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ARMANINO ^{LLP}

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITY SQUARE		D Employer identification number 75-2332948
	Doing business as		E Telephone number (214) 823-8710
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 141345		G Gross receipts \$ 26,443,112.
	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75214		
F Name and address of principal officer: JOHN SIBURT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CITY SQUARE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1990 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A SOCIAL JUSTICE ORGANIZATION FIGHTING THE CAUSES AND EFFECTS OF POVERTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	459
	6 Total number of volunteers (estimate if necessary)	6	1028
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	37,964,354.	24,930,277.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	878,876.	668,924.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-543,229.	12,167.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,989.	733,661.
		38,531,990.	26,345,029.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,468,806.	11,572,762.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,132,760.	9,973,530.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 958,747.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,804,212.	3,932,294.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,405,778.	25,478,586.	
19 Revenue less expenses. Subtract line 18 from line 12	12,126,212.	866,443.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	28,074,964.	22,668,540.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,085,832.	6,045,332.
	15,989,132.	16,623,208.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MANDY SHREVE, CHIEF ADMINISTRATIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI	Date 10/31/22	Check if self-employed <input type="checkbox"/>	PTIN P00853132
	Firm's name ▶ ARMANINO, LLP	Firm's EIN ▶ 94-6214841	Phone no. 972-661-1843		
	Firm's address ▶ 15950 N. DALLAS PKWY, #600 DALLAS, TX 75248				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,259,938. including grants of \$ 3,434,019.) (Revenue \$ 365,851.) CITY SQUARE 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 CITY SQUARE 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: CITY SQUARE'S FOOD PROGRAMS INCLUDE THE FOOD PANTRY AND CHILD NUTRITION PROGRAMS. THE CITY SQUARE 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 CITY SQUARE 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. CITY SQUARE'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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(11) ELIZABETH CAUDILL MCCLAIN BOARD MEMBER	1.00	X						0.	0.	0.
(12) NKEM OKAFOR BOARD MEMBER	1.00	X						0.	0.	0.
(13) EDIE DIAZ BOARD MEMBER	1.00	X						0.	0.	0.
(14) ROBBIE FRAZIER BOARD MEMBER	1.00	X						0.	0.	0.
(15) MEREDITH BJORCK BOARD MEMBER	1.00	X						0.	0.	0.
(16) BRIAN CURTIS BOARD MEMBER	1.00	X						0.	0.	0.
(17) LEWIS WEINGER BOARD MEMBER	1.00	X						0.	0.	0.
(18) JON HALBERT BOARD MEMBER	1.00	X						0.	0.	0.
(19) KERRY PEREZ BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,068,754.	0.	72,721.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,068,754.	0.	72,721.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) 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 to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	472,012.				
	1 b	Membership dues					
	1 c	Fundraising events	30,548.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	13,282,673.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	11,145,044.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 5,261,255.				
	1 h	Total. Add lines 1a-1f		24,930,277.			
Program Service Revenue	2 a	CLIENT SERVICE FEES	812900	668,924.	668,924.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		668,924.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,167.		12,167.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	169,028.			
			(ii) Personal				
	6 b	Less: rental expenses	0.				
	6 c	Rental income or (loss)	169,028.				
		d	Net rental income or (loss)		169,028.		169,028.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
7 c	Gain or (loss)						
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 30,548. of contributions reported on line 1c). See Part IV, line 18		567,243.				
8 b	Less: direct expenses	98,083.					
	c	Net income or (loss) from fundraising events		469,160.		469,160.	
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances		7,922.				
10 b	Less: cost of goods sold	0.					
	c	Net income or (loss) from sales of inventory		7,922.	7,922.		
Miscellaneous Revenue	11 a	OTHER REVENUE	812900	87,551.	87,551.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		87,551.			
12	Total revenue. See instructions		26,345,029.	764,397.	0.	650,355.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,572,762.	11,572,762.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	717,838.		717,838.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,759,115.	6,009,737.	1,223,140.	526,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,726.	83,485.	24,361.	13,880.
9 Other employee benefits	764,359.	640,668.	89,496.	34,195.
10 Payroll taxes	610,492.	438,842.	132,926.	38,724.
11 Fees for services (nonemployees):				
a Management				
b Legal	531,486.	168,938.	235,006.	127,542.
c Accounting	222,571.	70,746.	98,414.	53,411.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,957.	30,775.	11,014.	5,168.
12 Advertising and promotion	37,326.	22,007.	1,937.	13,382.
13 Office expenses	373,066.	293,184.	39,949.	39,933.
14 Information technology	153,044.	121,492.	25,110.	6,442.
15 Royalties				
16 Occupancy	1,244,888.	968,084.	257,281.	19,523.
17 Travel	131,966.	129,132.	2,209.	625.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	60,137.	1,438.	58,699.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	431,109.	42,854.	331,183.	57,072.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND PROGRAM EXPENSE	517,479.	517,479.		
b OTHER EXPENSES	170,244.	140,731.	18,922.	10,591.
c OTHER EVENT EXPENSES	12,021.			12,021.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,478,586.	21,252,354.	3,267,485.	958,747.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,097,079.	1	645,569.
	2 Savings and temporary cash investments	876,577.	2	1,285,287.
	3 Pledges and grants receivable, net	1,132,513.	3	910,449.
	4 Accounts receivable, net	35,040.	4	46,196.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	4,005,534.	7	3,738,603.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	569,714.	9	472,891.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,598,462.		
	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, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,163,210.	15	3,180,311.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,074,964.	16	22,668,540.	
Liabilities	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. Complete Part IV of Schedule D	3,077,548.	21	3,160,491.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,147,734.	23	1,367,734.
	24 Unsecured notes and loans payable to unrelated third parties	160,310.	24	68,315.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,283,300.	25	0.
	26 Total liabilities. Add lines 17 through 25	12,085,832.	26	6,045,332.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,411,275.	27	16,037,661.
	28 Net assets with donor restrictions	577,857.	28	585,547.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,989,132.	32	16,623,208.
	33 Total liabilities and net assets/fund balances	28,074,964.	33	22,668,540.

Form 990 (2021)

Part 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	26,345,029.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,478,586.
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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
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?
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?
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	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 assets (Explain in Part VI.)	132,004.	453,601.	406,706.	32,599.	654,794.	1,679,704.
11 Total support. Add lines 7 through 10						130,213,030.
12 Gross receipts from related activities, etc. (see instructions)					12	6,021,286.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	95.82 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.15 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt 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 purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

SCHEDULE 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

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

CITY SQUARE

Employer identification number

75-2332948

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CITY SQUARE	Employer identification number 75-2332948
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,620,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,409,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,112,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,239,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,283,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITY SQUARE	Employer identification number 75-2332948
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,080,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 565,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITY SQUARE	Employer identification number 75-2332948
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization CITY SQUARE	Employer identification number 75-2332948
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CITY SQUARE Employer identification number 75-2332948

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,253,380.		1,253,380.
b Buildings		8,506,533.	1,764,331.	6,742,202.
c Leasehold improvements		5,750,102.	1,617,967.	4,132,135.
d Equipment		1,242,734.	998,796.	243,938.
e Other		845,713.	828,134.	17,579.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,389,234.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 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 value
(1) RESTRICTED DEPOSITS	19,820.
(2) CASH HELD FOR AGENCY	3,160,491.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,180,311.

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 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION RECEIVED FUNDS ON BEHALF OF THE AGENCY IT SERVES. THE ORGANIZATION'S POLICY IS TO RECOGNIZE THE FUNDS RECEIVED AND AN OFFSETTING LIABILITY UNTIL THE FUNDS ARE DISTRIBUTED TO THE ULTIMATE BENEFICIARY, AT WHICH TIME THE ASSET AND LIABILITY ARE REMOVED FROM THE ORGANIZATION'S BOOKS.

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 EXTENT IT HAS UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT REPORT ANY TAXABLE UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021. THE

Part XIII Supplemental Information (continued)

ORGANIZATION'S ESTIMATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX
ISSUES IS SUBJECT TO MANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS AND
CIRCUMSTANCES EXISTING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY
THAN NOT THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF
A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO THE
EXTENT THAT THE ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES,
THE CHANGE IN ESTIMATE IS RECORDED IN THE PERIOD IN WHICH THE
DETERMINATION IS MADE. THE ORGANIZATION REPORTS TAX-RELATED INTEREST AND
PENALTIES, IF APPLICABLE, AS A COMPONENT OF INCOME TAX EXPENSE AS
INCURRED.

CITY SQUARE HOUSING DENVER LLC IS CONSIDERED DISREGARDED ENTITY FOR TAX
PURPOSES AND IS INCLUDED ON CITY SQUARE'S EXEMPT TAX RETURN.

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 NONE	(d) Total events (add col. (a) through col. (c))
		BLOCK PARTY (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	597,791.			597,791.
	2 Less: Contributions	30,548.			30,548.
	3 Gross income (line 1 minus line 2)	567,243.			567,243.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,743.			12,743.
	6 Rent/facility costs	6,567.			6,567.
	7 Food and beverages	20,981.			20,981.
	8 Entertainment	2,665.			2,665.
	9 Other direct expenses	55,127.			55,127.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				98,083.
11 Net income summary. Subtract line 10 from line 3, column (d)				469,160.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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

2021

**Open to Public
Inspection**

Name of the organization CITY SQUARE Employer identification number 75-2332948

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

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
DIRECT ASSISTANCE	122	1,783,467.	0.		
FOOD ASSISTANCE	11971	1,187,462.	4,623,328.	FMV	2,582,265 POUNDS OF FOOD
HOUSING ASSISTANCE	482	3,975,470.	0.		
SCHOLARSHIP/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

Part IV Supplemental Information

NEIGHBORS AT THE FOOD PANTRY.

EDUCATION CLASSES FOR WORKPLACE TRAINING IN CONSTRUCTION AND HOSPITALITY

ARE OFFERED AT SCHOLARSHIP OR FREE OF COST TO THE INDIVIDUALS

PARTICIPATING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CITY SQUARE

Employer identification number
75-2332948

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 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?

3 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

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

2021

**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 **CITY SQUARE** Employer identification number **75-2332948**

Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	59,392.	AVERAGE PRICE
10 Securities - Closely held stock				
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				
19 Food inventory	X	2582865	4,623,328.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BAYLOR PROGRA)	X	16	313,478.	FMV
26 Other ▶ (DEVELOPMENT I)	X	89	216,744.	FMV
27 Other ▶ (IMPUTED INTER)	X	5	48,313.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS INDICATES NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

CITY SQUARE USES A THIRD PARTY ORGANIZATION TO ASSIST WITH PROCESSING

IRREGULAR NON-CASH CONTRIBUTIONS SUCH AS VEHICLES AND BOATS. DURING

2021, THERE WERE NOO VEHICLES RECEIVED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CITY SQUARE

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:

CITY SQUARE HAS SEVERAL UNIQUE HOUSING PROGRAMS THAT PROVIDE MORE THAN

600 UNITS OF HOUSING IN DALLAS. AS A STRONG ADVOCATE OF HOUSING FIRST,

CITY SQUARE BELIEVES IN PROVIDING WRAPAROUND SERVICES THAT SUPPORT

INDIVIDUALS IN MAINTAINING THEIR HOUSING LONG TERM. FOR EXAMPLE,

CITY SQUARE 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 CITY SQUARE'S 16 OTHER PROGRAMS

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization CITY SQUARE	Employer identification number 75-2332948
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RANGING FROM JOB TRAINING TO MENTAL HEALTH TREATMENT. ADDITIONALLY,

CITY SQUARE OPERATES A FOOD RECOVERY PROGRAM THAT STOCKS THE FOOD PANTRY

WITH READY TO EAT MEALS AND PROVIDES COMMUNITY PARTNERS WITH MEALS.

CITY SQUARE'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 CITY SQUARE 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.

Name of the organization CITY SQUARE	Employer identification number 75-2332948
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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 CITY SQUARE 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. CITY SQUARE OPERATES THE LARGEST AMERICORPS PROGRAM IN NORTH TEXAS, AND ITS MEMBERS ARE A VITAL SUPPORT TO VIRTUALLY EVERY PROGRAM THAT CITY SQUARE OFFERS. IN 2021, OVER 270 MEMBERS WORKED OVER 110,000 HOURS TO PROMOTE ACADEMIC ENGAGEMENT, FOOD

Name of the organization CITY SQUARE	Employer identification number 75-2332948
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SECURITY AND SOCIAL SERVICES ACROSS CITY SQUARE AND OTHER COMMUNITY ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTH PROGRAMS:

THE CITY SQUARE 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 CITY SQUARE CLINIC. NEIGHBORS SERVED THROUGHOUT CITY SQUARE 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 NETWORK. AS AN EXTENSION OF THE CHS CLINIC, SATELLITE CLINICS ARE OPERATED AT CITY SQUARE HOUSING SITES.

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

Name of the organization CITY SQUARE	Employer identification number 75-2332948
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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.

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

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

2021

Open to Public Inspection

Name of the organization **CITY SQUARE** Employer identification number **75-2332948**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CITY SQUARE HOUSING DENVER, LLC PO BOX 141345 DALLAS, TX 75214	SUPPORT HOUSING PROGRAM IN DENVER AREA	TEXAS	0.	0.	CITY SQUARE
GRAVES PERPERTIES LLC PO BOX 141345 DALLAS, TX 75214	SUPPORT HOUSING PROGRAM	TEXAS	0.	0.	CITY SQUARE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CITY SQUARE HOUSING - 75-2948028 511 N AKARD ST, STE 302 DALLAS, TX 75201	DEVELOP AND MANAGE AFFORDABLE HOUSING	TEXAS	501 (C) 3	LINE 7	CITY SQUARE	X	

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

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WYNNEWOOD FAMILY HOUSING, LP - 90-1016434, 511 N AKARD, SUITE 302, DALLAS, TX 75201	RESIDENTIAL 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, SUITE 302, DALLAS, TX 75201	RESIDENTIAL RENTAL INCOME	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AKARD WALK RESIDENTIAL LLC - 26-2438475, 511 N AKARD, SUITE 302, DALLAS, TX 75201	RESIDENTIAL RENTAL INCOME	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AKARD WALK COMMERCIAL LLC - 26-2438421, 511 N AKARD, SUITE 302, DALLAS, TX 75201	COMMERCIAL RENTAL INCOME	TX	N/A	N/A	N/A	N/A		X	N/A		X	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AKARD WALK COMMERCIAL GP, LLC - 26-2438103 511 N AKARD DALLAS, TX 75201	OWN & OPERATE AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X
AKARD WALK RESIDENTIAL GP, LLC - 26-2438192 511 N AKARD DALLAS, TX 75201	OWN & OPERATE AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X
WYNNEWOOD SENIORS HOUSING GP, LLC - 45-3158205, 511 N AKARD, DALLAS, TX 75201	OWN & OPERATE AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X
WYNNEWOOD FAMILY HOUSING GP, LLC - 46-3632324, 511 N AKARD, DALLAS, TX 75201	OWN & OPERATE AFFORDABLE HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) CITY SQUARE HOUSING	D	236,616.	LOAN PAYMENTS
(2) CITY SQUARE HOUSING	D	37,797.	LOAN PAYMENTS
(3) CITY SQUARE HOUSING	Q	456,321.	CASH
(4) CDM CENTER OF HOPE, INC	K	69,527.	CASH
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

WYNNEWOOD SENIORS HOUSING, LP

DIRECT CONTROLLING ENTITY: WYNNEWOOD SENIORS HOUSING GP, LLC