** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

<u> </u>	רטו נוו	2021 calendar year, or tax year beginning AOG 1, 2021 and o	ending U	<u>ОБ 31, 2022</u>				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre							
	Name chang	Doing business as		36-37181	41			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return	2145 N HALSTED ST		312-397-	9119			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,199,845.			
	Amen return			H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer:HOWARD MEYER		for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions			
		te: WWW.TUTORINGCHICAGO.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: IL			
	art I	Summary			<u> </u>			
_	$\overline{1}$	Briefly describe the organization's mission or most significant activities: TUTOR	RING C	HICAGO DELI	VERS THE			
Activities & Governance	-	POWER OF EDUCATION THROUGH ONE-TO-ONE TU	TORING	· ·				
'n	2	Check this box if the organization discontinued its operations or dispos			ssets			
ĕ				3	19			
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			19			
တွ လ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			30			
įŧį		Total number of volunteers (estimate if necessary)			1136			
냚		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.			
	 ~			Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,030,058.	1,548,301.			
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,748.	48,827.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,151.	31,358.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,096,957.	1,628,486.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,960.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		927,750.	1,047,272.			
Se	162			0.	0.			
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e)	73.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,598.	377,054.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,252,308.	1,424,326.			
		Revenue less expenses. Subtract line 18 from line 12		-155,351.	204,160.			
Or or	3	Trovende 1888 expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year			
Net Assets or Find Balances	20	Total assets (Part X, line 16)		1,367,083.	1,399,413.			
ASS	21	Total liabilities (Part X, line 26)		107,061.	56,693.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,260,022.	1,342,720.			
P	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,, ,			
	,,	A sompton bostantan or proparor (canor main ormos), to subsect on an innormation or min	p. opa. o.	l l				
Sig	ın	Signature of officer		Date				
He		NOWARD MEYER, CHAIR						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN			
Pai	d	KOSTA G. TCHOBANOV	1	.1/28/22 if self-employ	P01302744			
	parer	Firm's name WARADY & DAVIS LLP	-	Firm's EIN	36-2170602			
	Only	Firm's address 1717 DEERFIELD RD SUITE 300S						
	,	DEERFIELD, IL 60015		Phone no (8	47)267-9600			
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		1 Holle Ho. (0	X Yes No			
ivid	y u i C I	TO GISCUSS THIS TELUTI WITH THE PREPARET SHOWIT ADDIVE! SEE HISTIACHOLIS			100 100			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 971,726 • including grants of \$ 0 •) (Revenue \$
-t a	TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING. THE ORGANIZATION DOES THIS BY PROVIDING FREE TUTORING ON A
	WEEKLY BASIS THROUGHOUT THE SCHOOL YEAR BY MATCHING OVER 1000
	WELL-TRAINED ADULT VOLUNTEER TUTORS WITH APPROXIMATELY 1000
	CHICAGO-AREA CHILDREN IN GRADES ONE THROUGH EIGHT WHO ARE STRUGGLING
	WITH FINANCIAL BARRIERS. THE PROGRAMS FOCUS ON IMPROVING LITERACY
	LEVELS, MATH SKILLS AND CONCEPTS, SOCIAL EMOTIONAL LEARNING AND
	TECHNOLOGY COMPETENCIES. THE ORGANIZATION TYPICALLY OPERATES ITS TUTORING PROGRAM IN FOUR CHICAGO COMMUNITIES; NEAR NORTH, LOGAN SQUARE,
	NEAR WEST, AND GREATER HYDE PARK. AS OF FALL 2022, THE ORGANIZATION
	PROVIDES IN-PERSON TUTORING AT TWO FACILITIES AND DIGITAL TUTORING FOR
	THOSE WHO PREFER TUTORING REMOTELY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	
4d 	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 971,726 •

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	-		
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		x
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
4-	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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	 		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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	270		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			37
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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?			
	"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			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Check is consequie o contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		. 50	.40
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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?	2 b	Х	
	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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			
	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).		37	
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	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		 ₩
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
g h	If the organization received a contribution of qualified intellectual property, and the organization file a form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
•	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		├ <u></u>
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		х
	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.			

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Form **990** (2021) 0 0 0 1 5 0 H 1

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.

0						Δ
Sec	tion A. Governing Body and Management					
		1 1	1 A E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a -	19			
	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	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	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			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···	Ť		
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		··· −			
~	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
		· ·		8a	Х	
a			- 1	8b	X	
b	Each committee with authority to act on behalf of the governing body?		··· ├	อม		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconstruction in a section of the sect					Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Coae.)			.,	
			г		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		F	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot }$			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	? Ľ	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe				
	on Schedule O how this was done		L	12c	Х	
13	Did the organization have a written whistleblower policy?		L	13	X	
14	Did the organization have a written document retention and destruction policy?		L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official		<u>L</u>	15a	Х	
b	Other officers or key employees of the organization		[·	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	· ·				
	exempt status with respect to such arrangements?		[-	16b		
Sec	tion C. Disclosure					
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, a	and 990-T (section 501(c	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		,		
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and	finar	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records				
	ERIN MCPARTLIN - 312-397-9119					
	2145 N HALSTED ST, CHICAGO, IL 60614					

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.

oxdet 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) Name and title	(B) Average hours per	verage Position (do not check more than one		h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated transporter	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HOWARD MEYER	1.00	ļ ,,		3,					0
CHAIR	1 00	Х		Х			0.	0.	0.
(2) THOMAS STERNBERG	1.00	X		x			0.	0.	_
VICE CHAIR	1.00	^		^			0.	0.	0.
(3) WILLIAM JOHNSON DIRECTOR	1.00	x					0.	0.	0.
(4) JAMES ATKINSON	1.00	123							
TREASURER	1100	x		x			0.	0.	0.
(5) MARC MCCALLISTER	1.00								
DIRECTOR		X					0.	0.	0.
(6) MARGARET SCANLAN	1.00						-		
DIRECTOR (THROUGH APRIL 2022)		X					0.	0.	0.
(7) MICHAEL KING	1.00								_
DIRECTOR		Х					0.	0.	0.
(8) MEGAN MILICH	1.00								
DIRECTOR		Х					0.	0.	0.
(9) ISAIAH BROOMS	1.00								
DIRECTOR		Х					0.	0.	0.
(10) CHRISTOPHER CASSATA	1.00								
DIRECTOR		Х					0.	0.	0.
(11) ZACH FISHMAN	1.00						_	_	_
DIRECTOR		Х					0.	0.	0.
(12) JOHN KRUPER	1.00	ļ							
DIRECTOR (THROUGH MAY 2022)	1 00	Х					0.	0.	0.
(13) KATHERINE SMITH	1.00	١							_
DIRECTOR (THROUGH NOVEMBER 2021)	1 00	Х					0.	0.	0.
(14) KATIE WELSH	1.00	ļ ,,							_
DIRECTOR	1 00	Х					0.	0.	0.
(15) TAYLOR WILLIAMS	1.00	x					0.	0.	_
DIRECTOR (THROUGH NOVEMBER 2021)	1.00	^					0.	0.	0.
(16) HAWKE YOONE DIRECTOR	1.00	x					0.	0.	0.
(17) ALFRED BROWN	1.00	┝		\vdash	\vdash		0.	"	•
DIRECTOR	1.00	X					0.	0.	0.
120007, 10,00,01	1				 				Form 990 (2021)

Form **990** (2021)

(24) SHAWN WEEMS 1.00	Form 990 (2021) TUTORING	CHICAG)							36-37	718	141	Pa	ige 8
Name and title Average Pours for week Pours for week Reportable Compensation from the organization of other organization Pours for related Po	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
TOURS per work for the component of the													(F)	
TOURS DEF Compensation Compens	Name and title	Average	(do					one	Reportable	Reportable		Est	imate	d
Compensation Comp		hours per	box, unless person is both a				is bot	h an	compensation	compensation		amount o		of
Nour For			offic	cer ar	nd a d	irecto	or/trus	itee)	from	from related		(other	
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		, ,	ector						the	organizations	S	comp	ensat	tion
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			or dir	a)			rted		_	,	C/			
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			stee	ruste			bens		1 *	1099-NEC)		_		
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		~	al tru	onal t		loyee	E co		1099-NEC)					
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			divid	stituti	ficer	yemp	ghest	rmer				orga	nizatio	ms
SECRETARY X X 0	(10) PERFECT TOURISM	,	트	Ë	5	ş.	主旨	요						
LAUREN MARTINEZ 1.00 X		1.00	v		v				0		0			Λ
X 0		1 00	^		^		+				٠.			<u> </u>
Cab DIRECTOR DIRECTOR DIRECTOR DIRECTOR TREVOICE WILLIS II 1.00 DIRECTOR TREVOICE MULLIS II 1.00 DIRECTOR TREVOICE MULLIS II 1.00 DIRECTOR DIRECTO		1.00	x						0.		0.			0.
DIRECTOR X		1.00									•			
Case Section B. Independent Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the organization. Report compensation for the calendar year ending with or within the organization is tax year. Case			x						0.		0.			0.
DIRECTOR (THROUGH JULY 2022) X		1.00												
Ca2) ERISHA HUNT			x						0.		0.			0.
DIRECTOR X		1.00												
Case Sakin Ruhana 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		100	x						0.		0.			0.
DIRECTOR		1.00												
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's services.	DIRECTOR		Х						0.		0.			0.
1 Subtotal	(24) SHAWN WEEMS	1.00												
1b Subtotal	DIRECTOR		Х						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1	(25) ERIN MCPARTLIN	40.00												
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No	EXECUTIVE DIRECTOR				Х				140,098.		0.		61	L9.
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No									110 000					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1 1 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None (B) Compensation Compensation	***************************************												6.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No	c Total from continuation sheets to Part VI	I, Section A							• •					_
compensation from the organization Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. A								<u> </u>	<u> </u>				6.	<u> 19.</u>
Yes No	,	ot limited to th	ose	liste	ed al	bov	e) wl	no r	received more than \$100	0,000 of reportabl	е			1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 None and business address None 1 Description of services Compensation Compensation	compensation from the organization												Vaa	_
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	0 5:11										ı		res	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than														v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		=		-						-		4		x
rendered to the organization? If "Yes," complete Schedule J for such person												4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	* *	•				-			-			5		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		piete Cerredar	00.	0, 0,	3011	<i>p</i> 0	3011							
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100.000 of com	pens	ation fr	om	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		•	•							·				
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												(C)	
	Name and business	address	NC	INC	3				Description of s	services	С	omper	satior	1
								_						
								_						
			ot li	mite	d to		_	stec	d above) who received n	nore than				

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Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts			Federated campaigns 1a					
Gra			Membership dues 1b					
ts, An		С	Fundraising events 1c	145,416.				
Gif		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
utio er \$		f	All other contributions, gifts, grants, and	400 005				
흱			- 1	402,885.				
ont nd (_	Noncash contributions included in lines 1a-1f 1g \$	7,950.	1 540 201			
<u>a</u> C		h	Total. Add lines 1a-1f	1	1,548,301.			
				Business Code				
ice	2	а						
erv ue		b						
m S ven		С						
gra Re		d						
Program Service Revenue		e	All II					
_			All other program service revenue					
	3	g	Total. Add lines 2a-2f					
	3		other similar amounts)		33,093.			33,093.
	4		Income from investment of tax-exempt bond p					33,333
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 483,004.					
•		b	Less: cost or other basis					
nu.			and sales expenses 7b 467,270. Gain or (loss) 7c 15,734.					
Revenue		С	Gain or (loss) [7c] 15, /34.	1	15 724			15,734.
er B			Net gain or (loss)	<u> </u>	15,734.			15,/34.
Othe	8	а	Gross income from fundraising events (not including \$ 145,416. of					
0			contributions reported on line 1c). See					
				135,447.				
		h		104,089.				
					31,358.			31,358.
			Gross income from gaming activities. See					-
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	+				
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
ne ne	11							
Miscellaneous Revenue		b						
Re		Q C	All other revenue					
Σ			Total. Add lines 11a-11d					
	12	J	Total revenue. See instructions		1,628,486.	0.	0.	80,185.
					, , , , , , , , , , , , , , , , , , , ,			

Part IX | Statement of Functional Expenses

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

D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	145,091.	48,364.	48,364.	48,363
_	trustees, and key employees	145,091.	40,304.	40,304.	40,303
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	795,202.	622,994.	15,207.	157,001
7	Other salaries and wages	133,404.	044,334.	13,401.	131,001
8	Pension plan accruals and contributions (include	8,514.	6,970.	264.	1 220
	section 401(k) and 403(b) employer contributions)	32,545.	24,325.	597.	1,280 7,623
9	Other employee benefits	65,920.	46,183.	4,831.	14,906
10	Payroll taxes	05,920.	40,103.	4,031.	14,500
11	Fees for services (nonemployees):				
	Management				
b	Legal	41,607.		41,607.	
C	Accounting	41,007.		41,007.	
	Lobbying Professional fundamining convices. See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	4,243.		4,243.	
f	Other. (If line 11g amount exceeds 10% of line 25,	1,213.		4,243	
g	column (A), amount, list line 11g expenses on Sch O.)	40,196.	5,124.	29,048.	6,024
10		40,1500	3,1210	25,040.	0,021
12 13	Advertising and promotion	12,666.	8,535.	1,847.	2,284
13 14	Office expenses	7,482.	6,422.	669.	391
14 15	Information technology	7,402.	0,122.	003.	3,51
16	Royalties	69,696.	65,267.	1,125.	3,304
10 17	Occupancy	2,812.	488.	907.	1,417
18	Payments of travel or entertainment expenses	2,0120	100.	3074	
10	· '				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	6,474.	6,394.	40.	40
22 23	· · · · · · · · · · · · · · · · · · ·	22,845.	19,133.	2,031.	1,681
23 24	Other expenses. Itemize expenses not covered	==,013.	=5, ±55.	2,0010	_,
_ 1	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	COMMUNICATION	75,411.	43,183.	4,602.	27,626
a b	TUTORING EXPENSES	40,165.	39,332.	645.	188
C	EMPLOYEE & VOLUNTEER DE	19,566.	16,155.	3,176.	235
d	BANK AND CREDIT CARD FE	16,313.	,	603.	15,710
	All other expenses	17,578.	12,857.	221.	4,500
25	Total functional expenses. Add lines 1 through 24e	1,424,326.	971,726.	160,027.	292,573
<u>25</u> 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)				
	11 10 10 11 11 1g CC1 30 2 (100 300 120)				Earm 990 (202

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			317,975.	1	2,982.
	2	Savings and temporary cash investments		378.	2	258.	
	3	Pledges and grants receivable, net		105,947.	3	582,131.	
	4	Accounts receivable, net			954.	4	520.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9				21,715.	9	18,605.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	54,657. 27,283.			
	b	Less: accumulated depreciation	10b	27,283.	999.	10c	27,374. 767,543.
	11	Investments - publicly traded securities		919,115.	11	767,543.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	1,367,083.	16	1,399,413.
	17	Accounts payable and accrued expenses			107,061.	17	56,693.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line				0.5	
		of Schedule D			107,061.	25	56,693.
	26	Total liabilities. Add lines 17 through 25		_ V	107,001.	26	30,093.
es		Organizations that follow FASB ASC 958, che	eck ner	e 🕨 🔼			
ũ	07	and complete lines 27, 28, 32, and 33.			894,916.	07	775,720.
3ala	27	Net assets with depay restrictions			365,106.	27 28	567,000.
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			303,100.	20	307,000.
Ξ			, CII	eck nere			
ō	200	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or e-				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		_	1,260,022.	32	1,342,720.
Z	32	Total net assets or fund balances			1,367,083.	33	1,399,413.
	00	Total nabilities and het assets/fullu baidifices .			=,00,,000	00	Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,62				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,42				
3	Revenue less expenses. Subtract line 2 from line 1	3			60.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,26	0,0	22.		
5	Net unrealized gains (losses) on investments	5	-12	<u>1,4</u>	<u>62.</u>		
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	1,34	2,7	20.		
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.			X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	X			
	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 Si	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						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 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. 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 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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)						1,851,616.
	Public support. Subtract line 5 from line 4.						3,601,682.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	404	16 500	10 020	1 520	22 002	60 E00
	and income from similar sources	404.	16,508.	18,038.	1,539.	33,093.	69,582.
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		32.	1,999.	1.		2,032.
	assets (Explain in Part VI.)		34.	1,999.	Τ.		5,524,912.
	Total support. Add lines 7 through 10	-1- (!11)			40	386,823.
12	'	•				12	300,023.
13	First 5 years. If the Form 990 is for the organization, check this box and stop	. la aua		•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I		<u>-</u>	column (f))		14	65.19 %
	Public support percentage from 2020					15	72.15 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances tes	_			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	` ′	,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital			1			
	assets (Explain in Part VI.)		-	 	-		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>	1	
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u> </u>	check this box and stop here						<u></u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box ar	-	-	•	• •		▶□
ł	o 33 1/3% support tests - 2020. If the	•			*		
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	▶

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		
3a		
3b		
_		
3с		
4-		
4a		
4b		
40		
4c		
5a		
5b		
5c		
c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
401		
10b		

Pai	t IV Su	pporting Organizations (continued)			
	•			Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а		tho directly or indirectly controls, either alone or together with persons described on lines 11b and			
		the governing body of a supported organization?	11a		
b		ember of a person described on line 11a above?	11b		
	•	trolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		
Sec		rpe I Supporting Organizations			
				Yes	No
1	Did the gov	verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supp	orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		operated, supervised, or controlled the organization's activities. If the organization had more than one supported in, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sec		/pe II Supporting Organizations			
		,,		Yes	No
1	Were a ma	ority of the organization's directors or trustees during the tax year also a majority of the directors			110
		of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		
Sec		I Type III Supporting Organizations			
				Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	_	n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		voice in the organization's investment policies and in directing the use of the organization's			
	-	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
Sec		rpe III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		organization satisfied the Activities Test. Complete line 2 below.	•		
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
c		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		est. Answer lines 2a and 2b below.		Yes	No
a		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		ivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ities but for the organization's involvement.	2b		
3		supported Organizations. Answer lines 3a and 3b below.			
а		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	_	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		anization 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.

132025 01-04-22

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e 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-functional	ly integra	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	_
<u> </u>	

TUTORING CHICAGO 36-3718141

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CAERUS FOUNDATION	1,684,106.	1,573,608.
NEX	150,000.	39,502.
POLK BROTHERS FOUNDATION	165,000.	54,502.
ABRA PRENTICE FOUNDATION	140,000.	29,502.
WELLINGTON MANAGEMENT CO	265,000.	154,502.
Total Excess Contributions to Schedule A, Part II, Line 5		1,851,616.

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
ū	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durin	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.					
contributor, during literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$\frac{1}{2}\$						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization	Employer identification number
TUTORING CHICAGO	36-3718141

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
1		\$ 65,000. Person Payroll Noncash (Complete Pa			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
2		\$ 698,365. Person Payroll Noncash (Complete Pa			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
3		\$ 35,000. Person Payroll Noncash (Complete Pa noncash cont	X — — irt II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
4	- Humo, dudi coo, dire zii 1 1	Person Payroll Noncash (Complete Pa	X — — irt II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
		Person Payroll Noncash (Complete Pa			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co			
		Person Payroll Noncash (Complete Pa	ırt II for		

Schedule B (Form 990) (2021)

Name of organization Employer identification number

TUTORING CHICAGO

36-3718141

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
23453 11-11-		<u> </u>	Schedule B (Form 990) (202			

Schedule B (Form 990) (2021) Name of organization Employer identification number 36-3718141 TUTORING CHICAGO

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the	he year	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line er	ntry. For organizations r less for the year, (Enter this info once)		
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Parti					
-		(e) Transfer of git			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(,	(-,	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
				_	
F		(e) Transfer of git	l ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
	_				

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

Inspection

Name of the organization

TUTORING CHICAGO

Employer identification number 36-3718141

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held	l in donor advised fun	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	F	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		onforcing concernati	
6	Starr and volunteer riours devoted to monitoring, inspecting,	mandling of violations, and	emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation ea	esements during the year
•	\$ \$ \$	and cine	noing conscivation ca	decine its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr		· ·	
	organization's accounting for conservation easements.	Ŭ		
Par	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, c	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that descr	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtheranc	e of public service,
	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 treatment			
	the following amounts required to be reported under FASB A	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tr	easures, c	or Other	r Similar A	ssets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t make siç	gnificant use o	of its		
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е								
С										
4	Provide a description of the organization's co	ollections and explain	how the	ev further t	he organizati	on's exem	not purpose in	Part XIII.		
5	During the year, did the organization solicit of	· ·		•	-					
	to be sold to raise funds rather than to be many		-		•			Yes		No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		or garnzatio	ir anoworda	100 0	omi oco, i ai		.	
	Is the organization an agent, trustee, custod		ary for c	ontribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII									
	Too, explain the arrangement in rate xiii	and complete the foll	owing a	2010.				Amou	nt	
•	Reginning balance						1c			
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
† 0-	Ending balance							Vaa		NI.
	Did the organization include an amount on F							Yes		No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u> L</u>	
rai	Lindowinient i dinds. Complete i	(a) Current year		ior year			d) Three years b	ack (a) En	ur years b	ack
		(a) Current year	(D) F1	ioi yeai	(C) TWO year	3 Dack (C	a) Tilloo yoars c	ack (e) 10	ur yours b	aun
	Beginning of year balance									
	Contributions				-					
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	j, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that	t are held a	and administe	red for the	e organization			
	by:	_					-		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations								1 1	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								1	
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		Part IV	line 11a. S	See Form 990). Part X. li	ne 10.			
	Description of property	(a) Cost or ot			or other		cumulated	(d) Bo	ok value	
	Description of property	basis (investm			(other)		eciation	(u) 50	ok value	
12	Land	,	,	24010	(- 3.13.)	асрі	- 2.4			
	Land									
	Buildings Leasehold improvements									
					1,661.		24,287.		27,37	7 Д
	Equipment		+		2,996.		2,996.		.,,,,,	0.
	o Other 2,996 2,996 0									
าบเส	- Aug mies la milough le. (Commin (a) Must e	iyuar i Uirii 330, Fdfl /	v. colulii	וווופוו. וווופ	100.1			. 4	.,,.,	- ·

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TUTORING CHI	CAGO	36-3718141	Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription	(b) Book v	alue
(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.	,		
Complete if the organization answered "Yes" of	n Form 990, Part IV. line	e 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	, ,	(b) Book v	alue
(1) Federal income taxes		(3) 2001.	
(2)			
(3)			
(4)			

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 X, col. (B) line 25.)	

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... X

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,546,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,848.		
	Prior year adjustments	امدا			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	104,089.		
е	Add lines 2a through 2d			2e	125,937.
3	Subtract line 2e from line 1			3	1,420,083.
4	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	4,243.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,243.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,424,326.

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:

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT

Part XIII Supplemental Information (continued)	
INFORMATION. THE ORGANIZATION BELIEVES	S THAT IT HAS APPROPRIATE SUPPORT
FOR THE POSITIONS TAKEN ON ITS RETURNS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVE	ENUES ON 990 -104,089.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVE	ENUES ON 990 104,089.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPELLING BEE	GOLF OUTING	3	(add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	83,712.	135,174.	61,977.	280,863.
	2	Less: Contributions	40,940.	43,650.	60,826.	145,416.
	3	Gross income (line 1 minus line 2)	42,772.	91,524.	1,151.	135,447.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs	6,084.	40,606.		46,690.
Direct Expenses	7	Food and beverages	26,271.	21,012.	1,151.	48,434.
	8	Entertainment	250. 1,796.	4,437.	2,481.	250. 8,714.
	9	Other direct expenses		•		104,088.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				31,359.
Pa	irt I					31,333.
		\$15,000 on Form 990-EZ, line 6a.		1000,1 art 17, mio 10, 01	roportou moro trium	
		·	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
	1	Gross revenue				
Expenses	2	Cash prizes				
ot Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
_	0	Net garning income summary. Subtract line 7	rrom line 1, column (a)	<u></u>		
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				•
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
b) I† "	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Scr	edule G (Form 990) 2021 TOTOKING CHICAGO 50-5	710) 1 4 1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	TUTORING	CHICAGO		36-3718141	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued	d)			

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

TUTORING CHICAGO

Employer identification number 36-3718141

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

THE DRAFT IRS FORM 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE EXECUTIVE DIRECTOR AND PROVIDED TO THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY QUESTIONNAIRE FORM IS COMPLETED AND SIGNED

BY EACH MEMBER OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE BOARD

REVIEWS ALL EMPLOYEES AND BOARD MEMBERS FOR CONFLICTS OF INTEREST. ANY

POTENTIAL CONFLICTS OF INTEREST ARE HANDLED ON A CASE-BY-CASE BASIS.

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

THE BOARD OF DIRECTORS PERFORMS A PERFORMANCE REVIEW AND APPROVES THE

SALARY FOR THE EXECUTIVE DIRECTOR ANNUALLY. THE BOARD DETERMINES

APPROPRIATE COMPENSATION BASED ON QUALIFICATIONS, EXPERIENCE, PEER

SALARIES, AND COMPARABILITY OF SIMILAR PERSONNEL IN COMPARABLE

ORGANIZATIONS.

THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2021

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JULY 31, 2022

Prepared for	TUTORING CHICAGO 2145 N HALSTED ST CHICAGO, IL 60614
Prepared by	WARADY & DAVIS LLP 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015
Amount due or refund	BALANCE DUE OF \$15.00
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	JANUARY 31, 2023
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POSTMARKED RECEIPTS FOR PROOF OF TIMELY FILING.

	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Revised 1/1
PMT	# Attorney General KWAME RAOUL State of II Charitable Trust Bureau, 100 West Rando		
	11th Floor, Chicago, Illinois 60601	ipii CO	# 01-021939
AMT	Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return
AIVIT	·	77	Audited Financial Statements
		Make Checks A	Copy of Form IFC
INIT	<u> </u>	the Illinois X	\$15.00 Annual Report Filing Fee
	& Ending 07/31/2022	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Federa	MO DAY YR		MO DAY YR
Are co	ontributions to the organization tax deductible? X Yes No Date Organization	ganization was created	d: 06/07/1990
	LEGAL	Year-end	
	NAME TUTORING CHICAGO	amounts	
	MAIL	A) ASSETS	A) \$ 1,399,413
l	DRESS 2145 N HALSTED ST	B) LIABILITIES	B) \$ 56,693
I	STATE CHICAGO, IL	C) NET ASSETS	C) \$ 1,342,720
	P CODE 60614 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
I.	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97.182%	D) \$ 1,683,748
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	2.818%	F) \$ 48,827
	1) OTHER THE VENOLO	2101070	10/02/
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,732,575
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
	I) EDUCATION PROGRAM SERVICE EXPENSE	63.577%	ı) \$ 971,726
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	63.577%	J) \$ 971,726
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	LIV. TOTAL CHARITARIE PROCEDAM OFFICIAL EVERNINITHE (ADD. LA IV)	63.577%	L) \$ 971,726
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	03.377%	L) \$ 971,726
	M) MANAGEMENT AND GENERAL EXPENSE	10.470%	M)\$ 160,027
	IVI) IVIAIVAGEIVIETT AND GENETIAE EXTENDE	10117070	100 02
	N) FUNDRAISING EXPENSE	25.953%	N) \$ 396,662
			, , ,
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,528,415
l	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		D) @
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0/	Q) \$
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	α, φ
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	:AK:	T) \$ 142,856
	T) NAME, TITLE: ERIN A MCPARTLIN, EXECUTIVE DIRECTOR U) NAME, TITLE: PATRICK MCCULLOCH, OPERATIONS DIRECTOR		U) \$ 83,949
	V) NAME, TITLE: KELLY FLIPPIN, DIR. OF MARKETING & DEVI	згормелт	V) \$ 97,432
\ ,,			List on back side of instructions
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	,	CODE
198091 04-01-21	W) DESCRIPTION: TUTORING		W)# 012
)91 O.	X) DESCRIPTION:		X) #
198(Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (iii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	WINTRUST BANK, 231 S LASALLE, CHICAGO, IL 60604			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ERIN MCPARTLIN - 312-397-9119			
AII	ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

HOWARD MEYER

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE JAMES ATKINSON SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE

KOSTA G. TCHOBANOV

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.	$\overline{\Box}$
When using Acrobat, select the Actual Size in the Adobe Philit dialog.	
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***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $\underline{AUG\ 1}$, 2021, and ending $\underline{JUL\ 31}$, 20 $\underline{22}$

2021

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

EIN or SSN Name of filer TUTORING CHICAGO 36-3718141 HOWARD MEYER Name and title of officer or person subject to tax CHAIR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **1,628,486.** Form 990 check here X 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize WARADY & DAVIS LLP 20452 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36999512738 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

<u> </u>	רטו נוו	2021 calendar year, or tax year beginning AOG 1, 2021 and o	ending U	<u>ОБ 31, 2022</u>	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		36-37181	41
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2145 N HALSTED ST		312-397-	9119
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,199,845.
	Amen return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:HOWARD MEYER		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
		te: WWW.TUTORINGCHICAGO.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: IL
	art I	Summary			<u> </u>
_	$\overline{1}$	Briefly describe the organization's mission or most significant activities: TUTOR	RING C	HICAGO DELI	VERS THE
Activities & Governance	-	POWER OF EDUCATION THROUGH ONE-TO-ONE TU	TORING	·	
'n	2	Check this box if the organization discontinued its operations or dispos			ssets
ĕ				3	19
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			19
တွ လ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			30
įŧį		Total number of volunteers (estimate if necessary)			1136
냚		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.
	 ~			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,030,058.	1,548,301.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,748.	48,827.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,151.	31,358.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,096,957.	1,628,486.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,960.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		927,750.	1,047,272.
Se	162			0.	0.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e)	73.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,598.	377,054.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,252,308.	1,424,326.
		Revenue less expenses. Subtract line 18 from line 12		-155,351.	204,160.
Or or	3	Trovende 1888 expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		1,367,083.	1,399,413.
ASS	21	Total liabilities (Part X, line 26)		107,061.	56,693.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,260,022.	1,342,720.
P	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,, ,
	,,	A sompton books and the property (canon main concern) to be about an arminom or min	p. opa. o.	l l	
Sig	ın	Signature of officer		Date	
He		NOWARD MEYER, CHAIR			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai	d	KOSTA G. TCHOBANOV	1	.1/28/22 if self-employ	P01302744
	parer	Firm's name WARADY & DAVIS LLP	-	Firm's EIN	36-2170602
	Only	Firm's address 1717 DEERFIELD RD SUITE 300S		THIIISLIN	
	,	DEERFIELD, IL 60015		Phone no (8	47)267-9600
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		1 Holle Ho. (0	X Yes No
ivid	y uitel	TO GISCUSS THIS TELUTE WITH THE PREPARET SHOWIT ADDIVE! SEE HISTIACHOLIS			100 100

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 971,726 • including grants of \$ 0 •) (Revenue \$
-t a	TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING. THE ORGANIZATION DOES THIS BY PROVIDING FREE TUTORING ON A
	WEEKLY BASIS THROUGHOUT THE SCHOOL YEAR BY MATCHING OVER 1000
	WELL-TRAINED ADULT VOLUNTEER TUTORS WITH APPROXIMATELY 1000
	CHICAGO-AREA CHILDREN IN GRADES ONE THROUGH EIGHT WHO ARE STRUGGLING
	WITH FINANCIAL BARRIERS. THE PROGRAMS FOCUS ON IMPROVING LITERACY
	LEVELS, MATH SKILLS AND CONCEPTS, SOCIAL EMOTIONAL LEARNING AND
	TECHNOLOGY COMPETENCIES. THE ORGANIZATION TYPICALLY OPERATES ITS TUTORING PROGRAM IN FOUR CHICAGO COMMUNITIES; NEAR NORTH, LOGAN SQUARE,
	NEAR WEST, AND GREATER HYDE PARK. AS OF FALL 2022, THE ORGANIZATION
	PROVIDES IN-PERSON TUTORING AT TWO FACILITIES AND DIGITAL TUTORING FOR
	THOSE WHO PREFER TUTORING REMOTELY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	
4d 	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 971,726 •

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	
_					
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 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		x	
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		X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 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	X		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V	
4-	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	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
b		20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х	

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Part 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			
	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	 		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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	270		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			37
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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?			
	"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			
	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			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Check is consequie o contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		. 50	.40
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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?	2 b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
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	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).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
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										
	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).		37								
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	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		 ₩							
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1							
9 h											
8											
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.	8									
а											
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 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	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.	10-									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans										
•	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		├ <u></u>							
15											
-	excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.											
16											
	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.										

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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.

0						Δ				
Sec	tion A. Governing Body and Management									
		1 1	1 A E		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a -	19							
	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	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?									
3	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?									
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···	Ť						
	more members of the governing body?			7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		··· −							
~	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye									
		· ·		8a	Х					
a			- 1	8b	X					
b	Each committee with authority to act on behalf of the governing body?		··· ├	อม						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconstruction in a section of the sect					Х				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Coae.)			.,					
			г		Yes	No X				
	Did the organization have local chapters, branches, or affiliates?		F	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of									
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot }$			10b	37					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	? Ľ	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		L	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe								
	on Schedule O how this was done		L	12c	Х					
13	Did the organization have a written whistleblower policy?		L	13	X					
14	Did the organization have a written document retention and destruction policy?		L	14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official		<u>L</u>	15a	Х					
b	Other officers or key employees of the organization		[·	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?		•	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	· ·								
	exempt status with respect to such arrangements?		[-	16b						
Sec	tion C. Disclosure									
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, a	and 990-T (section 501(c	c)(3)s	only)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,		,						
		on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and	finar	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records								
	ERIN MCPARTLIN - 312-397-9119									
	2145 N HALSTED ST, CHICAGO, IL 60614									

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.

oxdet 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) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated transplayer	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HOWARD MEYER	1.00	ļ ,,		3,						0
CHAIR	1 00	Х		Х				0.	0.	0.
(2) THOMAS STERNBERG	1.00	X		x				0.	0.	_
VICE CHAIR	1.00	^		^				0.	0.	0.
(3) WILLIAM JOHNSON DIRECTOR	1.00	x						0.	0.	0.
(4) JAMES ATKINSON	1.00	123								
TREASURER	1100	x		x				0.	0.	0.
(5) MARC MCCALLISTER	1.00									
DIRECTOR		X						0.	0.	0.
(6) MARGARET SCANLAN	1.00							-		
DIRECTOR (THROUGH APRIL 2022)		X						0.	0.	0.
(7) MICHAEL KING	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) MEGAN MILICH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ISAIAH BROOMS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CHRISTOPHER CASSATA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ZACH FISHMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) JOHN KRUPER	1.00	ļ								
DIRECTOR (THROUGH MAY 2022)	1 00	Х						0.	0.	0.
(13) KATHERINE SMITH	1.00	١								_
DIRECTOR (THROUGH NOVEMBER 2021)	1 00	Х						0.	0.	0.
(14) KATIE WELSH	1.00	ļ ,,								_
DIRECTOR	1 00	Х						0.	0.	0.
(15) TAYLOR WILLIAMS	1.00	x						0.	0.	_
DIRECTOR (THROUGH NOVEMBER 2021)	1.00	^						0.	0.	0.
(16) HAWKE YOONE DIRECTOR	1.00	x						0.	0.	0.
(17) ALFRED BROWN	1.00	┝		\vdash		\vdash		0.	"	•
DIRECTOR	1.00	X						0.	0.	0.
120007 10 00 01	1									Form 990 (2021)

Form **990** (2021)

(24) SHAWN WEEMS 1.00	Form 990 (2021) TUTORING	CHICAG)							36-37	718	141	Pa	ige 8
Name and title Average Pours for week Pours for week Reportable Compensation from the organization of other organization Pours for related Pours for relat	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
TOURS per work for the component of the													(F)	
TOURS DEF Compensation Compens	Name and title	Average	(do					one	Reportable	Reportable		Est	imate	d
Compensation Comp		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		am	ount o	of
Nour For			offic	cer ar	nd a d	irecto	or/trus	itee)	from	from related		(other	
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		, ,	ector						the	organizations	S	comp	ensat	tion
TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			or dir	a)			rted		_	,	C/			
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TIBLE DERRICK JOHNSON 1.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		~	al tru	onal t		loyee	E co		1099-NEC)					
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SECRETARY X X 0	(10) PERFECT TOURISM	,	트	Ë	5	ş.	主旨	요						
LAUREN MARTINEZ 1.00 X		1.00	v		v				0		0			Λ
X 0		1 00	^		^		\vdash				٠.			<u> </u>
Cab DIRECTOR DIRECTOR DIRECTOR DIRECTOR TREVOICE WILLIS II 1.00 DIRECTOR TREVOICE MULLIS II 1.00 DIRECTOR TREVOICE MULLIS II 1.00 DIRECTOR DIRECTO		1.00	x						0.		0.			0.
DIRECTOR X		1.00									•			
Case Section B. Independent Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the organization. Report compensation for the calendar year ending with or within the organization is tax year. Case		<u> </u>	x						0.		0.			0.
DIRECTOR (THROUGH JULY 2022) X		1.00												
Ca2) ERISHA HUNT			x						0.		0.			0.
DIRECTOR X		1.00												
Case Sakin Ruhana 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		100	x						0.		0.			0.
DIRECTOR		1.00												
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's services.	DIRECTOR		Х						0.		0.			0.
1 Subtotal	(24) SHAWN WEEMS	1.00												
1b Subtotal	DIRECTOR		Х						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1	(25) ERIN MCPARTLIN	40.00												
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No	EXECUTIVE DIRECTOR				Х				140,098.		0.		61	L9.
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No									110 000					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1 1 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None (B) Compensation Compensation	***************************************												6.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No	c Total from continuation sheets to Part VI	I, Section A							• •					_
compensation from the organization Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. A								<u> </u>	<u> </u>				6.	<u> 19.</u>
Yes No	,	ot limited to th	ose	liste	ed al	bov	e) wl	no r	received more than \$100	0,000 of reportabl	е			1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 None and business address None 1 Description of services Compensation Compensation	compensation from the organization												Vaa	_
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 None and business address (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	0 5:11										ı		res	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than														v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		=		-						-		4		x
rendered to the organization? If "Yes," complete Schedule J for such person												4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	* *	•				-			-			5		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		piete Cerredar	00.	0, 0,	3011	<i>p</i> 0	3011							
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100.000 of com	pens	ation fr	om	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		•	•							·				
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												(C)	
	Name and business	address	NC	INC	3				Description of s	services	С	omper	satior	1
								_						
								_						
			ot li	mite	d to		_	stec	d above) who received n	nore than				

Form **990** (2021)

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				,	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω								000110110 0 12 0 1 1
			Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	4.5.446				
ŁŚ,	C	С	Fundraising events1c	145,416.				
a	(d	Related organizations 1d					
S,	6	е	Government grants (contributions) 1e					
öß	f	f	All other contributions, gifts, grants, and					
토	•			402,885.				
호텔	_		· · · · · · · · · · · · · · · · · · ·	7,950.				
ig g					1,548,301.			
OB	r	h_	Total. Add lines 1a-1f	1	1,340,301.			
				Business Code				
ဗ	2 8	а						
اه ڲ	k	b						
S Z	(С						
e al	,	d						
g &		_						
Program Service Revenue			All other programs as wise very					
	'		All other program service revenue					
$\overline{}$			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		22 222			22 222
			other similar amounts)		33,093.			33,093.
	4		Income from investment of tax-exempt bond	oroceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 :	a	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7 a	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 483,004.	,				
	k		Less: cost or other basis					
ne			and sales expenses	,				
l e			Gain or (loss) 7c 15,734.					
ther Revenue			Net gain or (loss)	•	15,734.			15,734.
ē			Gross income from fundraising events (not					
ξ	0 6		including \$ 145,416. of					
0								
			contributions reported on line 1c). See	125 445				
				135,447.				
	k	b	Less: direct expenses 8b	104,089.				
	(С	Net income or (loss) from fundraising events		31,358.			31,358.
	9 a	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
	ŀ		Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
				<u> </u>				
	10 a		Gross sales of inventory, less returns					
			and allowances 10a	<u> </u>				
	k	b	Less: cost of goods sold 10	o				
		С	Net income or (loss) from sales of inventory .	>				
s				Business Code				
ő "	11 a	а						
au u		b						
Miscellaneous Revenue		c						
Res			All other revenue					
Σ			All other revenue					
			Total. Add lines 11a-11d		1 620 406	^	0	00 10E
	12		Total revenue. See instructions	<u></u>	1,628,486.	0.	0.	80,185.

Part IX | Statement of Functional Expenses

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

D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	145,091.	48,364.	48,364.	48,363
_	trustees, and key employees	145,091.	40,304.	40,304.	40,303
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	795,202.	622,994.	15,207.	157,001
7	Other salaries and wages	133,404.	044,334.	13,401.	131,001
8	Pension plan accruals and contributions (include	8,514.	6,970.	264.	1 220
	section 401(k) and 403(b) employer contributions)	32,545.	24,325.	597.	1,280 7,623
9	Other employee benefits	65,920.	46,183.	4,831.	14,906
10	Payroll taxes	05,920.	40,103.	4,031.	14,500
11	Fees for services (nonemployees):				
	Management				
b	Legal	41,607.		41,607.	
C	Accounting	41,007.		41,007.	
	Lobbying Professional fundamining convices. See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	4,243.		4,243.	
f	Other. (If line 11g amount exceeds 10% of line 25,	1,213.		4,243	
g	column (A), amount, list line 11g expenses on Sch O.)	40,196.	5,124.	29,048.	6,024
10		40,1500	3,1210	25,040.	0,021
12 13	Advertising and promotion	12,666.	8,535.	1,847.	2,284
13 14	Office expenses	7,482.	6,422.	669.	391
14 15	Information technology	7,402.	0,122.	003.	3,51
16	Royalties	69,696.	65,267.	1,125.	3,304
10 17	Occupancy	2,812.	488.	907.	1,417
18	Payments of travel or entertainment expenses	2,0120	100.	3074	
10	· '				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	6,474.	6,394.	40.	40
22 23	· · · · · · · · · · · · · · · · · · ·	22,845.	19,133.	2,031.	1,681
23 24	Other expenses. Itemize expenses not covered	==,013.	=5, ±55.	2,0010	_,
_ 1	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	COMMUNICATION	75,411.	43,183.	4,602.	27,626
a b	TUTORING EXPENSES	40,165.	39,332.	645.	188
C	EMPLOYEE & VOLUNTEER DE	19,566.	16,155.	3,176.	235
d	BANK AND CREDIT CARD FE	16,313.	,	603.	15,710
	All other expenses	17,578.	12,857.	221.	4,500
25	Total functional expenses. Add lines 1 through 24e	1,424,326.	971,726.	160,027.	292,573
<u>25</u> 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)				
	11 10 10 11 11 11 00 00 10 10 10 10 10				Earm 990 (202

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		317,975.	1	2,982.	
	2	Savings and temporary cash investments	378.	2	258.		
	3	Pledges and grants receivable, net	105,947.	3	582,131.		
	4	Accounts receivable, net			954.	4	520.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			21,715.	9	18,605.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	54,657. 27,283.			
	b	Less: accumulated depreciation	10b	27,283.	999.	10c	27,374. 767,543.
	11	Investments - publicly traded securities			919,115.	11	767,543.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	1,367,083.	16	1,399,413.
	17	Accounts payable and accrued expenses			107,061.	17	56,693.
	18	8 Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line				0.5	
		of Schedule D			107,061.	25	56,693.
	26	Total liabilities. Add lines 17 through 25		_ V	107,001.	26	30,093.
es		Organizations that follow FASB ASC 958, che	eck ner	e 🕨 🔼			
ũ	07	and complete lines 27, 28, 32, and 33.			894,916.	07	775,720.
3ala	27	Net assets with depay restrictions			365,106.	27 28	567,000.
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			303,100.	20	307,000.
Ξ			, CII	eck nere			
ō	200	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or e-				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		_	1,260,022.	32	1,342,720.
Z	32	Total net assets or fund balances			1,367,083.	33	1,399,413.
	00	Total nabilities and het assets/fullu baidifices .			=,00,,000	00	Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	20 1,26		60.
4	3				
5	J ()				
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	1,34	2,7	20.
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	X	
	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 Si	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 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. 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 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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)						1,851,616.
	Public support. Subtract line 5 from line 4.						3,601,682.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	404	16 500	10 020	1 520	22 002	60 E00
	and income from similar sources	404.	16,508.	18,038.	1,539.	33,093.	69,582.
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		32.	1,999.	1.		2,032.
	assets (Explain in Part VI.)		34.	1,999.	Τ.		5,524,912.
	Total support. Add lines 7 through 10	-1- (!11	\			40	386,823.
12	'	•				12	300,023.
13	First 5 years. If the Form 990 is for the organization, check this box and stop	. la aua		•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I		<u>-</u>	column (f))		14	65.19 %
	Public support percentage from 2020					15	72.15 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances tes	_			-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	` ′	,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital			1			
	assets (Explain in Part VI.)		-	 	-		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>	1	
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u> </u>	check this box and stop here						<u></u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box ar	-	-	•	• •		▶□
ł	o 33 1/3% support tests - 2020. If the	•			*		
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	▶

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		
3a		
3b		
_		
3c		
4-		
4a		
4b		
40		
4c		
5a		
5b		
5c		
c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
401		
10b		

Pai	t IV Su	pporting Organizations (continued)			
	•			Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а		tho directly or indirectly controls, either alone or together with persons described on lines 11b and			
		the governing body of a supported organization?	11a		
b		ember of a person described on line 11a above?	11b		
	•	trolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		
Sec		rpe I Supporting Organizations			
				Yes	No
1	Did the gov	verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supp	orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		operated, supervised, or controlled the organization's activities. If the organization had more than one supported in, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sec		/pe II Supporting Organizations			
		,,		Yes	No
1	Were a ma	ority of the organization's directors or trustees during the tax year also a majority of the directors			110
		of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		
Sec		I Type III Supporting Organizations			
				Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	_	n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		voice in the organization's investment policies and in directing the use of the organization's			
	-	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
Sec		rpe III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		organization satisfied the Activities Test. Complete line 2 below.	•		
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
c		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		est. Answer lines 2a and 2b below.		Yes	No
a		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		ivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ties but for the organization's involvement.	2b		
3		supported Organizations. Answer lines 3a and 3b below.			
а		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	_	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		anization 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.

132025 01-04-22

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations			
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	complet	e 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-functional	ly integra	ated Type III supporting orga	anization (see		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	_
<u> </u>	

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
· ·	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization	Employer identification number
TUTORING CHICAGO	36-3718141

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
1		\$ 65,000. Person Payroll Noncash (Complete Pa				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
2		\$ 698,365. Person Payroll Noncash (Complete Pa				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
3		\$ 35,000. Person Payroll Noncash (Complete Pa noncash cont	X — — irt II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
4	- Humo, dudicoo, and Emilia	Person Payroll Noncash (Complete Pa	X — — irt II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
		Person Payroll Noncash (Complete Pa				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co				
		Person Payroll Noncash (Complete Pa	ırt II for			

Schedule B (Form 990) (2021)

Name of organization Employer identification number

TUTORING CHICAGO

36-3718141

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-11-	<u> </u>	<u> </u>	Schedule B (Form 990) (202

Schedule B (Form 990) (2021) Name of organization Employer identification number 36-3718141 TUTORING CHICAGO

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the	he year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line er	ntry. For organizations r less for the year, (Enter this info. once) \$	
	Use duplicate copies of Part III if additional	space is needed.	Little and mio. onoc.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Parti				
-		(e) Transfer of gi		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(,	(-,	(4) 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
F		(e) Transfer of gi	l ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Γ		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee	
	-			
				

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

Inspection

Name of the organization

TUTORING CHICAGO

Employer identification number 36-3718141

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held	l in donor advised fun	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	F	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		onforcing concernati	
6	Starr and volunteer riours devoted to monitoring, inspecting,	mandling of violations, and	emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation ea	esements during the year
•	\$ \$ \$	and cine	noing conscivation ca	decine its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr		· ·	
	organization's accounting for conservation easements.	Ŭ		
Par	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, c	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that descr	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtheranc	e of public service,
	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 treatment			
	the following amounts required to be reported under FASB A	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tr	easures, c	or Other	r Similar A	ssets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t make siç	gnificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how the	ev further t	he organizati	on's exem	not purpose in	Part XIII.		
5	During the year, did the organization solicit of	· ·		•	-					
	to be sold to raise funds rather than to be many		-		•			Yes		No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		or garnzatio	ir anoworda	100 0	omi oco, i ai		.	
	Is the organization an agent, trustee, custod		ary for c	ontribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII									
	Too, explain the arrangement in rate xiii	and complete the foll	owing a	2010.				Amou	nt	
•	Reginning balance						1c			
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
t O-	Ending balance							Vaa		NI.
	Did the organization include an amount on F							Yes		No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u> L</u>	
rai	Lindowinient i dinds. Complete i	(a) Current year		ior year			d) Three years b	ack (a) En	ur years b	ack
		(a) Current year	(D) F1	ioi yeai	(C) TWO year	3 Dack (C	a) Tilloo yoara c	ack (e) 10	ur yours b	aun
	Beginning of year balance									
	Contributions				-					
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	j, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that	t are held a	and administe	red for the	e organization			
	by:	_					-		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations								1 1	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								1	
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		Part IV	line 11a. S	See Form 990). Part X. li	ne 10.			
	Description of property	(a) Cost or ot			or other		cumulated	(d) Bo	ok value	
	Description of property	basis (investm			(other)		eciation	(u) 50	ok value	
12	Land	,	,	24010	(- 3.13.)	асрі	- 2.4			
	Land									
	Buildings Leasehold improvements									
					1,661.		24,287.		27,37	7 Д
	Equipment		+		2,996.		2,996.		.,,,,,	0.
	Other		(colum	n (R) line			<u> </u>	-	27,37	
าบเส	- Aug mies la milough le. (Commin (a) Must e	iyuar i Uirii 330, Fdfl /	v. colulii	וווופוו. וווופ	100.7			. 4	.,,.,	- ·

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TUTORING CHI	CAGO	36-3718141	Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription	(b) Book v	alue
(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.	,		
Complete if the organization answered "Yes" of	n Form 990, Part IV. line	e 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	, ,	(b) Book v	alue
(1) Federal income taxes		(3) 2001.	
(2)			
(3)			
(4)			

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 X, col. (B) line 25.)	

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... X

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,546,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,848.		
	Prior year adjustments	امدا			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	104,089.		
е	Add lines 2a through 2d			2e	125,937.
3	Subtract line 2e from line 1			3	1,420,083.
4	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	4,243.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,243.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,424,326.

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:

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT

Part XIII Supplemental Information (continued)	
INFORMATION. THE ORGANIZATION BELIEVES	S THAT IT HAS APPROPRIATE SUPPORT
FOR THE POSITIONS TAKEN ON ITS RETURNS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVE	ENUES ON 990 -104,089.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVE	ENUES ON 990 104,089.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization TUTORING CHICAGO 36-3718141 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			SPELLING BEE	GOLF OUTING	3	(add col. (a) through			
ē			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	83,712.	135,174.	61,977.	280,863.			
	2	Less: Contributions	40,940.	43,650.	60,826.	145,416.			
	3	Gross income (line 1 minus line 2)	42,772.	91,524.	1,151.	135,447.			
	4	Cash prizes							
SS	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	6,084.	40,606.		46,690.			
irect E	7	Food and beverages	26,271.	21,012.	1,151.	48,434.			
	8	Entertainment	250. 1,796.	4,437.	2,481.	250. 8,714.			
	9	Other direct expenses		•		104,088.			
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				31,359.			
Pa	irt l					31,333.			
		\$15,000 on Form 990-EZ, line 6a.		1000,1 art 17, mio 10, 01	roportou moro trium				
		·	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
3eve									
	1	Gross revenue							
Expenses	2	Cash prizes							
ot Expe	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	∟ No	└── No	└── No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_				
_	0	Net garning income summary. Subtract line 7	rrom line 1, column (a)	<u></u>					
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:						
		the organization licensed to conduct gaming a	-	states?		Yes No			
		No," explain:				•			
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No			
b) I† "	Yes," explain:							

Schedule G (Form 990) 2021

132082 10-21-21

Scr	edule G (Form 990) 2021 TOTOKING CHICAGO 50-5	710) 1 4 1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	TUTORING	CHICAGO		36-3718141	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued	d)			

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

TUTORING CHICAGO

Employer identification number 36-3718141

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

THE DRAFT IRS FORM 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE EXECUTIVE DIRECTOR AND PROVIDED TO THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY QUESTIONNAIRE FORM IS COMPLETED AND SIGNED

BY EACH MEMBER OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE BOARD

REVIEWS ALL EMPLOYEES AND BOARD MEMBERS FOR CONFLICTS OF INTEREST. ANY

POTENTIAL CONFLICTS OF INTEREST ARE HANDLED ON A CASE-BY-CASE BASIS.

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

THE BOARD OF DIRECTORS PERFORMS A PERFORMANCE REVIEW AND APPROVES THE

SALARY FOR THE EXECUTIVE DIRECTOR ANNUALLY. THE BOARD DETERMINES

APPROPRIATE COMPENSATION BASED ON QUALIFICATIONS, EXPERIENCE, PEER

SALARIES, AND COMPARABILITY OF SIMILAR PERSONNEL IN COMPARABLE

ORGANIZATIONS.

THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2021

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Revised 1/1
PMT	# Attorney General KWAME RAOUL State of II Charitable Trust Bureau, 100 West Rando		
	11th Floor, Chicago, Illinois 60601	ipii CO	# 01-021939
AMT	Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return
AIVIT	·	77	Audited Financial Statements
		Make Checks A	Copy of Form IFC
INIT	<u> </u>	the Illinois X	\$15.00 Annual Report Filing Fee
	& Ending 07/31/2022	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Federa	MO DAY YR		MO DAY YR
Are co	ontributions to the organization tax deductible? X Yes No Date Or	ganization was created	d: 06/07/1990
	LEGAL	Year-end	
	NAME TUTORING CHICAGO	amounts	
	MAIL	A) ASSETS	A) \$ 1,399,413
l	DRESS 2145 N HALSTED ST	B) LIABILITIES	B) \$ 56,693
I	STATE CHICAGO, IL	C) NET ASSETS	C) \$ 1,342,720
	P CODE 60614 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
I.	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97.182%	D) \$ 1,683,748
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	2.818%	F) \$ 48,827
	1) OTHERNEEVENOLO	2101070	10/02/
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,732,575
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
	I) EDUCATION PROGRAM SERVICE EXPENSE	63.577%	ı) \$ 971,726
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	63.577%	J) \$ 971,726
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	LIV. TOTAL CHARITARIE PROCEDAM OFFICIAL EVERNINITHE (ADD. LA IV)	63.577%	L) \$ 971,726
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	03.377%	L) \$ 971,726
	M) MANAGEMENT AND GENERAL EXPENSE	10.470%	M)\$ 160,027
	IVI) IVIAIVAGEIVIETT AND GENETIAE EXTENDE	10117070	100 02
	N) FUNDRAISING EXPENSE	25.953%	N) \$ 396,662
			, , ,
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,528,415
l	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		D) @
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0/	Q) \$
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	α, φ
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	:AK:	T) \$ 142,856
	T) NAME, TITLE: ERIN A MCPARTLIN, EXECUTIVE DIRECTOR U) NAME, TITLE: PATRICK MCCULLOCH, OPERATIONS DIRECTOR		U) \$ 83,949
	V) NAME, TITLE: KELLY FLIPPIN, DIR. OF MARKETING & DEVI	згормелт	V) \$ 97,432
\ ,,			List on back side of instructions
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	,	CODE
198091 04-01-21	W) DESCRIPTION: TUTORING		W)# 012
)91 O.	X) DESCRIPTION:		X) #
198(Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (iii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	WINTRUST BANK, 231 S LASALLE, CHICAGO, IL 60604			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ERIN MCPARTLIN - 312-397-9119			
AII	ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

HOWARD MEYER

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE JAMES ATKINSON SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE

KOSTA G. TCHOBANOV

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE

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

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 Inspection

<u>A</u>	For th	e 2021 calendar year, or tax year beginning AUG I, ZUZI and	ending J	<u>UL 31, 2022</u>					
В	Check if applicab	C Name of organization		D Employer identific	cation number				
	Addre chang								
L	Name chan	Doing business as		36-37181	<u>41 </u>				
	Initial returr Final	21/5 או שאופתפום פת	Room/suite	E Telephone numbe 312-397-					
	—lreturr termi	/-			2,199,845.				
Г	ated Amer returr	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60614		G Gross receipts \$ H(a) Is this a group re					
F	Appli			for subordinates					
	⊥ltiòn pend	SAME AS C ABOVE		H(b) Are all subordinates in					
_	Toy ov	empt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)$	or 527	1	list. See instructions				
		te: NWW.TUTORINGCHICAGO.ORG	01 321	1,					
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: IL				
	art I	Summary	L Teal	or formation. 1996	1 State of legal doffliche, 11				
		Briefly describe the organization's mission or most significant activities: TUTO	RING C	HICAGO DELT	VEDS THE				
& Governance	1	POWER OF EDUCATION THROUGH ONE-TO-ONE TU			VERD THE				
rns	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	19				
ر مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			19				
Se Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			30				
Activities	6	Total number of volunteers (estimate if necessary)			1136				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
۹		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		1,030,058.	1,548,301.				
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,748.	48,827.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,151.	31,358.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,096,957.	1,628,486.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,960.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		927,750.	1,047,272.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ę	b	Total fundraising expenses (Part IX, column (D), line 25) 292,5	73.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,598.	377,054.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,252,308.	1,424,326.				
	19	Revenue less expenses. Subtract line 18 from line 12		-155,351.	204,160.				
Or Sec			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		1,367,083.	1,399,413.				
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)		107,061.	56,693.				
	22	Net assets or fund balances. Subtract line 21 from line 20		1,260,022.	1,342,720.				
P	art II	Signature Block							
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.					
Sig	n	Signature of officer		Date					
Here NOWARD MEYER, CHAIR									
		Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
Pai	d	KOSTA G. TCHOBANOV	1	1/28/22 if self-employs	P01302744				
Pre	parer	Firm's name ► WARADY & DAVIS LLP		Firm's EIN ▶	36-2170602				
Use	Only	Firm's address 1717 DEERFIELD RD SUITE 300S	<u> </u>						
		DEERFIELD, IL 60015		Phone no. (8	47)267-9600				
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				
1320	001 12-	19-21 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2021)				

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 971,726 • including grants of \$ 0 •) (Revenue \$
-t a	TUTORING CHICAGO DELIVERS THE POWER OF EDUCATION THROUGH ONE-TO-ONE
	TUTORING. THE ORGANIZATION DOES THIS BY PROVIDING FREE TUTORING ON A
	WEEKLY BASIS THROUGHOUT THE SCHOOL YEAR BY MATCHING OVER 1000
	WELL-TRAINED ADULT VOLUNTEER TUTORS WITH APPROXIMATELY 1000
	CHICAGO-AREA CHILDREN IN GRADES ONE THROUGH EIGHT WHO ARE STRUGGLING
	WITH FINANCIAL BARRIERS. THE PROGRAMS FOCUS ON IMPROVING LITERACY
	LEVELS, MATH SKILLS AND CONCEPTS, SOCIAL EMOTIONAL LEARNING AND
	TECHNOLOGY COMPETENCIES. THE ORGANIZATION TYPICALLY OPERATES ITS TUTORING PROGRAM IN FOUR CHICAGO COMMUNITIES; NEAR NORTH, LOGAN SQUARE,
	NEAR WEST, AND GREATER HYDE PARK. AS OF FALL 2022, THE ORGANIZATION
	PROVIDES IN-PERSON TUTORING AT TWO FACILITIES AND DIGITAL TUTORING FOR
	THOSE WHO PREFER TUTORING REMOTELY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	
4d 	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 971,726 •

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	-		
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		x
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
4-	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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part 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			
	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			, .
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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?	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
٠.	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	24		x
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u></u>
~	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_ v	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 4	Check if Schedule O contains a response or note to any line in this Part V			
	STOCK II CONCOUNCE CONTRAINS A 100pondo or noto to any lino in this t art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		1.55	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2021) TUTORING CHICAGO

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 30								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	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		Х					
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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	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).		37						
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	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X					
	to file Form 8282?	7c		Λ					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ŭ	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
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 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	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.								
а	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 13b								
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed tenning convices during the tay year?	110		Х					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 T D							
	excess parachute payment(s) during the year?								
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?									
	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.								

7

Form **990** (2021) 0 0 0 1 5 0 H1

TUTORING CHICAGO 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.

						Λ				
Sec	tion A. Governing Body and Management									
		1.1	1 0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19							
	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.		1							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19							
2	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		X				
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or								
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or								
	persons other than the governing body?		L	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:								
а	The governing body?		[8a	X					
b	Each committee with authority to act on behalf of the governing body?		[8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		[10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such or	chapters, affiliates,								
	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 bo	dy before filing the forr	n?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				Х					
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		[12b	X					
С	$ \ \text{Did the organization regularly and consistently monitor and enforce compliance with the policy?} \textit{If } ^{\text{\tiny II}}$	Yes," describe								
	on Schedule O how this was done		[12c	X					
13	Did the organization have a written whistleblower policy?		[13	X					
14	Did the organization have a written document retention and destruction policy?		L	14	X					
15	Did the process for determining compensation of the following persons include a review and appro-	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization		[15b		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 arrange	ement with a								
	taxable entity during the year?		[16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anization's								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
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)) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
		n on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest polic	y, and	l finar	ncial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records <a> _								
	ERIN MCPARTLIN - 312-397-9119 2145 N HALSTED ST CHICAGO II. 60614									
	ZIAN MERAKSTRU ST. CRICAGO II. NUNIA									

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.

ot 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.

Nours per Nour	(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
CHAIR		week	box offi	, unle	ss pe	rson	is bot	h an	from	from related	other
1.00		hours for related organizations below line)	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization and related
C2		1.00								_	•
VICE CHAIR		1 00	X		X				0.	0.	0.
(3) WILLIAM JOHNSON	, - ,	1.00	١,,		,,						0
DIRECTOR		1 00	X		X				0.	0.	0.
(4) JAMES ATKINSON		1.00	١,,								0
TREASURER		1 00	X						0.	0.	0.
The transfer of the color of		1.00	ļ ,,		3,7						0
DIRECTOR		1 00	X		A		_		0.	0.	0.
Column		1.00	₩							_	0
DIRECTOR (THROUGH APRIL 2022)		1 00	Α.						0.	0.	0.
The content of the color of t		1.00	₩.							_	0
DIRECTOR		1 00	^				\vdash		0.	0.	0.
REGAN MILICH		1.00	₩.						0	_	n
DIRECTOR X		1 00	^						0.	0.	0.
Table Tabl		1.00	v						<u> </u>	n	n
DIRECTOR		1.00	122						0.	0.	<u> </u>
Color Christopher Cassata Color Color		1.00	x						0.	0.	0.
DIRECTOR X		1.00	123						0.	•	•
1.00 DIRECTOR			x						0.	0.	0.
DIRECTOR X		1.00	 						•	•	•
DIRECTOR (THROUGH MAY 2022) X			X						0.	0.	0.
1.00	(12) JOHN KRUPER	1.00									<u> </u>
1.00 X 0.	DIRECTOR (THROUGH MAY 2022)		X						0.	0.	0.
1.00 1.00 0.	(13) KATHERINE SMITH	1.00									
DIRECTOR X	DIRECTOR (THROUGH NOVEMBER 2021)		X						0.	0.	0.
1.00 X 0. 0. 0. 0. 0. 0.		1.00									
DIRECTOR (THROUGH NOVEMBER 2021) X	DIRECTOR		Х						0.	0.	0.
(16) HAWKE YOONE 1.00 DIRECTOR X (17) ALFRED BROWN 1.00	(15) TAYLOR WILLIAMS	1.00									
DIRECTOR X 0. 0. 0. (17) ALFRED BROWN 1.00	DIRECTOR (THROUGH NOVEMBER 2021)		X						0.	0.	0.
(17) ALFRED BROWN 1.00	(16) HAWKE YOONE	1.00									
	DIRECTOR		Х						0.	0.	0.
DIRECTOR X 0. 0.	(17) ALFRED BROWN	1.00									
	DIRECTOR		Х	L	L	L	L	L	0.	0.	0.

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Section A. Officers, Directors, Trus	tees, Key Em	pioy	/ees	, and	a Hi	igne	st C	ompensated Employe	es (continuea)				
(A)	(B)			((-	_		(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an				than		Reportable		Reportable		stimate	
	week			ss pe nd a d				compensation from	compensation from related		l ar	nount o other	ΣŤ
	(list any	tor						the	organization		com	pensa	tion
	hours for	r direc				pa		organization	(W-2/1099-MI			om the	
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	,	org	anizati	on
	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	วทร
(18) DERRICK JOHNSON	1.00	드	트	Ö	ᇂ	王占	프						
SECRETARY		x		х				0.		0.			0.
(19) LAUREN MARTINEZ	1.00												
DIRECTOR		Х						0.		0.			0.
(20) NICKY SILVA	1.00												
DIRECTOR		Х						0.		0.			0.
(21) ROYCE WILLIS II	1.00	١								•			•
DIRECTOR (THROUGH JULY 2022)	1 00	Х				-		0.		0.			0.
(22) TRISHA HUNT	1.00	X						0.		0.			0.
DIRECTOR (23) KIM RUHANA	1.00	^				-		0.		0.			<u> </u>
DIRECTOR	1.00	X						0.		0.			0.
(24) SHAWN WEEMS	1.00					\vdash							
DIRECTOR		Х						0.		0.			0.
(25) ERIN MCPARTLIN	40.00												
EXECUTIVE DIRECTOR				Х				140,098.		0.		6	19.
							Ļ	140 000					1 0
1b Subtotal								140,098.		0.		6	19. 0.
c Total from continuation sheets to Part V								140,098.		0.		- 6	19.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							bo r		000 of roportab		<u> </u>	- 0	<u> </u>
compensation from the organization	ot illilited to ti	1036	iiott	su ai	JUV	C) W	110 11	eceived more than wroc	,,000 of reportat	'IC			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key e	empl	loye	e, o	r hig	hest compensated emp	oloyee on	ļ			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le c	omp	ensa	atior	n an	d otl	her compensation from	the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a							relat	ted organization or indiv	idual for services	3			37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J t	or s	uch _i	pers	son					5		X
Complete this table for your five highest co	mponeated in	don	ando	nt c	onti	racti	ore t	that received more than	\$100,000 of cor	nnone	ation	from	
the organization. Report compensation for										riperis	alion	IIOIII	
(A)	trio caloridar y	<u>ou.</u>	oriai	<u>g</u> .	*****	0		(B)	y our.		((
Name and business	address	N	INC	Ξ				Description of s	ervices	C	ompe	nsatio	า
										<u> </u>			
										 			
O Tabel march	ta a la care de la care							d ale accellent					
 Total number of independent contractors (i \$100,000 of compensation from the organi 		iot li	mite	a to		se li 0	stec	above) who received m	iore tnan				

132008 12-09-21

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Pa	rt V	Ш			and the Halla David VIIII			
			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	145,416. 402,885. 7,950.	1,548,301.			
				Business Code				
Program Service Revenue		b c d e f	All other program service revenue					
	3		Investment income (including dividends, inter-					
	4 5		other similar amounts) Income from investment of tax-exempt bond properties	proceeds >	33,093.			33,093.
		b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
			Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities 7a 483,004.	(ii) Other				
Revenue		С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) 7b 467,270. 7c 15,734.	,	15,734.			15,734.
Other Re	8	а	Gross income from fundraising events (not including \$ 145,416 • of contributions reported on line 1c). See Part IV, line 18	135,447. 104,089.				
			Net income or (loss) from fundraising events		31,358.			31,358.
	9	а	Gross income from gaming activities. See Part IV, line 19 9a	1	32,3331			
			Less: direct expenses 9b					
			Gross sales of inventory, less returns	>				
			and allowances 10a Less: cost of goods sold 10b	o				
		С	Net income or (loss) from sales of inventory	Business Code				
snc	11	a		Duaniesa Code				
Miscellaneous Revenue		a b						
eve		c						
Aisc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,628,486.	0.	0.	80,185.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	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,	4.5 004	40.064	40.064	40.060
	trustees, and key employees	145,091.	48,364.	48,364.	48,363
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		500 004	45.005	455.004
7	Other salaries and wages	795,202.	622,994.	15,207.	157,001
8	Pension plan accruals and contributions (include	2 - 1 1		25.	4 000
	section 401(k) and 403(b) employer contributions)	8,514.	6,970. 24,325.	264.	1,280 7,623
9	Other employee benefits	32,545.		597.	7,623
10	Payroll taxes	65,920.	46,183.	4,831.	14,906
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	41,607.		41,607.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,243.		4,243.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	40,196.	5,124.	29,048.	6,024
12	Advertising and promotion				
13	Office expenses	12,666.	8,535.	1,847.	2,284 391
14	Information technology	7,482.	6,422.	669.	391
15	Royalties				
16	Occupancy	69,696.	65,267.	1,125.	3,304
17	Travel	2,812.	488.	907.	1,417
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	_	_		
22	Depreciation, depletion, and amortization	6,474.	6,394.	40.	40
23	Insurance	22,845.	19,133.	2,031.	1,681
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		75,411.	43,183.	4,602.	27,626
b	TUTORING EXPENSES	40,165.	39,332.	645.	188
С	EMPLOYEE & VOLUNTEER DE	19,566.	16,155.	3,176.	235
d	BANK AND CREDIT CARD FE	16,313.		603.	15,710
е	All other expenses	17,578.	12,857.	221.	4,500
25	Total functional expenses. Add lines 1 through 24e	1,424,326.	971,726.	160,027.	292,573
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** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			317,975.	1	2,982.
	2	Savings and temporary cash investments		378.	2	258.	
	3	Pledges and grants receivable, net			105,947.	3	582,131.
	4	Accounts receivable, net			954.	4	520.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	5			21,715.	9	18,605.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	54,657. 27,283.			
	b	Less: accumulated depreciation	10b	27,283.	999.	10c	27,374. 767,543.
	11	Investments - publicly traded securities		919,115.	11	767,543.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	1,367,083.	16	1,399,413.
	17	Accounts payable and accrued expenses			107,061.	17	56,693.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line				0.5	
		of Schedule D			107,061.	25	56,693.
	26	Total liabilities. Add lines 17 through 25		_ V	107,001.	26	30,093.
es		Organizations that follow FASB ASC 958, che	eck ner	e 🕨 🔼			
ũ	07	and complete lines 27, 28, 32, and 33.			894,916.	07	775,720.
3ala	27	Net assets with depay restrictions			365,106.	27 28	567,000.
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			303,100.	20	307,000.
Ξ			, CII	eck nere			
ō	200	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or e-				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		_	1,260,022.	32	1,342,720.
Z	32	Total net assets or fund balances			1,367,083.	33	1,399,413.
	00	Total nabilities and het assets/fullu baidifices .			=,00,,000	00	Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,62				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,42		$\frac{26.}{60.}$		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,26	0,0	22.		
5	Net unrealized gains (losses) on investments	5	-12	<u>1,4</u>	<u>62.</u>		
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	1,34	2,7	20.		
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	X			
	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 Si	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						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

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

Employer identification number

TUTORING CHICAGO 36-3718141 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 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
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization org 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

Ť	Enter the number of supported of	organizations						
g	Provide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	al							

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
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)						1,851,616.
	Public support. Subtract line 5 from line 4.						3,601,682.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	804,053.	847,601.	1,222,134.	1,030,058.	1,549,452.	5,453,298.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	404	16 500	10 020	1 520	22 002	60 E00
	and income from similar sources	404.	16,508.	18,038.	1,539.	33,093.	69,582.
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		32.	1,999.	1.		2,032.
	assets (Explain in Part VI.)		34.	1,999.	Τ.		5,524,912.
	Total support. Add lines 7 through 10	-1- (!11	\			40	386,823.
12	'	•				12	300,023.
13	First 5 years. If the Form 990 is for the organization, check this box and stop	. la aua		•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I		<u>-</u>	column (f))		14	65.19 %
	Public support percentage from 2020					15	72.15 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances tes	_			-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	` ′	,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital			1			
	assets (Explain in Part VI.)		-	 	-		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>	1	
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u> </u>	check this box and stop here						<u></u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box ar	=	-	•	• •		▶□
ł	o 33 1/3% support tests - 2020. If the	•			*		
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	▶

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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
di ila		~ 000	0004

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		
Sect	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 office			
	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 suppor 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		
	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		
	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		
Sect	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		
	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		
Sect	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 instruc	tions).		
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 instructio	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
	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		L

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	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 mus	t complet	te 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-functional	lly integra	ated Type III supporting org	anization (see				

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 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

Inspection

Name of the organization

TUTORING CHICAGO

Employer identification number 36-3718141

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held	d in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor account account and donor account account and donor account account account account and donor account accoun	dvisors in writing that grar	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or te	erminated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it		d#	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and onfo	avoing concentation of	accompanie during the year
7	S S S Amount of expenses incurred in monitoring, inspecting, nand	ling of violations, and emit	ording conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) abov	a patiofy the requirements	of coation 170/b)/4)/E	D)(i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footn		=	
	organization's accounting for conservation easements.	ioto to the organization of	manolal otatomonto ti	iat decembes the
Par	t III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
	If the organization elected, as permitted under FASB ASC 95	8. not to report in its rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	· ·		·
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	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 treat			
	the following amounts required to be reported under FASB A		- ·	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	Collections of Art	t, Histo	orical Tr	easures, c	or Other	r Similar A	ssets(con:	inued)	
3	Using the organization's acquisition, access	on, and other records	s, check	any of the	following tha	t make sig	gnificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
	to be sold to raise funds rather than to be m				•			Yes		No
Pai	t IV Escrow and Custodial Arran								or	
	reported an amount on Form 990, Pa			o. ga _			J 555, 1 d.	, , .		
	Is the organization an agent, trustee, custod		ary for c	ontribution	ns or other as	sets not in	ncluded			
·u	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							103		_ 110
	Tes, explain the arrangement in rate xiii	and complete the foll	ownig te	ibic.				Amou	nt	
_	Paginning balance						10	, , , , , ,		
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
Ť	Ending balance									Τ
	Did the organization include an amount on F								H	∐ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.						<u></u>		L	
Pai	T V Endowment Funds. Complete							200k 1-1 Fo	uruooro	book
		(a) Current year	(b) Pr	ior year	(C) TWO year	S DACK (C	d) Three years b	Jack (e) Fo	ur years	Dack
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment	%	_							
		 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	tion that	are held a	and administe	red for the	e organization	1		
-	by:	ocolori or the organiza	tion that	. are mora e	ara aariii iloto	100 101 111	o organización	•	Yes	No
	(i) Unrelated organizations							3a(i)	+ -	
	(ii) Related organizations								1	
h	If "Yes" on line 3a(ii), are the related organization								1	
4	Describe in Part XIII the intended uses of the									
Ė	t VI Land, Buildings, and Equipm		WITIETTE TO	arius.						
	Complete if the organization answere		Part IV	line 11a 9	See Form 990) Part X li	ine 10			
					1			(d) Po	ok volu	
	Description of property	(a) Cost or other basis (investment)		. ,	or other (other)		cumulated reciation	(a) bo	ok valu	е
	Lond	,		Dasis	(Guilei)	чері	Colation	-		
	Land									
	Buildings		-					-		
	Leasehold improvements				1 661		24 207	ļ,	ר דו	7/
	Equipment			5	1,661.		24,287.	4	27,3	
	Other				2,996.		2,996.	ļ	\ \ \ \ \	0.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part 🕽	Column	n (B), line 1	10c.)			1 4	27,3	/4 .

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TUTORING CH	CAGO	36	-3718141 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a) D	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.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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...

X

Schedule D (Form 990) 2021

(8)

	Eddle D (1 61111 990) 2021 10 10 11 121 10 10 11 10 10				O / E O E E E Tage
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,628,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-121,462.		
b	Donated services and use of facilities	2b	21,848.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-99,614.
3	Subtract line 2e from line 1			3	1,728,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,243.		
b	Other (Describe in Part XIII.)		-104,089.		
С	Add lines 4a and 4b			4c	-99,846.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,628,486.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,546,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,848.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		104,089.		
е	Add lines 2a through 2d			2e	125,937.
3	Subtract line 2e from line 1			3	1,420,083.
4	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	4,243.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,243.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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:

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT

1,424,326.

Part XIII Supplemental Information (continued)	
INFORMATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE	SUPPORT
FOR THE POSITIONS TAKEN ON ITS RETURNS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVENUES ON 990	-104,089.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NET AGAINST REVENUES ON 990	104,089.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Internal Revenue Service Employer identification number Name of the organization TUTORING CHICAGO 36-3718141 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
			SPELLING BEE	GOLF OUTING	3	col. (c))		
Φ			(event type)	(event type)	(total number)	Coi. (C)		
evenu								
3eV	1	Gross receipts	83,712.	135,174.	61,977.	280,863.		
ш								
	2	Less: Contributions	40,940.	43,650.	60,826.	145,416.		
			40 550	01 504	4 4 5 4	105 445		
	3	Gross income (line 1 minus line 2)	42,772.	91,524.	1,151.	135,447.		
а	4	Cash prizes						
	_	Nanagah prizas						
	5	Noncash prizes						
	6	Rent/facility costs	6,084.	40,606.		46,690.		
	U	Theribraciiity costs	0,0010	10,000		10,0300		
	7	Food and beverages	26,271.	21,012.	1,151.	48,434.		
	-	r cod and soverages		, -	, -	,		
	8	Entertainment	250.			250.		
	9	Other direct expenses		4,437.	2,481.	8,714.		
	10					104,088.		
		Net income summary. Subtract line 10 from li	ine 3, column (d)		>	31,359.		
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	·					
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
ven				billyo/progressive billyo		i coi. (a) trirougir coi. (c)		
Be	_	Cuana mayanya						
		Gross revenue						
	2	Cash prizes						
ses	_	Cuon prizos						
per	3	Noncash prizes						
Ě								
irec	4	Rent/facility costs						
Ω								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	└── No	└── No	└── No			
					_			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
		Not goming income summary Cultivast line 7	from line 1 column (d)		_			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)					
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.					
	a Is the organization licensed to conduct gaming activities in each of these states?							
	b If "No," explain:							
_		· · ·						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No		
b	If "	Yes," explain:						
	_							

132082 10-21-21 Schedule G (Form 990) 2021

Scr	edule G (Form 990) 2021 TOTOKING CHICAGO 50-5	7 1 0) 1 4 1	. Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, I	ines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	TUTORING	CHICAGO		3	<u>6-3718141</u>	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continue	ed)				

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

TUTORING CHICAGO

Employer identification number 36-3718141

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

THE DRAFT IRS FORM 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE EXECUTIVE DIRECTOR AND PROVIDED TO THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY QUESTIONNAIRE FORM IS COMPLETED AND SIGNED

BY EACH MEMBER OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE BOARD

REVIEWS ALL EMPLOYEES AND BOARD MEMBERS FOR CONFLICTS OF INTEREST. ANY

POTENTIAL CONFLICTS OF INTEREST ARE HANDLED ON A CASE-BY-CASE BASIS.

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

THE BOARD OF DIRECTORS PERFORMS A PERFORMANCE REVIEW AND APPROVES THE

SALARY FOR THE EXECUTIVE DIRECTOR ANNUALLY. THE BOARD DETERMINES

APPROPRIATE COMPENSATION BASED ON QUALIFICATIONS, EXPERIENCE, PEER

SALARIES, AND COMPARABILITY OF SIMILAR PERSONNEL IN COMPARABLE

ORGANIZATIONS.

THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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Schedule O (Form 990) 2021