PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

15950 Dallas Parkway, Suite 600 Dallas, TX 75248 ph 972-661-1843 fx 972-490-4120

** 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.

A F	or the	2021 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer	identific	ation number		
	Addres	S CITYSQUARE							
	Name change	Doing business as	75-2332948						
	Initial return	Number and street (or P.O. box if mail is not de	E Telephone	e number					
	Final return/	PO BOX 141345			(214)8	23-8710)		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	:s \$	26,443,112.		
	Amend	DALLAS, IX /5214			H(a) Is this a	group re			
	Applica tion pendin	F Name and address of principal officer: σοιίν	SIBURT			ordinates?	·····= =		
		SAME AS C ABOVE	. —		1		cluded? Yes No		
				or 527	1		list. See instructions		
		WWW.CITYSQUARE.ORG	011-11	1	H(c) Group e				
			ssociation Other	L Year	of formation: 1	990 M	State of legal domicile: TX		
Г	_	Summary	-iidt-id TUR OR	CANTTANTO	M TC A COC	T 7 T			
<u>e</u>	1	Briefly describe the organization's mission or most			M 15 A 50C	IVI			
Governance	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of it	s net ass	ets.		
Ver	3	Number of voting members of the governing body				1 _ 1	22		
	4	Number of independent voting members of the gov					22		
ري م		Fotal number of individuals employed in calendar y					459		
/itie		Total number of volunteers (estimate if necessary)					1028		
Activities &		Total unrelated business revenue from Part VIII, co			0.				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.		
					Prior Yea		Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			•	4,354.	24,930,277.		
enc	9					8,876.	668,924.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,				3,229. 1,989.	12,167. 733,661.		
_	ייין ייין		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
_		Fotal revenue - add lines 8 through 11 (must equal				1,990. 8,806.	26,345,029. 11,572,762.		
	1	Grants and similar amounts paid (Part IX, column (11,40	0.	0.		
	45 .	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			10 13	2,760.	9,973,530.		
Expenses	162	Professional fundraising fees (Part IX, column (A), I			0.	0.			
en	h	Fotal fundraising expenses (Part IX, column (D), line							
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d,			4,80	4,212.	3,932,294.		
	1	Fotal expenses. Add lines 13-17 (must equal Part I)			26,40	5,778.	25,478,586.		
	1	Revenue less expenses. Subtract line 18 from line			12,12	6,212.	866,443.		
70.				Ве	ginning of Curre	nt Year	End of Year		
Net Assets or	20	Fotal assets (Part X, line 16)			28,07	4,964.	22,668,540.		
t As	21	Fotal liabilities (Part X, line 26)			12,08	5,832.	6,045,332.		
		Net assets or fund balances. Subtract line 21 from	line 20		15,98	9,132.	16,623,208.		
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return,			•	-	knowledge and belief, it is		
true	, correc	, and complete. Declaration of preparer (other than office	er) is based on all information of wr	nich preparer	nas any knowled	ige.			
0	_	Signature of officer			I Date				
Sig		MANDY SHREVE, CHIEF ADMINISTRATIV	יד הקדריקס		Date				
Her	e	Type or print name and title	E OFFICER						
		Print/Type preparer's name	Preparer's signature	11	Date	Check	PTIN		
Paid	,	MATTHEW PETROSKI	MATTHEW PETROSKI		0/31/22	if self-employe			
	oarer	Firm's name ARMANINO, LLP				s EIN ►	94-6214841		
	Only	Firm's address 15950 N. DALLAS PKWY, #6		- LIIV -					
	,	DALLAS, TX 75248			Phon	e no.972-	-661-1843		
May	the IF	S discuss this return with the preparer shown abo	ve? See instructions		11.11011		X Yes No		

Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

Priofity describe the ergonization's mission:

	Check if Schedule O contains a response or note to any line in this Part III
_	Check in Consodia C Contains a response of note to any line in this rait in
1	Briefly describe the organization's mission: THE ORGANIZATION IS A SOCIAL JUSTICE ORGANIZATION FIGHTING THE CAUSES
	AND EFFECTS OF POVERTY THROUGH AN INTERLOCKING NETWORK OF PROGRAMS
	ORGANIZED INTO FOUR VERTICALS: HUNGER, HEALTH, HOUSING AND HOPE.
_	
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?
	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,259,938. including grants of \$3,434,019.) (Revenue \$365,851.
	CITYSQUARE FIGHTS THE EFFECTS OF POVERTY THROUGH A HOLISTIC,
	NEIGHBOR-CENTERED APPROACH BY SUPPORTING NEIGHBORS TO OBTAIN AND
	MAINTAIN PERMANENT AND AFFORDABLE HOUSING, PROMOTING THE AVAILABILITY
	OF ADEQUATE INCOME SUPPORTS AND FINANCIAL STABILITY FOR NEIGHBORS,
	STRENGTHENING CONNECTIONS TO SUPPORT, AND BY PROVIDING ACCESSIBLE,
	AFFORDABLE, AND HEALTHY FOOD TO NEIGHBORS. OUR COMPREHENSIVE SERVICE
	MODEL CONSIDERS THE FULL SPECTRUM OF SOCIAL, BEHAVIORAL, PHYSICAL, AND
	ENVIRONMENTAL NEEDS TO ENABLE INDIVIDUALS' AND FAMILIES' ABILITY TO
	THRIVE AND ALLOWS NEIGHBORS TO BENEFIT FROM INTEGRATED SERVICES. BELOW
	ARE HIGHLIGHTS OF PROGRAMS OFFERED BY CITYSQUARE AND SOME OF THE KEY
	ACHIEVEMENTS OF 2021. (SEE CONTINUATION ON SCHEDULE O)
4b	(Code:) (Expenses \$6,934,576. including grants of \$5,751,757.) (Revenue \$7,693.
	HUNGER PROGRAMS:
	CITYSQUARE'S FOOD PROGRAMS INCLUDE THE FOOD PANTRY AND CHILD NUTRITION
	PROGRAMS. THE CITYSQUARE FOOD PANTRY PROVIDES NUTRITIOUS FOOD TO DALLAS
	COUNTY RESIDENTS. IT ALSO OFFERS ASSISTANCE WITH CHIP, MEDICAID, SNAP,
	AND TANF, THREE TIMES A WEEK. NEIGHBORS CAN VISIT THE CITYSQUARE FOOD
	PANTRY EVERY 15 DAYS AND CHOOSE THE GROCERY ITEMS THEY WANT,
	ELIMINATING THE FOOD WASTE THAT OCCURS WITH PRE-MADE GROCERY PACKS.
	(SEE CONTINUATION ON SCHEDULE O)
4c	(Code:) (Expenses \$7,380,157. including grants of \$2,386,979.) (Revenue \$151,821.
	HOPE PROGRAMS:
	LAW PROVIDES LEGAL SERVICES TO LOW-INCOME FAMILIES WHO COULD NOT
	OTHERWISE AFFORD LEGAL REPRESENTATION TO HANDLE FAMILY CRISES. CLIENTS
	ARE REPRESENTED BY AN ATTORNEY WHO ASSESSES THE FAMILY'S LEGAL NEEDS
	AND REPRESENTS THE CLIENT THROUGHOUT THE CASE, FEES (IF CHARGED) ARE
	DETERMINED ON A SLIDING SCALE BASED ON THE CLIENT'S ABILITY TO PAY. IN
	2021, 266 INDIVIDUALS WERE SERVED THROUGH OUR FAMILY LAW PROGRAM
	RESULTING IN POSITIVE OUTCOMES FOR 234 CHILDREN. CITYSQUARE'S
	WORKFORCE AND FINANCIAL EMPOWERMENT PROGRAM'S CORE FUNDAMENTAL PILLAR
	IS ROOTED IN PROMOTING WORK READINESS AND FINANCIAL STABILITY. (SEE
	CONTINUATION ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 677,683. including grants of \$ 7.) (Revenue \$ 239,032.)
4e	Total program service expenses ► 21,252,354.

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CITYSQUARE

Form 990 (2021) CITYSQUARE

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? 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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	Х	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. =	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Sometimes of the street of the			

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	· (continued)		V	NI -				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No				
22		22	х					
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	, · · ·	23	х					
24 2	Schedule J	23						
24 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>							
		24a		х				
h	Schedule K. If "No," go to line 25a	24b						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240						
C		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	24u						
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a						
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete							
		25b		х				
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230						
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
		26		х				
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20						
21	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,	21						
20	instructions for applicable filing thresholds, conditions, and exceptions):							
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а		28a		х				
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200						
·	"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	х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25						
30	contributions? If "Yes," complete Schedule M	30		х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31						
JZ	,	32		х				
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32						
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00						
04		34	х					
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000						
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335						
		36		х				
37	If "Yes," complete Schedule R, Part V, line 2							
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		Х				
-	Note: All Form 990 filers are required to complete Schedule O	38	х					
Pa		1 00						
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.40				
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 342 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-						
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
٠	(gambling) winnings to prize winners?	10	х					

Form	990 (2021) CITYSQUARE 75-233294	8	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	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			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.5	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
10	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.			
132005	12-09-21 6	Form	990	(2021)
	·=·	. 0.11		\/

2021.05000 CITYSQUARE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2	2		
	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	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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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 Revenue Code.)	1 -		
	(This deciron b requests information about politics not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such 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 body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		•
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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 books and records			
	MANDY SHREVE - (214)823-8710			
	DO ROY 141345 DALLAG MY 75214			

Form 990 (2021) CITYSQUARE 75-2332948 Page **7**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LARRY JAMES - TO DEC 2021	40.00							406 554		
CHIEF EXECUTIVE OFFICER	40.00			Х				186,551.	0.	9,737.
(2) JOHN SIBURT PRESIDENT AND COO	40.00	-		х				102 411	0.	12 620
(3) CHRISTA NADIA SALIBI	40.00			Λ				193,411.	٠.	12,639.
CHIEF PROGRAM OFFICER	40.00	1				x		134,743.	0.	7,625.
(4) AMANDA M SHREVE	40.00					 		131,713.	•	,,023.
VICE PRESIDENT OF OPERATIONS		1		х				148,537.	0.	8,575.
(5) KRIS OLIVER	40.00							, -		,
CHIEF FINANCIAL OFFICER		1		х				157,500.	0.	888.
(6) KENNETH T KOONCE JR.	40.00							·		
DIRECTOR						х		112,579.	0.	14,020.
(7) SARAH CANTU	40.00									
CHIEF DEVELOPMENT OFFICER						х		135,433.	0.	19,237.
(1) CHEQUAN LEWIS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(2) WENDY MESSMANN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANTHONY SHOEMAKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MARK ANTHONY	1.00									
TREASURER	1 00	Х		Х				0.	0.	0.
(5) ROBIN BLAKELEY BOARD MEMBER	1,00	х						0.	0.	_
(6) MARQUIS HAWKINS	1.00	^						0.	٠.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(7) TONIA HOWARD	1.00	Α.						0.	· ·	· ·
BOARD MEMBER	1.50	х						0.	0.	0.
(8) ARACELY RIOS	1.00							•	-	••
BOARD MEMBER		х						0.	0.	0.
(9) BYRON SANDERS	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) LISA STEWART	1.00									
BOARD MEMBER		х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

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Form 990 (2021) CITYSQUARE									75-233294	8 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		one	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any			u a u	II CCIO	1711 43		from	from related	other
	hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	ım per		1099-NEC)	,	and related
	below	ridual	tution	er	Key employee	est co loyee	Jer.	·		organizations
	line)	Indi	Insti	Officer	Key 6	Highest compensated employee	Former			
(11) ELIZABETH CAUDILL MCCLAIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) NKEM OKAFOR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) EDIE DIAZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ROBBIE FRAZIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MEREDITH BJORCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BRIAN CURTIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) LEWIS WEINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(18) JON HALBERT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) KERRY PEREZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								1,068,754.	0.	72,721.
c Total from continuation sheets to Part \	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							_	1,068,754.	0.	72,721.
O Tatal according to alicial cala (in alicial cala)									000 1 11	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			res	MO
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	3		Х
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	4	Х	
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 I for such person	5		Х

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)	(B)	(C)
Name and business address	Description of services	Compensation
IWERK, 306 SOUTH WASHINGTON, 5TH FLOOR,		
ROYAL OAK, MI 48067	IT SERVICES	217,728.
AMAZON CAPITAL SERVICES, INC		
PO BOX 035184, SEATTLE, WA 98124	BUSINESS SERVICES	194,025.
ACCT TWO SHARED SERVICES, LLC, 1111 NORTH		
LOOP W SUITE 250, HOUSTON, TX 77008	ACCOUNTING SERVICES	112,997.
GARDAWORLD SECURITY SERVICES		
1699 SOUTH HANLEY ROAD, ST. LOUIS, MO 63144	SECURITY SERVICES	105,622.
2 Total number of independent contractors (including but not limited t	o those listed above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 CITYSQUARE									75-23329	948
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector)d w		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9			ated 6		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		e e	Highest compensated employee				and related
	organizations below	ual tr	ional		Key employee	tcom	١.			organizations
	line)	divid	stitut	Officer of the or	ey em	ighes	Former			
(20) MD DAW D TOWED	<u> </u>		=	0	~	工	Œ			
(20) TRENT RICKER	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(21) TARIK RODGERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) TC ALEXANDER - FR. AUG 2021	1.00									
BOARD MEMBER		Х						0.	0.	0.
			\vdash							
			\vdash							
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		ł								
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			L			L_				
		1								
	1									
Total to Bart VII. Section A. line 10										
Total to Part VII, Section A, line 1c								i		

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Form 990 (2021) CITYSQUARE

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a	472,012.				
ant							
S S		b Membership dues 1b 1c	30,548.				
fts,		d Related organizations 1d	30,310.				
ij gi			13,282,673.				
ons,		e Government grants (contributions) 1e	13,202,073.				
utio er (f All other contributions, gifts, grants, and	11 145 044				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	11,145,044.				
		g Noncash contributions included in lines 1a-1f	5,261,255.	24 020 277			
O g		h Total. Add lines 1a-1f		24,930,277.			
		ar roum appuran nona	Business Code	660.004	660,004		
ce	2	a CLIENT SERVICE FEES	812900	668,924.	668,924.		
ervi		b	-				
S		c	-				
ran Sev		d					
Program Service Revenue		e	_				
<u>-</u>		f All other program service revenue					
		g Total. Add lines 2a-2f		668,924.			
	3	Investment income (including dividends, inte	erest, and				
		other similar amounts)	>	12,167.			12,167.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 169,02	3.				
).				
		c Rental income or (loss) 6c 169,02	3.				
		d Net rental income or (loss)	•	169,028.			169,028.
		a Gross amount from sales of (i) Securities	(ii) Other	·			·
	-	assets other than inventory 7a					
		b Less: cost or other basis					
<u>o</u>		and sales expenses					
her Revenue		c Gain or (loss) 7c					
ě		d Net gain or (loss)					
푸		a Gross income from fundraising events (not					
	0	including \$ 30,548. of					
Ò		contributions reported on line 1c). See					
		, ,	3a 567,243.				
			3b 98,083.				
		c Net income or (loss) from fundraising events	,	469,160.			469,160.
		a Gross income from gaming activities. See					
	9	* *	ea l				
			9b				
		b Less: direct expenses	,D				
	10	a Gross sales of inventory, less returns	7 922				
		·····	0a 7,922.				
		•	0b 0.	7 022	7 022		
-		c Net income or (loss) from sales of inventory	Business 2:-1	7,922.	7,922.		
જ		OMUED DEVENUE	Business Code	07 551	07 551		
Miscellaneous Revenue	11	a OTHER REVENUE	812900	87,551.	87,551.		
llan Jen		b	-				
3ev		c	-				
Mis		d All other revenue		25 551			
		e Total. Add lines 11a-11d		87,551.			45
	12	Total revenue. See instructions	▶	26,345,029.	764,397.	0.	650,355.

132009 12-09-21

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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).

Do no	Check if Schedule O contains a respons t include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	_ (D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	11,572,762.	11,572,762.		
	Grants and other assistance to foreign	11,372,702.	11,372,702.		
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	717,838.		717,838.	
	Compensation not included above to disqualified	,		,	
	ersons (as defined under section 4958(f)(1)) and				
	aroons described in section 4050(s)/(D)				
	, , , , , , , , , , , , , , , , , , , ,	7,759,115.	6,009,737.	1,223,140.	526,238
	Other salaries and wages Pension plan accruals and contributions (include	.,,	2,233,737.	-,,	220,230
	ection 401(k) and 403(b) employer contributions)	121,726.	83,485.	24,361.	13,880
	Other employee benefits	764,359.	640,668.	89,496.	34,195
	Payroll taxes	610,492.	438,842.	132,926.	38,724
	ees for services (nonemployees):	,	,,		,
	Management				
	egal	531,486.	168,938.	235,006.	127,542
	Accounting	222,571.	70,746.	98,414.	53,411
	obbying		7.2.4	, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	olumn (A), amount, list line 11g expenses on Sch O.)	46,957.	30,775.	11,014.	5,168
	Advertising and promotion	37,326.	22,007.	1,937.	13,382
	Office expenses	373,066.	293,184.	39,949.	39,933
	nformation technology	153,044.	121,492.	25,110.	6,442
	Royalties	,	,	,	•
	Decupancy	1,244,888.	968,084.	257,281.	19,523
	ravel	131,966.	129,132.	2,209.	625
	Payments of travel or entertainment expenses	,	,	,	
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest	60,137.	1,438.	58,699.	
	Payments to affiliates	, -	,	,	
	Depreciation, depletion, and amortization	431,109.	42,854.	331,183.	57,072
	nsurance	,	•	,	,
	Other expenses, Itemize expenses not covered				
a li	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.)				
	:N-KIND PROGRAM EXPENSE	517,479.	517,479.		
~ -	THER EXPENSES	170,244.	140,731.	18,922.	10,591
_	THER EVENT EXPENSES	12,021.	,	,	12,021
d _	_	, =			,
_	All other expenses				
	otal functional expenses. Add lines 1 through 24e	25,478,586.	21,252,354.	3,267,485.	958,747
	oint costs. Complete this line only if the organization	, ,	, ,	, ,	,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)
Part X Balance Sheet

Part A	Check if Schedule O contains a response or	note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,097,079.	1	645,569.		
2				876,577.	2	1,285,287.
3				1,132,513.	3	910,449.
4				35,040.	4	46,196.
5						
	trustee, key employee, creator or founder, s	ubstantial con	tributor, or 35%			
	controlled entity or family member of any of	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disq	Loans and other receivables from other disqualified persons (as defined				
	under section 4958(f)(1)), and persons descr	ibed in sectior	n 4958(c)(3)(B)		6	
<u>v</u> 7	Notes and loans receivable, net			4,005,534.	7	3,738,603.
Assets	Inventories for sale or use				8	
ĕ 9	Prepaid expenses and deferred charges			569,714.	9	472,891.
10:	a Land, buildings, and equipment: cost or oth					
	basis. Complete Part VI of Schedule D	10a	17,598,462.			
1	b Less: accumulated depreciation	10b	5,209,228.	16,195,297.	10c	12,389,234.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, li	ne 11			12	
13	Investments - program-related. See Part IV, I	ine 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	Other assets. See Part IV, line 11				3,180,311
16	Total assets. Add lines 1 through 15 (must	28,074,964.	16	22,668,540		
17	Accounts payable and accrued expenses	6,112,500.	17	1,212,925		
18	Grants payable				18	
19	Deferred revenue			304,440.	19	235,867
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Compl	ete Part IV of S	Schedule D	3,077,548.	21	3,160,491.
ဖွ 22	Loans and other payables to any current or	ormer officer,	director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%					
<u>a</u>	controlled entity or family member of any of		22			
- 23				1,147,734.	23	1,367,734.
24	Unsecured notes and loans payable to unre	ated third part	ties	160,310.	24	68,315.
25	,					
	parties, and other liabilities not included on	ines 17-24). C	omplete Part X	1,283,300.		
	of Schedule D	of Schedule D			25	0.
26	<u> </u>			12,085,832.	26	6,045,332.
,,	Organizations that follow FASB ASC 958,	check here	▶ 🗓			
<u>ĕ</u>	and complete lines 27, 28, 32, and 33.					
<u></u>				15,411,275.	27	16,037,661.
28	***************************************			577,857.	28	585,547.
<u> </u>	Organizations that do not follow FASB AS	C 958, check	here 🕨 🔛			
<u> </u>	and complete lines 29 through 33.					
၀ 29					29	
	1 1 , , ,				30	
Net Assets or Fund Balances 27 28 29 30 31 32	9 , ,				31	
_			<u> </u>	15,989,132.	32	16,623,208.
33	Total liabilities and net assets/fund balances			28,074,964.	33	22,668,540.

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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		345,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,	478,	
3	Revenue less expenses. Subtract line 2 from line 1	3		866,	443.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	989,	132.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	232,	367.
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	16,	623,	208.
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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	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 separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			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

2021

Open to Public Inspection

Employer identification number

Name of the organization CITYSOUARE 75-2332948 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

<u> </u>	fails to qualify under the tests	s listed below, pleas	se complete Part II	1.)			
	ction A. Public Support	<u> </u>				<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	20 174 542	21 440 201	22 005 066	27 064 254	24 020 277	127 504 420
_	include any "unusual grants.")	20,174,542.	21,449,281.	22,985,966.	37,964,354.	24,930,277.	127,504,420.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,174,542.	21,449,281.	22,985,966.	37,964,354.	24,930,277.	127,504,420.
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)						2,731,578.
6	Public support. Subtract line 5 from line 4.						124,772,842.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	20,174,542.	21,449,281.	22,985,966.	37,964,354.	24,930,277.	127,504,420.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	133,108.	141,544.	344,341.	228,718.	181,195.	1,028,906.
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	132,004.	453,601.	406,706.	32,599.	654,794.	1,679,704.
	assets (Explain in Part VI.)	132,004.	455,001.	400,700.	32,333.	034,734.	130,213,030.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (see instructio	,no)			12	6,021,286.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v	year as a section 5		0,021,200.
13	organization, check this box and stor	· ·				. , . ,	▶□
Sec	ction C. Computation of Publi						
14	•			olumn (f))		14	95.82 %
15	Public support percentage from 2020					15	93.15 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies					,	▶ [₹
b	33 1/3% support test - 2020. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual			At a se			▶ □
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu				•		▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	` '		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	-	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

CITYSQUARE 75-2332948 Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a

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

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

3a 3b

2b

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued	d)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.		,	7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6		!	9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
<u>C</u>	From 2018			
d	From 2019			
<u>e</u>	From 2020			
f_	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2021 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
ее	Excess from 2021			

CITYSQUARE

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CITYSQUARE	75-2332948	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
FUNDRAISING GROSS INCOME		
2017 AMOUNT: \$ 132,004.		
2018 AMOUNT: \$ 326,517.		
2019 AMOUNT: \$ 365,783.		
2020 AMOUNT: \$ 15,237.		
2021 AMOUNT: \$ 567,243.		
OTHER INCOME		
2018 AMOUNT: \$ 127,084.		
2019 AMOUNT: \$ 40,923.		
2020 AMOUNT: \$ 17,362.		
2021 AMOUNT: \$ 87,551.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CI	TYSQUARE	75-2332948			
Organization type (check o	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				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I, line 1. Complete Parts I and II.	d that received from any one			
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 \$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**			
_НА For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)			

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

CITYSQUARE

75-2332948

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	rumo, addi 555, und Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	ivanie, audiess, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

CITYSQUARE

75-2332948

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	# Total contributions \$ 565,020.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Trume, dudices, dild En 1 1	\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

75-2332948

Partii	(see instructions). Use duplicate copies of Part II	i 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
		 \$	

Schedule B (Form 990) (2021)

Name of or	rganization				Employer identification number
CITYSQUA	PE				75-2332948
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additionals	through (e) and the following line charitable, etc., contributions of \$1,00	ne entry. For or	rganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
_		(e) Transfer o	of gift		
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer o	of gift		
_	Transferee's name, address, ar	nd ZIP + 4	4 Relationship of		sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer of	of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
_		(e) Transfer o	of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	sferor 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

Employer identification number

Name of the organization

CITYSQUARE 75 - 2332948

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accounts	S. Complete if the
	organization answered Tes of Form 550, Farth, into	(a) Donor advis	ed funds	(b) Funds	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised f	unds	
	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or			-	
	impermissible private benefit?	•		•	Yes No
Pai		anization answered "Ye	es" on Form 990, Part	: IV, line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreating	`	Preservation of a h	istorically in	nportant land area
	Protection of natural habitat	, _	Preservation of a c	•	•
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	conservation	on easement on the last
	day of the tax year.				leld at the End of the Tax Year
а	Total number of conservation easements			2a	
				1 1	
	Number of conservation easements on a certified historic structure.				
	Number of conservation easements included in (c) acquired af				
	listed in the National Register	•		2d	
3	Number of conservation easements modified, transferred, rele			anization du	uring the tax
	year▶				-
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conserv	ation easem	ents during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	nforcing conservation	easements	during the year
	> \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	s financial statements	that descril	oes the
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar <i>i</i>	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its rev	enue statement and l	balance she	et works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, educatior	, or research in furthe	erance of pu	blic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenu	e statement and bala	nce sheet w	orks of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthera	nce of publi	c service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
	(m) 4				
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial ga		
	the following amounts required to be reported under FASB AS	C 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1	-		> \$	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions				chedule D (Form 990) 2021

132051 10-28-21

Sche	dule D (Form 990) 2021 CITYSQUARE							75-233	2948	Pa	age 2
	t III Organizations Maintaining Co	ollections of Art	t, Hist	orical Tre	asures, or	Other S	imilar	Assets	(contin		
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the t	ollowing that	make sign	ificant us	se of its		-	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ney further th	ne organizatio	n's exempt	purpos	e in Part I	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	r similar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "	Yes" on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia		•					_	-	_	,
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	table:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
t	Ending balance						1f	v	1.,		
	Did the organization include an amount on Fo					-			Yes	X	∐ No
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete if									Δ	
ı uı	Endownient Funds: Complete II	(a) Current year		Prior year	(c) Two year		Three ve	ars back	(a) Four	vears	hack
10	Beginning of year balance	(a) carrent year	(8)	nor your	(O) TWO your	o buok (u)	7 111100 ye	ouro buon	(C) i oui	youro	buok
la h	Contributions										
C	Net investment earnings, gains, and losses										
4	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1	a. column (a) held as:						
а	Board designated or quasi-endowment		%	3 , ()	,						
b	Permanent endowment	%	_								
С		6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	it are held ar	nd administer	ed for the c	rganizat	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment f	funds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990,	, Part X, line	e 10.				
	Description of property	(a) Cost or o		` ,	or other	٠,	umulated	d	(d) Bool	k value	Э
		basis (investr	nent)		(other)	depre	ciation				
1a	Land	- 1		1	,253,380.				1,	253,	380.

Schedule D (Form 990) 2021

6,742,202.

4,132,135.

12,389,234.

243,938.

17,579.

1,764,331.

1,617,967.

998,796.

828,134.

e Other

b Buildings

c Leasehold improvements

d Equipment

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

8,506,533.

5,750,102.

1,242,734.

845,713.

Schedule D (Form 990) 2021 CITYSQUARE			75-2332948	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book v	/alue
(1) RESTRICTED DEPOSITS				19,820.
(2) CASH HELD FOR AGENCY			3,1	160,491.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	>	3,1	180,311.
Part X Other Liabilities.			•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book v	/alue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			1	
(9)			1	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	. 25.)		<u>-</u>	
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the	
organization's liability for uncertain tax positions under				ш х
garineanor o nability for a root tail tax positions arider			uit //I	·· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2021

CITYSQUARE 75-2332948 Page **4** Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	J
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		40	
	Add lines 4a and 4b			
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 T XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV,	-		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
Par	t XIII Supplemental Information.	· 		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	rt 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	IV, LINE 2B:			
THE	ORGANIZATION RECEIVED FUNDS ON BEHALF OF THE AGENCY IT	SERVES. THE		
0001	NIGHTON'S DOLLAW TO BE DESCRIPTION OF THE STATE OF THE ST	D 111 OFFGERWAY		
ORGA	NIZATION'S POLICY IS TO RECOGNIZE THE FUNDS RECEIVED AN	D AN OFFSETTING		
T T 3 D	TI TMV INMIT MUE BUNDO ADE DIOMPIDIMED MO MUE ULMINAME D	ENTERTATARY AM		
LIAB	ILITY UNTIL THE FUNDS ARE DISTRIBUTED TO THE ULTIMATE B	ENEFICIARY, AT		
WUTO	U MIND MUD ACCOM AND ITADIIIMV ADD DEMOVED DOOM MUD ODG	ANTZAUTON'C		
WHIC	H TIME THE ASSET AND LIABILITY ARE REMOVED FROM THE ORG	ANIZATION 5		
BOOK	· c			
ВООК				
PART	X, LINE 2:			
	, - .			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTEN	T IT HAS		
UNRE	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT REPORT	ANY TAXABLE		
UNRE	LATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2	021. THE		

Schedule D (Form 990) 2021

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

Name of the organization CITYSQUARE						75-233294	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. lii	ne 17		
required to complete this part							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations 	e Solicita	tion of	non-g gover	overnment grants nment grants			
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Part of the solicitation of the solicitation in the solicitation	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from req	gistration
				-			

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

Schedule G (Form 990) 2021

CITYSQUARE Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 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 NONE (add col. (a) through BLOCK PARTY col. (c)) (event type) (total number) (event type) 597,791 597,791. 1 Gross receipts 2 Less: Contributions 30,548 30,548. Gross income (line 1 minus line 2) 567,243. 567,243. 4 Cash prizes 12,743. 5 Noncash prizes 12,743. Direct Expenses 6,567. 6,567. 6 Rent/facility costs 20,981. 20,981. 7 Food and beverages 2,665. 2,665. 8 Entertainment 55,127. 55,127. Other direct expenses 98,083. **10** Direct expense summary. Add lines 4 through 9 in column (d) 469,160. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021	CITYSQUARE	75-2332948	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	☐ No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	☐ No
13	Indicate the percentage of gaming			
			13a	%
				%
		e person who prepares the organization's gaming/special events books and record		
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes." enter the amount of gam	ing revenue received by the organization ▶ \$ and the amo	ount	
		e third party ►\$		
	If "Yes," enter name and address			
	,			
	Name >			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	S		
	daming manager compensation p	Ψ		
	Description of services provided	>		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
	•	state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?		Yes	☐ No
ŀ		required under state law to be distributed to other exempt organizations or spent i		
•	organization's own exempt activit		11 110	
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III. lines 9. 9	b. 10b.
		applicable. Also provide any additional information. See instructions.	,	,
	, , ,			

Schedule G	(Form 990) Supplemental Infor	CITYSQU	ARE		75-2332948	Page 4
Part IV	Supplemental Infor	rmation $_{(\!c\!)}$	continued)			
-						
				 <u> </u>	 	
-						
<u></u>		<u></u>		 	 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number				
CITYSQUARE							75-2332948				
Part I General Information on Gran	nts and Assistance										
1 Does the organization maintain reco							on				
criteria used to award the grants or							Yes No				
2 Describe in Part IV the organization											
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
· · · · · · · · · · · · · · · · · · ·	(0 M. W. a.d. of										
(a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
2 Enter total number of section 501(c)3 Enter total number of other organization	. ,	•	e line 1 table				}				

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

Schedule I (Form 990) 2021 CITYSQUARE 75-2332948 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IRECT ASSISTANCE	122	1,783,467.	0.		
OOD ASSISTANCE	11971	1,187,462.	4,623,328.	FMV	2,582,265 POUNDS OF FOOD
OUSING ASSISTANCE	482	3,975,470.	0.		
CHOLARSHIP/EDUCATION	4	3,035.	0.		

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

PART I, LINE 2:

FUNDS FROM HUD SUPPORTIVE PROGRAM GRANTS ARE USED TO PAY LEASING COSTS FOR

CHRONICALLY HOMELESS INDIVIDUALS IDENTIFIED AS ELIGIBLE THROUGH THE LOCAL

CONTINUUM OF CARE'S COORDINATED ACCESS SYSTEM. PAYMENTS FOR RENT AND

UTILITIES ARE MADE DIRECTLY TO VENDORS AND NOT TO PROGRAM PARTICIPANTS.

DIRECT ASSISTANCE IS GIVEN TO YOUTH AGING OUT OF THE FOSTER CARE SYSTEM AND

OTHER PROGRAM PARTICIPANTS AND ARE MADE OUT TO THE SERVICE PROVIDER AND MAY

BE USED FOR RENT, UTILITIES, GROCERIES AND ARE INTENDED TO STABILIZE

HOUSING AND PREVENT HOMELESSNESS. FOOD ASSISTANCE IS GIVEN DIRECTLY TO

Schedule I (Fo	rm 990) CITYSQUARE	75-2332948	Page 2
Part IV S	Supplemental Information		
NEIGHBORS A	T THE FOOD PANTRY.		
EDUCATION O	LASSES FOR WORKPLACE TRAINING IN CONSTRUCTION AND HOSPITALITY		
ARE OFFEREI	AT SCHOLARSHIP OR FREE OF COST TO THE INDIVIDUALS		
PARTICIPATI	NG.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

Department of the Treasury Name of the organization

CITYSOUARE

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

75-2332948 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title (1) LARRY JAMES - TO DEC 2021		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LARRY JAMES - TO DEC 2021	(i)	186,551.	0.	0.	8,864.	873.	196,288.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) JOHN SIBURT	(i)	193,411.	0.	0.	3,300.	9,339.	206,050.	0.
PRESIDENT AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMANDA M SHREVE	(i)	148,537.	0.	0.	3,750.	4,825.	157,112.	0.
VICE PRESIDENT OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRIS OLIVER	(i)	157,500.	0.	0.	0.	888.	158,388.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
(5) SARAH CANTU	(i)	135,433.	0.	0.	7,500.	11,737.	154,670.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Employer identification number CITYSQUARE 75-2332948

rai	it i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of noncash contri			s
1	Art - Works of art							
2	Art - Historical treasures	I						
3	Art - Fractional interests	I						
4	Books and publications	I						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		7	59,39	2. AVERAGE PRICE			
10	Securities - Closely held stock	I						
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	I						
19	Food inventory		2582865	4,623,32	B. FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BAYLOR PROGRA) X	16	313,47				
26	Other (DEVELOPMENT I) X	89	216,74				
27	Other (IMPUTED INTER) X	5	48,31	3. FMV			
28	Other ()		<u> </u>				
29	Number of Forms 8283 received by the org						•	
	for which the organization completed Form	8283, Part V, D	onee Acknowledg	ement 29			0	
				=			Yes	No
30a	During the year, did the organization receiv	•		•	•			
	must hold for at least three years from the	0	•	·		00		v
	exempt purposes for the entire holding per					30a		Х
	If "Yes," describe the arrangement in Part I		auiroo tha ravia	of any panatondard as-t	outions?	31	Х	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
3∠a	contributions?		•			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	in column (c) fo	r a type of property	for which column (a) is ch	necked,			
	describe in Part II.		fau Faura 000					
			tau Fauus 000		C = = = = -		- 000\	

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

Inspection

Name of the organization CITYSQUARE	Employer identification number 75-2332948
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THROUGH AN INTERLOCKING NETWORK OF PROGRAMS ORGANIZED INTO FOUR	
VERTICALS: HUNGER, HEALTH, HOUSING AND HOPE. THROUGH THE PROVISION OF	
FOOD, MEDICAL CARE, LEGAL ASSISTANCE, HOUSING AND EDUCATIONAL	
OPPORTUNITIES FOR ADULTS AND CHILDREN, IT PROVIDES MEANINGFUL LIFE	
TRANSFORMATION TO THE COMMUNITY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
HOUSING PROGRAMS:	
CITYSQUARE HAS SEVERAL UNIQUE HOUSING PROGRAMS THAT PROVIDE MORE THAN	
600 UNITS OF HOUSING IN DALLAS. AS A STRONG ADVOCATE OF HOUSING FIRST,	
CITYSQUARE BELIEVES IN PROVIDING WRAPAROUND SERVICES THAT SUPPORT	
INDIVIDUALS IN MAINTAINING THEIR HOUSING LONG TERM. FOR EXAMPLE,	
CITYSQUARE PROVIDES CASE MANAGEMENT SERVICES TO ENSURE INDIVIDUALS	
OBTAIN APPROPRIATE REFERRALS, HAVE SUPPORT IN MEETING THEIR OWN	
PERSONAL GOALS, AND ARE ENGAGED IN PROGRAM ACTIVITIES THAT PROMOTE	
COMMUNITY. IN 2021, 90% OF ALL NEIGHBORS HOUSED IN PERMANENT OR RAPID	
SUPPORTIVE HOUSING, MAINTAINED HOUSING FOR 6 OR MORE MONTHS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
HUNGER PROGRAMS (CONTINUED):	
THE FOOD PANTRY IS AN ENTRY POINT FOR CITYSQUARE'S 16 OTHER PROGRAMS	

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization CITYSQUARE	Employer identification number 75-2332948
RANGING FROM JOB TRAINING TO MENTAL HEALTH TREATMENT. ADDITIONALLY,	
CITYSQUARE OPERATES A FOOD RECOVERY PROGRAM THAT STOCKS THE FOOD PANTRY	
WITH READY TO EAT MEALS AND PROVIDES COMMUNITY PARTNERS WITH MEALS.	
CITYSQUARE'S SUMMER FOOD SERVICE PROGRAM (SFSP) AND CHILD AND ADULT	
CARE FOOD PROGRAM (CACFP) PROVIDE MEALS YEAR-ROUND TO CHILDREN LIVING	
IN POVERTY IN AREAS SURROUNDING THE DALLAS-FT. WORTH METROPLEX AND	
DENVER. THE MAJOR FUNDER OF THESE PROGRAMS IS THE UNITED STATES	
DEPARTMENT OF AGRICULTURE (USDA); CACFP FUNDING IS USED TO PROVIDE	
CHILDREN WITH AFTER-SCHOOL MEALS AND SFSP FUNDING IS USED TO PROVIDE	
CHILDREN WITH MEALS DURING THE SUMMER MONTHS. IN 2021, THE PROGRAMS	
DELIVERED OVER 450,000 MEALS TO OVER 9,500 CHILDREN.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
HOPE PROGRAMS (CONTINUED):	
IT IS A HOLISTIC MODEL THAT IS FRAMED WITHIN THE EXISTING WORKING	
FAMILIES SUCCESS MODEL (WFS) AROUND INCOME SUPPORTS, FINANCIAL COACHING	
AND EMPLOYMENT. THIS THREE-PRONGED APPROACH WILL APPROPRIATELY REFER,	
PRIMARILY BUT NOT EXCLUSIVELY, EXISTING NEIGHBORS WHO ARE ASSESSED TO	
BE READY FOR JOB TRAINING, BROKER PARTNERSHIPS WITH TRAINING	
ORGANIZATIONS AND EMPLOYERS TO PROVIDE SUPPORTIVE SERVICES AROUND JOB	
READINESS TRAINING AND RETENTIONS, AND PROVIDE EMPLOYMENT PLACEMENT FOR	
EXISTING NEIGHBORS IN CITYSQUARE PROGRAMS THAT ARE ON A JOB READINESS	
TRACK. IN 2021, 124 ENROLLED NEIGHBORS RECEIVED WORKFORCE AND FINANCIAL	
EMPOWERMENT SUPPORT, INCLUDING EMPLOYMENT SERVICES, INCOME/RESOURCE	
SUPPORT OR FINANCIAL COACHING.	

Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** CITYSQUARE 75-2332948 TRANSITION RESOURCE ACTION CENTER (TRAC) PROVIDES A "ONE STOP" ASSESSMENT/INTAKE AND REFERRAL FACILITY FOR TRANSITIONAL LIVING SERVICES TO YOUTH EXITING FOSTER AND JUVENILE CARE IN NORTH TEXAS. TRAC BRINGS TOGETHER COMMUNITY RESOURCES AND INTENSIVE CASE MANAGEMENT SERVICES AND IS THE ONLY SUCH PROGRAM IN NORTH TEXAS THAT EXISTS TO COMPREHENSIVELY ADDRESS THE NEEDS OF THIS POPULATION. IN 2021, TRAC SERVED OVER 1,250 OF THE MOST CHALLENGED AT-RISK TEENS BY HELPING THEM MAKE A LIFE PLAN AND ACQUIRE THE SKILLS THEY NEED TO SURVIVE ON THEIR OWN AFTER THEY REACH AGE 18. TRAC OPERATES IN TWO SITES, ONE OF WHICH IS A COLLABORATIVE WITH A YOUTH SHELTER AND THE DALLAS INDEPENDENT SCHOOL DISTRICT. NEIGHBOR SUPPORT SERVICES PROVIDES INDIVIDUALS WITH CASE MANAGEMENT AND REFERRALS TO COMMUNITY RESOURCES EITHER AT CITYSQUARE OR OTHER ORGANIZATIONS IN THE COMMUNITY. LONG-TERM, GOAL ORIENTED. INTENSIVE CASE MANAGEMENT HELPS LOW INCOME AND HOMELESS ADULTS ACHIEVE KEY GOALS AND MOVE TOWARD LONG-TERM SELF-SUFFICIENCY. ABOUT 550 INDIVIDUALS WERE SERVED IN 2021 LEADING TO NEARLY 500 REFERRALS TO SUPPORT SERVICES. ADDITIONALLY EMERGENCY GOODS SUCH AS BUS PASSES AND HYGIENE KITS WERE DISTRIBUTED. THE HOMELESS OUTREACH TEAM WORKS TO MEET INDIVIDUALS WHERE THEY ARE - WHETHER IT IS IN THE STREETS OR IN ENCAMPMENTS; IN 2021, THEY ENGAGED 373 INDIVIDUALS AND PLACED OVERLY 29 INDIVIDUALS INTO PERMANENT HOUSING WHILE PLACING 91 ON THE HOUSING PRIORITY LIST TO AWAIT AVAILABLE HOUSING. AMERICORPS IS A NATIONAL SERVICE PROGRAM DEDICATED TO WORKING IN LOCAL COMMUNITIES TO AFFECT CHANGE THROUGH SERVICE. CITYSQUARE OPERATES THE LARGEST AMERICORPS PROGRAM IN NORTH TEXAS, AND ITS MEMBERS ARE A VITAL SUPPORT TO VIRTUALLY EVERY PROGRAM THAT CITYSQUARE OFFERS. IN 2021, OVER 270 MEMBERS WORKED OVER 110,000 HOURS TO PROMOTE ACADEMIC ENGAGEMENT, FOOD

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization CITYSQUARE 75-2332948 SECURITY AND SOCIAL SERVICES ACROSS CITYSQUARE AND OTHER COMMUNITY ORGANIZATIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **HEALTH PROGRAMS:** THE CITYSQUARE CLINIC PROVIDES FAMILY PRACTICE AND PEDIATRIC HEALTH CARE, CHRONIC DISEASE EDUCATION, AND PHARMACY BENEFITS TO UNINSURED, LOW-INCOME PATIENTS. THE NEIGHBOR HEALTH SUPPORT (NHS) PROGRAM IS AN EXTENSION OF THE CITYSQUARE CLINIC. NEIGHBORS SERVED THROUGHOUT CITYSQUARE OFTEN NEED SUPPORT AROUND THEIR HEALTH NEEDS. AND THE NHS TEAM PROVIDES HOUSING NEIGHBORS WITH HEALTH NAVIGATION AND ASSISTANCE PREVENTION SCREENINGS AND OUTREACH TO THE COMMUNITY FIND ACCESS CARE. IN 2021, NEARLY 120 NEIGHBORS RECEIVED SUPPORT FROM THE NHS TEAM. COMMUNITY HEALTH SERVICES (CHS) PARTNERS WITH FAMILIES AND INDIVIDUALS TO CREATE CLEAR MOVEMENT TOWARD BETTER HEALTH AND QUALITY OF LIFE. CHS OPERATES A FAMILY MEDICINE CLINIC AND IN 2021, PROVIDED HIGH-QUALITY PRIMARY, PREVENTIVE ADULT AND PEDIATRIC, CHRONIC AND NON-EMERGENCY ACUTE CARE TO OVER 1,100 UNINSURED NEIGHBORS, AMOUNTING TO OVER 2,400 TOTAL HEALTH RELATED ENCOUNTERS. ADDITIONALLY CHS WORKS HARD TO SUPPORT PATIENTS IN THE SELF-MANAGEMENT OF CHRONIC DISEASES, WITH A SPECIAL EMPHASIS ON DIABETES. CHS LEVERAGES SIGNIFICANT COMMITMENTS OF ADDITIONAL RESOURCES THROUGH COLLABORATIVE PARTNERSHIPS WITH BAYLOR HEALTH CARE SYSTEM, INC. AND ITS EMPLOYED HEALTH TEXAS PHYSICIAN

EXPENSES \$ 677,683. INCLUDING GRANTS OF \$ 7. REVENUE \$ 239,032.

NETWORK. AS AN EXTENSION OF THE CHS CLINIC, SATELLITE CLINICS ARE

OPERATED AT CITYSQUARE HOUSING SITES.

Name of the organization	Employer identification number
CITYSQUARE	75-2332948
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	
AND REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND THE SENIOR	
BOARD MEMBERS PRIOR TO SUBMISSION.	
BOARD MEMBERS FRIOR TO SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE POLICIES ARE MONITORED BY HUMAN RESOURCE COMPLIANCE REVIEWS.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARIES ARE DETERMINED BASED ON COMPARABLE SALARIES OF OTHER DALLAS AREA	
NONPROFIT ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.	
FORM 990 PART XII LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CITYSQUARE						75-2332948		
Part I Identification of Disregarded Entities. Co	omplete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inc		e) ear assets	Direct o	(f) controlling ntity	9
CITYSQUARE HOUSING DENVER, LLC PO BOX 141345 DALLAS, TX 75214	SUPPORT HOUSING PROGRAM IN DENVER AREA	TEXAS		0.	0.	CITYSQUARE		
GRAVES PERPERTIES LLC PO BOX 141345 DALLAS, TX 75214	SUPPORT HOUSING PROGRAM	TEXAS		0.	0	CITYSOUARE		
Identification of Polated Tay Evernat Or	ganizations. Complete if the organization a	inswered "Ves" on Form 900	D. Part IV. line 34	bocquise it had o	an or more	related tay eye	mot	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations. Complete if the organization a	inswered Yes on Form 990	J, Part IV, line 34,	Decause it riad of	ie or more	related tax-exe	прі	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ect controlling entity		g) 512(b)(13) rolled ity?
CITYSQUARE HOUSING - 75-2948028								
511 N AKARD ST, STE 302	DEVELOP AND MANAGE							
DALLAS, TX 75201	AFFORDABLE HOUSING	TEXAS	501 (C) 3	LINE 7	CITYSÇ	QUARE	х	

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CITYSQUARE 75-2332948

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(h)		(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionat allocations?		Code V-UBI amount in box 20 of Schedule	mana partn	ging er?	Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					
-																
WYNNEWOOD FAMILY HOUSING, LP																
- 90-1016434, 511 N AKARD,	RESIDENTIAL															
SUITE 302, DALLAS, TX 75201	RENTAL INCOME	TX	N/A	N/A	N/A	N/A		x	N/A		x	N/A				
WYNNEWOOD SENIORS HOUSING, LP																
- 45-3158118, 511 N AKARD,	RESIDENTIAL															
SUITE 302, DALLAS, TX 75201	RENTAL INCOME	TX	N/A	N/A	N/A	N/A		x	N/A		2	N/A				
AKARD WALK RESIDENTIAL LLC -																
26-2438475, 511 N AKARD,	RESIDENTIAL															
SUITE 302, DALLAS, TX 75201	RENTAL INCOME	TX	N/A	N/A	N/A	N/A		х	N/A	2	<u> </u>	N/A				
AKARD WALK COMMERCIAL LLC -																
26-2438421, 511 N AKARD,	COMMERCIAL															
SUITE 302, DALLAS, TX 75201	RENTAL INCOME	TX	N/A	N/A	N/A	N/A		x	N/A		χ	N/A				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	(i) ction	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b	b)(13) rolled tity?	
		country)		ŕ				Yes	No	
AKARD WALK COMMERCIAL GP, LLC - 26-2438103									İ	
511 N AKARD	OWN & OPERATE								İ	
DALLAS, TX 75201	AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		х	
AKARD WALK RESIDENTIAL GP, LLC - 26-2438192										
511 N AKARD	OWN & OPERATE									
DALLAS, TX 75201	AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		х	
WYNNEWOOD SENIORS HOUSING GP, LLC -	OWN & OPERATE									
45-3158205, 511 N AKARD, DALLAS, TX 75201	AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		х	
WYNNEWOOD FAMILY HOUSING GP, LLC -	OWN & OPERATE									
46-3632324, 511 N AKARD, DALLAS, TX 75201	AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		х	
									<u> </u>	

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d	Х			
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
	Sale of assets to related organization(s)	1g		Х		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х			
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х			
	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
	Reimbursement paid by related organization(s) for expenses	1q	Х			
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CITYSQUARE HOUSING	D	236,616.	LOAN PAYMENTS
(2) CITYSQUARE HOUSING	D	37,797.	LOAN PAYMENTS
(3) CITYSQUARE HOUSING	Q	456,321.	CASH
(4) CDM CENTER OF HOPE, INC	К	69,527.	CASH
<u>(5)</u>			
<u>(6)</u>			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gener mana partr	ral or aging ner?	(k) Percentage ownership
		332	Sections 3 12-3 14)	Yes No	 33333	Yes	No	(1011111003)	Yes	NO	

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Part VII Supplemental Information		,
Provide additional information for responses to questions on Schedule R. See instructions.		
DIDE TIL TREVETERATOR OF RELIGION OF RELIGION OF RELIGIONS.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME OF RELATED ORGANIZATION:		
WYNNEWOOD SENIORS HOUSING, LP		
DIDEGE COMPOSITING DISCHARY MANAGEMOND CONTORS MONGTING OF THE		
DIRECT CONTROLLING ENTITY: WYNNEWOOD SENIORS HOUSING GP, LLC		