"PUBLIC INSPECTION COPY"

DO NOT FILE WITH THE INTERNAL REVENUE SERVICE

Public Inspection Copy

EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

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

and ending JUN 30,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

2023

JUL 1,

Open to Public Inspection

B c	Check if pplicable	C Name of organization		D Employer identifie	cation number			
	Addres							
H	Change	Doing business as		36-3969334				
F	Initial return		Room/suite	E Telephone number				
	 □Final □return/		97	312-870-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,564,797.			
	Ameno	chicago, il 60609		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: KTDE COTINGON	for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
	Nebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year o	of formation: 1992 N	1 State of legal domicile: IL			
Pa	art I	Summary	TMODE	ACEC CHILDEN	ma '			
Se	1	Briefly describe the organization's mission or most significant activities: CAPE CREATIVITY AND CRITICAL THINKING THROUGH	TINCKE.	BUG STUDEN	TS			
Activities & Governance								
Ver	1	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		1 1	15			
Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			15			
ο S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7			
iŧie		Total number of volunteers (estimate if necessary)			25			
ţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	<u> </u>			Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		2,088,942.	1,710,923.			
Revenue		Program service revenue (Part VIII, line 2g)		619,124.	843,198.			
eve	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,057.	9,240.			
E		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,406.	1,436.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,717,529.	2,564,797.			
	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.			
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		778,462.	641,356.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe		Total fundraising expenses (Part IX, column (D), line 25) 92,58	7.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,896,321.	1,802,941.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,674,783.	2,444,297.			
	19	Revenue less expenses. Subtract line 18 from line 12		42,746.	120,500.			
let Assets or und Balances			Beg	ginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		1,476,136.	1,645,897.			
et nd E	21	Total liabilities (Part X, line 26)		396,797.	375,051.			
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,079,339.	1,270,846.			
	art II	Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules a	and atatama	anto and to the heat of m	uknowledge and heliaf it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			y kilowieuge allu bellet, it is			
uuc,	, correc	t, and complete. Deciaration of preparer (other than officer) is based on an information of which	ui preparei	ilas ally kilowieuge.				
Sigi	n	Signature of officer		I Date				
Her		KYLE JOHNSON, PRESIDENT						
1101		Type or print name and title						
		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid	i	RON MARKLUND RON MARKLUND	0	5/12/25 if self-employed	P01985511			
Prep		Firm's name DUGAN & LOPATKA, CPA'S PC		Firm's EIN 3	6-2886485			
	Only	Firm's address 4320 WINFIELD ROAD SUITE 450						
		WARRENVILLE, IL 60555-4036		Phone no.63	0-665-4440			
May	/ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			
					222			

SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ĭ	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		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			١
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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,	21		
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		X	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	A	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Concount Co Contains a response of note to any line in this Lart V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 240)	163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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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 2a 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
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		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х				
	any contributions that were not tax deductible as charitable contributions?							
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).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_				
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?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	3 , 3 , 1 , 1							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	9a						
a Did the sponsoring organization make any taxable distributions under section 4966?								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	· · · · · · · · · · · · · · · · · · ·							
	Gross income from members or shareholders							
b	amounts due or received from them.)							
12a	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							
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.							
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		X				
	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		X				
	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, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-, u		
~	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 following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	tion Dividios (mis seed on B requests information about politics not required by the internal nevertice Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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			
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
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			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	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 List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with the state of the state			
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:	able
	for public inspection. Indicate how you made these available. Check all that apply.	J Jiny	, avail	
	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 fina	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	AFABLE CONSULTING - 312-870-6140			
	1010 W 35TH ST, 697, CHICAGO, IL 60609			

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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	on nor any related	orga	aniza	ation	cor	npe	nsat	ted any current officer, of	director, or trustee.		
(A)	(B)	1 –						(D)	(E)	(F)	
Name and title	Average		Position (do not check more than			than		Reportable	Reportable	Estimated	
	hours per	box offi	box, unless person is both an officer and a director/trustee)				h an tee)	compensation	compensation	amount of	
	week (list any	\vdash					Ú	from the	from related organizations	other compensation	
	hours for	direct				P		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related	
	below	vidua	itutior	Je.	Key employee	nest c	ner			organizations	
	line)	lndi	Inst	Officer	Key	High	Former				
(1) AMY RASMUSSEN	40.00							115 046	•	16 212	
EXECUTIVE DIRECTOR				Х				115,046.	0.	16,319.	
(2) KYLE JOHNSON	2.00	١							•	•	
PRESIDENT		Х		Х				0.	0.	0.	
(3) KIRTI PARAKH	2.00								0	•	
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.	
(4) ADAM ENGLE	2.00	,,		,,					0	0	
TREASURER	2 00	Х		Х				0.	0.	0.	
(5) WILLIAM ESTRADA	2.00	. ,		7.7					0	0	
SECRETARY	1 00	Х		Х				0.	0.	0.	
(6) LISA ANDERSON	1.00	X						0.	0.	0.	
DIRECTOR ADDRESS OF THE ADDRESS	1.00	^						0.	0.	<u> </u>	
(7) CARRIE OLIVIA ADAMS DIRECTOR	1.00	X						0.	0.	0.	
(8) RICHARD M. ASSMUS	1.00	^						0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(9) CAROL EASTIN	1.00	25						0.	0.		
DIRECTOR	1,00	x						0.	0.	0.	
(10) NATHAN G. ECHOLS II	1.00							0.0			
DIRECTOR		x						0.	0.	0.	
(11) MEKIA HEARN	1.00								-	-	
DIRECTOR		Х						0.	0.	0.	
(12) MARGARET KOREMAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) OLIVIA MANNING	1.00										
DIRECTOR		Х						0.	0.	0.	
(14) LORENA MORA	1.00										
DIRECTOR		Х						0.	0.	0.	
(15) JOSHUA J. NATHAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(16) NEEL PANDYA	1.00										
DIRECTOR		Х						0.	0.	0.	
(17) TIMOTHY J. SLOMKA	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	

332007 12-21-23

<u>Pag</u>e **8**

Section A. Officers, Directors, True	stees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable compensation			timate	
	hours per week	box	, unle	ss pe	rson		h an	compensation			nount	of	
	(list any	\vdash					Ė	from the	from related organizations	- 1		other pensa	tion
	hours for	Individual trustee or director				pa.		organization	(W-2/1099-MIS		•		
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)				ion
	organizations below	al trus	Institutional trustee		key employee	Highest compensated employee		1099-NEC)				d relat	
	line)	divid	stituti	Officer	yemp	ghest	Former				orga	anizati	ons
	 	드	트	5	<u>ş</u>	王吉	프						
		-											
				\vdash		\vdash	_						
							_						
		-											
1b Subtotal				<u> </u>		<u> </u>		115,046.		0.	1	6,3	19.
c Total from continuation sheets to Part V	II, Section A						••	0.		0.			0.
d Total (add lines 1b and 1c)								115,046.		0.	1	6,3	19.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer		-	•		•		_		•	[
line 1a? If "Yes," complete Schedule J for	such individual									[3		X
4 For any individual listed on line 1a, is the s			-						the organization	- 1			7.7
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	-				-			-		- 1	5		Х
Section B. Independent Contractors	ripiete Scriedui	e 	01 50	JCII	pers	SOII .					3		
Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	s address	N	INC	3				(B) Description of s	services	С	Ompe	;) nsatio	n
							\dashv						
							_						
							\dashv						
2 Total number of independent contractors	(includina but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ						0							
											Form	990 (2	2023)

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	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
s, G		Fundraising events 1c					
Sift.		Related organizations 1d					
imil		Government grants (contributions) 1e 1,	282,408.				
rior S	f	All other contributions, gifts, grants, and					
ip i		similar amounts not included above 1f	428,515.				
dot	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>a C</u>	h	Total. Add lines 1a-1f		1,710,923.			
			Business Code	0.40.400	0.4.2		
<u>ic</u>	2 a	PROGRAM SERVICE	611710	843,198.	843,198.		
ne v	b						
m S	С						
gra Re	d						
Program Service Revenue	e	All other program contine revenue					
		All other program service revenue		843,198.			
_	3	Investment income (including dividends, intere		010,100			
	Ū	other similar amounts)	·	9,240.			9,240.
	4	Income from investment of tax-exempt bond p		-			-
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
<u>o</u>	D	Less: cost or other basis					
eun	_	and sales expenses 7b Gain or (loss) 7c					
Revenue		Net gain or (loss)					
Other I		Gross income from fundraising events (not					
		including \$ of contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
_		Net income of (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	1,436.	1,436.		
ane	b			,	, , , , , ,		
eve	С						
Mis	d	All other revenue					
\Box	е	Total. Add lines 11a-11d		1,436.	0.4.4.53.4		0.010
	12	Total revenue. See instructions		2,564,797.	844,634.	0.	9,240.

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

36-3969334 Page 10

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		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,	121 265	100 (41	14 202	14 222
	trustees, and key employees	131,365.	102,641.	14,392.	14,332.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 205	214 460	12 101	10 721
7	Other salaries and wages	400,385.	314,460.	43,191.	42,734.
8	Pension plan accruals and contributions (include	12 655	10 024	1 401	2 140
_	section 401(k) and 403(b) employer contributions)	13,655. 56,522.	10,034. 43,275.	1,481.	2,140. 5,851.
9	Other employee benefits				3,031. // 127
10	Payroll taxes	39,429.	30,647.	4,645.	4,137.
11	Fees for services (nonemployees):				
	Management				
	Legal	47,356.	5,692.	41,664.	
	Accounting	47,330.	3,092.	41,004.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	716,703.	688,812.	15,957.	11,934.
12	Advertising and promotion	8,678.	4,612.	2,725.	1,341.
13	Office expenses	11,455.	8,773.	2,015.	667.
14	Information technology	11,366.	2,219.	4,841.	4,306.
15	Royalties	22,000	2,223	- 7 0 1 2 1	2,000
16	Occupancy	72,397.	67,152.	5,245.	
17	Travel	28,432.	25,556.	2,836.	40.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	58,832.	45,220.	8,569.	5,043.
20	Interest	,	,	,	, - , -
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,217.		11,217.	
23	Insurance	11,045.	349.	10,696.	
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	707,181.	707,181.		
b	CLASSROOM SUPPLIES AND	57,036.	56,498.	509.	29.
С	RESEARCH AND DEVELOPMEN	38,400.	38,400.		
d	DUES AND SUBSCRIPTIONS	18,493.	510.	17,950.	33.
е	All other expenses SEE SCH O	4,350.		4,350.	
25	Total functional expenses. Add lines 1 through 24e	2,444,297.	2,152,031.	199,679.	92,587.
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)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			248,281.	1	
	2	Savings and temporary cash investments			6,212.	2	112,456.
	3	Pledges and grants receivable, net		270,860.	3	547,425.	
	4	Accounts receivable, net	131,736.	4	291,722.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				365.	9	5,155.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	76,394. 43,959.			
	b		10b	43,959.	43,652.	10c	32,435.
	11	Investments - publicly traded securities		465,411.	11	406,644.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets	297,231.	14	237,672.		
	15	Other assets. See Part IV, line 11	12,388.	15	237,672. 12,388.		
	16	Total assets. Add lines 1 through 15 (must ed			1,476,136.	16	1,645,897.
	17	Accounts payable and accrued expenses		80,101.	17	117,972.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or fo	rmer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
iab		controlled entity or family member of any of th	sons		22		
_	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	246 626		
		of Schedule D			316,696.	25	257,079.
	26	Total liabilities. Add lines 17 through 25			396,797.	26	375,051.
ý		Organizations that follow FASB ASC 958, cl	neck he	re X			
၁င		and complete lines 27, 28, 32, and 33.			0.60 0.01		1 042 246
aa	27	Net assets without donor restrictions	960,081.	27	1,043,346.		
g B	28				119,258.	28	227,500.
ڃ		Organizations that do not follow FASB ASC	958, ch	eck here			
卢		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 070 220	31	1 070 046
ž	32	Total net assets or fund balances			1,079,339.	32	1,270,846.
	33	Total liabilities and net assets/fund balances			1,476,136.	33	1,645,897.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Public Inspection Copy

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

						N 36-396	
Pa	art II Support Schedule for 0	-					-
	(Complete only if you checked			-	n failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Sec	ction A. Public Support						
Cale	endar 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	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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2023 (li					14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2023. If the o	•		,		,	
	stop here. The organization qualifies a	as a publicly supp	orted organization	າ			
b	o 33 1/3% support test - 2022. If the o	•				•	
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			
47-		0000 1641	onization did not	shook a boy on line	10 160 or 16b	and line 14 is 10%	or more
17a	a 10% -facts-and-circumstances test	- 2023. If the org	anization did not t	SHECK A DOX OH IIIR	e 13, 16a, or 16b,	and line 14 is 10%	or more,

Schedule A (Form 990) 2023

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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

800	qualify under the tests listed below, please complete Part II.)								
Section A. Public Support									
	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	1 500 601	2 202 002	2 010 042	2 000 042	1 710 000	0 504 101		
_	include any "unusual grants.")	1,502,601.	2,202,882.	2,018,843.	2,088,942.	1,710,923.	9,524,191.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35,700.	312,033.	750,155.	619,124.	843,198.	2,560,210.		
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	1,538,301.	2,514,915.	2,768,998.	2,708,066.	2,554,121.	12,084,401.		
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons	16,500.	23,250.	29,904.	27,448.	32,825.	129,927.		
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						0		
_	amount on line 13 for the year	16,500.	23,250.	29,904.	27,448.	32,825.	129,927.		
	Add lines 7a and 7b	10,300.	23,230.	29,904.	27,440.	32,023.	<u> </u>		
	Public support. (Subtract line 7c from line 6.)						11,954,474.		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	1,538,301.	2,514,915.	2,768,998.	2,708,066.	2,554,121.	12,084,401.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,110.	12,819.	11,314.	7,057.	9,240.	48,540.		
b	Unrelated business taxable income	,	,	, -	,	- ,			
-	(less section 511 taxes) from businesses acquired after June 30, 1975								
_	Add lines 10a and 10b	8,110.	12,819.	11,314.	7,057.	9,240.	48,540.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0,110	12,013.	11,314.	7,037.	3,210.	10,310.		
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)	2.	503.	34.	2,406.	1,436.	4,381.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,546,413.	2,528,237.	2,780,346.	2,717,529.	2,564,797.	12,137,322.		
14	First 5 years. If the Form 990 is for th	-					on,		
92	check this box and stop herection C. Computation of Publi	c Support Do	rcentage				<u></u>		
				(6)		15	98.49 %		
15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))16 Public support percentage from 2022 Schedule A, Part III, line 15							00 50		
16 Sec	ction D. Computation of Inves					16	98.53 <u>%</u>		
	Investment income percentage for 20			20 12 column (f)		17	.40 %		
		18	.40 % .44 %						
18	Investment income percentage from 2								
ıya	33 1/3% support tests - 2023. If the	-					v		
1-	more than 33 1/3%, check this box ar								
D	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	-							
20	Private foundation. If the organization		-	· · · · · · · · · · · · · · · · · · ·		~			
	22 10 01 02	T GIG HOL CHECK & I	55 OH III 16 14, 19	a, or rab, crieck tr	iio DON AITU SEE ITIS		/Earm 990) 2023		

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.)

	Yes	No
4		
1		
2		
За		
3b		
3с		
4a		
41		
4b		
4c		
5а		
5b		
5c		
6		
6		
7		
-		
8		
9a		
9b		
_		
9c		
10a		
ioa		
10b		
lule A (Fo		2023

Par	t 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
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Schedule A (Form 990) 2023 CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must 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-functionally integrated Type III supporting organization (see						
	instructions).						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 7

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	IS	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 t	he organization is responsive	Э		
	(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	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(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				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	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:				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	D. 1.1. O.1. 1.1. 4. 1.4.4. 11.4.				

Schedule A (Form 990) 2023

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.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

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Schedule A	(Form 990) 2023	CHICA	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, 4c 3; Par	, 5a, 6, 9a t 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 V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	1 C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part	V, Se	ction E, lir	nes 2, 5, and 6	. Also comp	lete th	is part for any addition	nal information.	

332028 12-21-23 Schedule A (Form 990) 2023

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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

2023

Open to Public

Open to Public Inspection

Name of the organization

CHICAGO ARTS PARTNERSHIPS IN EDUCATION

Employer identification number 36-3969334

Pai		d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal assessment and of season	(a) Donor advised funds	(b) I dilus 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		and from de
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	rativ, me r.
•	Preservation of land for public use (for example, recrea	` ' '	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	Freservation o	i a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualit	find conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str	ueturo included en line 2a	
	Number of conservation easements included on line 2c acqu		
u	on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, re		
3	year	leased, extiliguished, or terrilliated by tri	e organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	etan and voidings nodic devoted to mornioning, inoposting,	Thanking or violations, and officioning con	isorvation odcomente daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	,		and the second s
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 1700	h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
_	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		
Pai		f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	· · · · · · · · · · · · · · · · · · ·	
	provide the following amounts relating to these items.	,,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	,	a. gan, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

CHICAGO ARTS PARTNERSHIPS IN EDUCATION 36-3969334 Page 2 Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Dublic exhibition Loan or exchange program b Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? 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, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included No Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 19,396. 3,879. c Leasehold improvements 15,517 33,473. 30,901. d Equipment 23,525. 9,179. e Other

Schedule D (Form 990) 2023

32,435.

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

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

Schedule D (Form 990) 2023

257,079.

(8)

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

CHICAGO ARTS PARTNERSHIPS IN EDUCATION Schedule D (Form 990) 2023 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. Total revenue, gains, and other support per audited financial statements 2,635,804. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 71,007. **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 71,007. e Add lines 2a through 2d 2e 2,564,797. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,444,297. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 2,444,297 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: CAPE FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND ILLINOIS. WITH FEW EXCEPTIONS, CAPE IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2021. CAPE DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CUITCACO ADMC DADMNEDCUITOC IN EDUCAMION

Employer identification number 36 – 3969334

36-3969334 CHICAGO ARTS PARTNERSHIPS IN EDUCATION FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CRITICAL THINKING SKILLS. 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: 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 PARTNERSHIPS IN EDUCATION. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: TEACHER STIPENDS: PROGRAM SERVICE EXPENSES 503,669. MANAGEMENT AND GENERAL EXPENSES

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

Schedule O (Form 990) 2023

332211 11-14-23

Public Inspection Copy

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
CHICAGO ARTS PARTNERSHIPS IN EDUCATION	36-3969334
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	503,669.
	_
NON-TEACHING PERSONNEL AND PRESENTERS:	_
PROGRAM SERVICE EXPENSES	184,018.
MANAGEMENT AND GENERAL EXPENSES	800.
FUNDRAISING EXPENSES	11,288.
TOTAL EXPENSES	196,106.
PAYROLL AND HIRING SERVICES:	
PROGRAM SERVICE EXPENSES	1,125.
MANAGEMENT AND GENERAL EXPENSES	15,157.
FUNDRAISING EXPENSES	646.
TOTAL EXPENSES	16,928.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	716,703.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
BAD DEBT ON PLEDGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,350.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,350.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	
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FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.	

332212 11-14-23 Schedule O (Form 990) 2023