market value
(1) Financial derivatives		(c) monous or raisantent of	or or a crisical year manner raises
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		_	
(F)		-	
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1	2 \		
Part VIII Investments - Program Relate			
Complete if the organization answered		11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1	21		
Part IX Other Assets.	0.) 🖊		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15)		
Part X Other Liabilities.	(b) iiiic ro.)		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part >	K, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 990, Part V col	(P) line 25)		
Total. (Column (b) must equal Form 990, Part X, col. 2. Liability for uncertain tax positions. In Part XIII, p			•
organization's liability for uncertain tax positions		•	
	OIIOONT		

132053 10-28-21

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 CHICAGO ARTS PARTNERSHIP	S IN EDU	JCATION 3	36 – 3	3969334 _{Pag}	ge 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		n Revenue per Re	eturn	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0 505 10	
1	Total revenue, gains, and other support per audited financial statements			1	2,725,16	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	EE 101			
а	Net unrealized gains (losses) on investments		-55,181.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants		$\overline{}$			
d	Other (Describe in Part XIII.)				55 10	1
e	Add lines 2a through 2d			2e	-55,18 2,780,34	
3	Subtract line 2e from line 1			3	2,700,34	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)			4-		0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c 5	2,780,34	-
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Stat					
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		iii Expelises per i	netui		
			1	1	2,689,30	15
1	Total expenses and losses per audited financial statements			-	2,005,50	, <u>, , , , , , , , , , , , , , , , , , </u>
2		2a				
a	Donated services and use of facilities					
b	Prior year adjustments Other leader					
d	Other losses Other (Describe in Part XIII.)					
e				2e		0.
3				3	2,689,30	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-			
	Add lines 4a and 4b	-		4c		0.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			5	2,689,30	-
	rt XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part	X, line 2; Part XI,	
PAI	RT X, LINE 2:					
CAI	PE FILES INCOME TAX RETURNS IN THE U.S.	FEDERAL	JURISDICTIO	ON A	AND	
ILI	LINOIS. WITH FEW EXCEPTIONS, CAPE IS NO	LONGER	SUBJECT TO	U.5	S. FEDERAL	١,
ST	ATE AND LOCAL, OR NON-U.S. INCOME TAX EX	AMINATIO	ONS BY TAX A	ITUA	HORITIES	
FOI	R YEARS BEFORE 2019. CAPE DOES NOT EXPEC	T A MATI	ERIAL NET CE	IANC	GE IN	
UNI	RECOGNIZED TAX BENEFITS IN THE NEXT TWEL	VE MONTI	HS.			

Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

Employer identification number 36-3969334

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORKS WITH SCHOOLS THAT SERVE LOW-INCOME STUDENTS OF COLOR IN ORDER TO

BUILD EQUITY AND IMPROVE ACCESS TO THE ARTS IN COMMUNITIES THAT LACK

THE RESOURCES TO DO SO.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DOCUMENTATION OF THESE CLASSROOM PROJECTS IS VIEWABLE AT

WWW.CAPECHICAGO.ORG.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS ARE REQUIRED TO SIGN A FORM STATING THAT THEY ARE NEITHER IN

VIOLATION OF THE CONFLICT OF INTEREST POLICY, NOR FORESEE ANY VIOLATIONS

WITHIN THE TERMS PRESENTED IN THE CONFLICT OF INTEREST POLICY.

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

A SPECIAL BOARD COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND USES DATA FROM NON-PROFIT ORGANIZATIONS OF COMPARABLE SIZE AND STRUCTURE TO DETERMINE COMPENSATION.

LINE 15B: THE EXECUTIVE DIRECTOR DECIDES SALARY AND PAY RAISES FOR ALL MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

SOME GOVERNING DOCUMENTS MAY BE VIEWED ON THE WEBSITE OF CHICAGO ARTS

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Name of the organization CHICAGO ARTS PARTNERSHIPS IN EDUCATION	Employer identification number 36-3969334
PARTNERSHIPS IN EDUCATION. ALL OTHER DOCUMENTS ARE AVAILA	
	-
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEACHER STIPENDS:	
PROGRAM SERVICE EXPENSES	625,389.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	625,389.
NON-TEACHING PERSONNEL AND PRESENTERS:	
PROGRAM SERVICE EXPENSES	183,917.
MANAGEMENT AND GENERAL EXPENSES	4,793.
FUNDRAISING EXPENSES	3,451.
TOTAL EXPENSES	192,161.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	817,550.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.	

Schedule O (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
3	COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	33,473.				33,473.	22,888.		2,690.	25,578.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						33,473.				33,473.	22,888.		2,690.	25,578.
	* GRAND TOTAL 990 PAGE 10 DEPR						33,473.				33,473.	22,888.		2,690.	25,578.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone