Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

| A F | or the | 2021 calendar year, or tax year beginning JUL | 1, 2021 and | ending J | UN 30, 2022 | |
|-----------------------------|------------------------------|--|---------------------------------|------------------|-------------------------|--------------------------------|
| | neck if | C Name of organization | | | D Employer identific | ation number |
| ap | plicable | COMMUNITIES IN SCHOOLS | | | | |
| Γ | Addres change | | INC | | | |
| \vdash | Name change | Doing business as | 2110 | | 23-22228' | 74 |
| 一 | Initial | Number and street (or P.O. box if mail is not delivere | d to street address) | Room/suite | | |
| \vdash |]return]Final return/ | 739 N 12TH STREET | a to su cot addi cosj | 110011/3010 | 484-834- | |
| L | Jreturn/ termin- ated | | or foreign postal code | L | G Gross receipts \$ | 9,811,894. |
| | Amend | | or foreign postar code | | H(a) Is this a group re | |
| 干 | Jreturn]Applica | | HY MILLICAN | | | ? Yes X No |
| <u> </u> | Ition pendin | | | በ3 | | cluded? Yes No |
| LT | 07.070 | | (insert no.) 4947(a)(1) | | | list. See instructions |
| | | e: NWW.CISEASTERNPA.ORG | (msert no.) 4547(a)(1) | 01 021 | H(c) Group exemption | |
| | | organization: X Corporation Trust Associa | ation Other | I Year | | State of legal domicile: PA |
| | | Summary | ation Calor | L ICa | or iorridatori. 2004 it | Ciato of logal dollars a 22 |
| ra | | Briefly describe the organization's mission or most sign | oificant activities: THE | ORGANI | ZATION'S MI | SSTON TS TO |
| မွ | 1 | SURROUND STUDENTS WITH A CO | MMITATTOV OF CIT | DDUDUL OKGWKT | EMPOWER ING | THEM TO |
| la l | | Check this box if the organization discontinu | red its energtions or dispo | FFOIT, | than 25% of its not as | eate |
| /eri | | | | | | 14 |
| ő | | Number of voting members of the governing body (Par | | •••• | ····· | 14 |
| જ | | Number of independent voting members of the govern | | | | 125 |
| ties | | Total number of individuals employed in calendar year | | | ······ | 14 |
| Activities & Governance | | Total number of volunteers (estimate if necessary) | | | | 0. |
| Pe | | Total unrelated business revenue from Part VIII, colum | | | ······ | 0. |
| | b | Net unrelated business taxable income from Form 990 | FI, Part I, line II | T | Prior Year | Current Year |
| | | | | | 1,301,282. | 4,580,079. |
| e e | | Contributions and grants (Part VIII, line 1h) | | | | 4,279,290. |
| le l | | | | | 3,756,924. 935. | -71,318· |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and | | II | 970. | 42. |
| _ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c | | i | | 8,788,093. |
| | | Total revenue - add lines 8 through 11 (must equal Par | | ľ | 5,060,111. | |
| | | Grants and similar amounts paid (Part IX, column (A), li | | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), lin | | F | 0. | 4,912,982. |
| es | l | Salaries, other compensation, employee benefits (Part | | 1 | 3,997,823. | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line | | | 0. | 0. |
| X | | Total fundraising expenses (Part IX, column (D), line 25 | | | 570 27F | 620 200 |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11 | | | 572,375. | 630,398. 5,543,380. |
| | I | Total expenses. Add lines 13-17 (must equal Part IX, c | | i i | 4,570,198. | |
| . 0 | | Revenue less expenses. Subtract line 18 from line 12 | | | 489,913. | 3,244,713. |
| Net Assets or Fund Balances | <u> </u> | | | | ginning of Current Year | End of Year 6,406,035. |
| Sset | 20 | • | | | 3,833,908. | |
| et nd E | 21 | Total liabilities (Part X, line 26) | | | 971,141. | 365,070. |
| | | Net assets or fund balances. Subtract line 21 from line | <u> 20</u> | | 2,862,767. | 6,040,965. |
| | art II | Signature Block | | | | . I way ladge and halief it is |
| | | alties of perjury, I declare that I have examined this return, incl | | | | y knowledge allu bellet, it is |
| true, | , corre | ct, and complete. Declaration of preparer (8ther than officer) is | s based on all information of v | vnich prepare | r nas any knowledge. | 100 |
| | | - Mit Mullin | <u></u> | | Date /20 | 166 |
| Sig | n | Signature of officer | | | Date | |
| Her | e | TIMOTHY MULLIGAN, PRESID | DENT & CEO | | | |
| | | Type or print name and title | | | Data lacut | DT/M |
| | | , this ignorance of the control of t | eparer's signature | 1 | Date Check | PTIN |
| Paid | d | TARA L. BENDER, CPA | Jaca & Bender | | LO/13/22 self-employ | |
| Pre | parer | Firm's name CAMPBELL RAPPOLD & | YURASITS LLI | <u> </u> | Firm's EIN | 23-1386942 |
| Use | Only | Firm's address 1033 S CEDAR CREST | BLVD | | 1 | 401405 5400 |
| | | ALLENTOWN, PA 1810 |)3-5443 | | Phone no. (6 | 10)435-7489 |
| | | DO discuss this return with the property chown shove | 2 Can instructions | | | X Yes No |

| Pai | 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'S MISSION IS TO SURROUND STUDENTS WITH A COMMUNITY | OF |
| | SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | 7.7 |
| | prior Form 990 or 990-EZ? | <u>X</u> No |
| _ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 2 | ⊽] |
| 3 | 3 7 7 3 | ∆_ No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| 7 | 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 | d |
| | revenue, if any, for each program service reported. | u . |
| 4a | (Code:) (Expenses \$3 , 021 , 145 • including grants of \$) (Revenue \$3 , 065 , 75 | 51. |
| | INTEGRATED STUDENT SUPPORTS: | |
| | INTEGRATED STUDENT SUPPORTS (ISS) IS A SHORTHAND FOR HOW WE BRING | |
| | TOGETHER THE DIFFERENT KINDS OF RESOURCES, RELATIONSHIPS, AND SERVICE | |
| | THAT STUDENTS AND THEIR FAMILIES NEED TO COME TO SCHOOL READY TO LEAD | RN. |
| | OUR EVIDENCE-BASED MODEL PLACES SITE COORDINATORS DIRECTLY IN EACH OF | F |
| | OUR SCHOOLS, WHERE THEY FORM TRUSTING RELATIONSHIPS WITH STUDENTS, | |
| | DIMINISHING THE NONACADEMIC BARRIERS THAT KEEP KIDS FROM SUCCEEDING : | IN |
| | SCHOOL. SITE COORDINATORS OFFER SUPPORT AT THREE DIFFERENT LEVELS: | |
| | SCHOOL-WIDE, SMALL-GROUP, AND ONE-ON-ONE. SITE COORDINATORS WORK | |
| | TOGETHER WITH STUDENTS, FAMILY MEMBERS, TEACHERS, AND GUIDANCE | |
| | COUNSELORS TO HELP STUDENTS SET GOALS TO IMPROVE ACADEMICS, BEHAVIOR | , |
| | AND/OR ATTENDANCE. | |
| 4b | (Code:) (Expenses \$1, 398, 959 • including grants of \$) (Revenue \$1, 213, 53 | 39. |
| | COMMUNITY SCHOOLS: | |
| | CIS HAS SERVED AS A FOUNDING PARTNER IN THE COMMUNITY SCHOOL WORK IN | |
| | THE LEHIGH VALLEY SINCE 2006. CIS SERVES AS LEAD PARTNER AT 13 | |
| | COMMUNITY SCHOOLS IN THE LEHIGH VALLEY IN PARTNERSHIP WITH UNITED WAY | Y |
| | OF THE GREATER LEHIGH VALLEY. | |
| | · | |
| | A COMMUNITY SCHOOL IS BOTH A PHYSICAL PLACE AND A NETWORK OF | |
| | PARTNERSHIPS AMONG SCHOOL, FAMILY, AND COMMUNITY. THE COMMUNITY SCHOOL | |
| | MODEL IS AN INNOVATIVE STRATEGY DESIGNED TO OPEN THE DOORS OF A SCHOOL | OL |
| | IN A WAY THAT TRANSFORMS THE SCHOOL INTO A CENTRAL HUB FOR LEARNING, | |
| | FAMILY ENGAGEMENT, AND COMMUNITY IMPACT. THROUGH ITS INTEGRATED FOCUS | S |
| | ON ACADEMICS, HEALTH, SOCIAL SERVICES, AND FAMILY - PAIRED WITH A | 4.0 |
| 4c | , , , , , , , , , , , , , , , , , , , | 42. |
| | GENERAL YOUTH SERVICES: | |
| | OTO DESCRIPTION TAMBLECTURE ARMEDICATION DESCRIPTION DO CONTRIBUTION TA FOLID | |
| | CIS PROVIDES INTENSIVE AFTERSCHOOL PROGRAMMING TO STUDENTS IN FOUR | |
| | SCHOOLS THAT SERVE AS 21ST CENTURY COMMUNITY LEARNING CENTERS. THESE | |
| | PROGRAMS SERVE STUDENTS FOUR DAYS PER WEEK FOR THREE HOURS EACH DAY, | |
| | AND THEY TARGET LOW INCOME STUDENTS WITH DOCUMENTED ACADEMIC NEEDS. A | |
| | PROGRAM MANAGER AT THESE SITES LEADS TEAMS OF TEACHERS, SUPPORT STAF | ዞ', |
| | AND COMMUNITY PARTNERS IN COORDINATING AND DELIVERING ACADEMIC | |
| | ASSISTANCE AND ENRICHMENT PROGRAMMING IN THE AFTER-SCHOOL HOURS. | |
| | STUDENTS RECEIVE FREE AFTERNOON SNACKS AND DINNERS WITH TRANSPORTATION | ON |
| | HOME AFTER PROGRAMS IF NEEDED. DURING THE SUMMER, STUDENTS ATTEND | |
| | PROGRAMS AND WEEKLY FIELD TRIPS FOR ACADEMIC ENRICHMENT AT NO COST TO | U |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)} | |
| 4e | Total program service expenses ► 4,547,138. | 1 (222 (|

Part IV Checklist of Required Schedules

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

COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC

Form 990 (2021)

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|----------------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | X |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ╁ |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | • | | ┢▔ |
| UZ. | Cohodulo N. Dort II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | ╁ |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - 55 | | |
| - | | 34 | | х |
| 35 2 | 211 | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | UJa | | |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 335 | | |
| 30 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 30 | | 38 | х | |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance | _ 30 | | |
| L | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook if Ourloadio O contains a response of flote to any line in this fact v | | Yes | No |
| 1. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 162 | 140 |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | | 10 | Х | |
| | (gambling) winnings to prize winners? | 1c | | Ь |

132004 12-09-21

COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC

Form 990 (2021)

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

| 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lag 125 life of the top-claimed year enclaimed by this return. 128 life of the top-claimed year enclaimed by this return. 128 life of the comparison of | | | | Yes | No |
|--|----|---|------------|-----|------------------------------|
| bill fall least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gress income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 360-T for this year? If "No" to line 30, provide an explanation or Schedule 0 3b If "Yes," has it filed a Form 360-T for the year? If "No" to line 30, provide an explanation or Schedule 0 3c If A At any time during the calendary and, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4c At any time the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or tax deductibles contributions? 6d If "Yes" if did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles or tax deductibles contributions under section 170(c). 5d Did the organization start may receive deductible contributions under section 170(c). 5d Did the organization start may receive adeductible contributions under section 170(c). 5d Did the organization start may receive a payment in excess of \$75 made partly as a combination and partly for goods and services provided to the payor? 5d Did the organization start may receive a payment in excess of \$75 made partly as a combination and partly for goods and services provided to the payor? 5d Did the organization start paym | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a 3b 1d H*Ves, I has it filled a Form 980-T for this year? If No*10 file 95, provide an explanation or Schedule 0 3b 3d 4d 4d any time during the calendar year, did the organization have an interest is, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4d 4 | | filed for the calendar year ending with or within the year covered by this return 2a 125 | | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A ray time during the calendary year, (did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4 B If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accountry? 5 B If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accounts (FBAR). 5 B If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5 B If "Yes," enter the name of the foreign country [such as a state organization and party to a prohibitoris or at the war or is a party to a prohibitoris or state of the organization file Form 8888.17 5 D Id any expandization shall were not tax deductible as charitable contributions? 5 D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on thirbutions under section 170(c). 6 D If the organization state any receive deductible contributions under section 170(c). 8 D If the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the every solicitation and party for goods and services provided to the payor? 7 D If the solicitation receive any remains excess of \$75 made party as a contribution and party for good and services provided to the payor? 7 D If the organization selection of the value of the goods or services provided? 7 D If the organization selection of the value of the goods or services provided? 7 D If the organization of th | b | | 2b | Х | |
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| bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bill the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 bill the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 bill if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make avexess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 bill the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 bill the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from embers or shareholders 11 section 501(c)(12) organizations. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organization thems. 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization is licensed to issue qualified health plans in more than one state? 16 Is the organization subject to the section 4960 tax on payments? If "No." provide an explanation on Schedule O. 17 Yes," has it file | | to file Form 8282? | 7с | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 501(c)(12) organization trues treceived or accrued during the year 113 Section 501(c)(29) qualified nonprofit health insurance issuers. 1 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Orschedule O 14b Is the organization and ducational institution subject | d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
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| activities that would result in the imposition of an excise tax under section 4301, 4302 of 4300? | , | | 17 | | |
| If "Yes," complete Form 6069. | | | - " | | |

5 Form **990** (2021) 132005 12-09-21 2021.04030 COMMUNITIES IN SCHOOLS OF E 41069__1

OF EASTERN PENNSYLVANIA, INC

Form 990 (2021) 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 Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA 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. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records TIMOTHY MULLIGAN - (484)-834-8830

739 N. 12TH STREET, ALLENTOWN, PA 18102 132006 12-09-21

Form 990 (2021)

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

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

Employees, and Independent Contractors

- 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 r | (B) | l | | (0 | | про | 104 | (D) | (E) | (F) |
|--|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | | | Posi | ition | 1 | | Reportable | Reportable | Estimated |
| Name and the | hours per | | | | | than is bot | | compensation | compensation | amount of |
| | week | | | | | or/trus | | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for | or dir | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | .nstee | Institutional trustee | | ee | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual tr | tional | L | nploy | st cor | _ | 1039-NEO) | | organizations |
| | line) | Individ | Institu | Officer | Key employee | Highest compensated employee | Former | | | 3 |
| (1) TIMOTHY MULLIGAN | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | | 1 | | Х | | | | 140,595. | 0. | 10,002. |
| (2) MICHAEL MCCORRISTIN | 40.00 | | | | | | | | | |
| VICE PRESIDENT FINANCE & OPERATIONS | | | | X | | | | 135,397. | 0. | 5,257. |
| (3) MARIA ESPOSITO | 40.00 | | | | | | | | | |
| VICE PRESIDENT ADVANCEMENT | | | | | | Х | | 102,300. | 0. | 3,076. |
| (4) JOETTA CLARK DIGGS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (5) KRISTIE BEITLER | 2.00 | | | | | | | | | |
| PAST CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) KARIANNE GELINAS | 2.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) KIMBERLY M. DEL SORDO | 2.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) ADAM MORSE | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JOHN HART | 2.00 | ١ | | | | | | | • | • |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (10) ELLEN MILLARD KERN | 2.00 | | | | | | | | • | 0 |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (11) CONSTANCE NELSON | 2.00 | ,, | | | | | | | 0 | 0 |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (12) RAYMON WILLIAMS | 2.00 | . , | | | | | | | 0 | 0 |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (13) TYLER J. PAPAZ | 2.00 | . , | | 77 | | | | | 0 | 0 |
| CHAIR | 2 00 | Х | | Х | | | | 0. | 0. | 0. |
| (14) REGINALD ROMAIN | 2.00 | 7. | | | | | | | 0 | ^ |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (15) MICHELLE SCHMIDT | 2.00 | x | | х | | | | 0. | 0. | 0. |
| VICE CHAIR | 2.00 | ^ | $\vdash\vdash$ | Δ | | | | 0. | 0. | <u> </u> |
| (16) ANNE ZAYAITZ , PH.D | 4.00 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | ^ | $\vdash\vdash$ | | | | \vdash | 0. | 0. | <u> </u> |
| (17) MICHAEL ZILE | 2.00 | X | | х | | | | 0. | 0. | 0. |
| TREASURER | | Λ | | Λ | | | | | 0. | C 000 (2224) |

Form 990 (2021) 132007 12-09-21

| Part VII Section A. Officers, Directors, Tru | stees, Key Em | ploy | /ees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
|---|-----------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|----------|-------------------------|------------------------------|---------------|---------|----------------------|--------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | not c | Pos heck | | | one | Reportable | Reportable | | Es | timate | d |
| | hours per week | | , unle: cer an | | | | | compensation from | compensation from related | | | nount o other | of |
| | (list any | tor | | | | | | the | organizations | | | pensa | tion |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MIS | | | om the | |
| | related organizations | ustee (| trustee | | a) | iben sa | | (W-2/1099-MISC/ | 1099-NEC) | | • | anizati | |
| | below | Individual trustee or director | Institutional trustee | ١. | Key employee | st com | _ | 1099-NEC) | | | | d relate Inizatio | |
| | line) | Indivic | Institu | Officer | Key en | Highest compensated employee | Former | | | | 0.90 | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 378,292. | | 0. | 1 | 8,33 | |
| c Total from continuation sheets to Part \ | | | | | | | | 0. | | 0. | 1. | <u> </u> | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 378,292. | 000 - 6 | | Т. | 8,3 | 35. |
| 2 Total number of individuals (including but compensation from the organization ▶ | not limited to tr | iose | IISTE | ea a | DOV | e) wr | no r | eceived more than \$100 | ,000 of reportable | 9 | | | 3 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | , director, trust | ee, l | key e | emp | loye | e, or | r hig | ghest compensated emp | oloyee on | П | | | |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | [| 3 | | Х |
| 4 For any individual listed on line 1a, is the s | um of reportab | | | | | | | | | | | | |
| and related organizations greater than \$15 | 50,000? If "Yes, | " cc | mple | ete S | Sche | edule | e J t | for such individual | | | 4 | Х | |
| 5 Did any person listed on line 1a receive or | • | | | | - | | | • | | | _ | | 37 |
| rendered to the organization? If "Yes," con Section B. Independent Contractors | nplete Schedul | e J i | or su | ıch | pers | son . | | | | | 5 | | X |
| Complete this table for your five highest c | ompensated in | den | ande | nt c | onti | racto | ore t | that received more than | \$100 000 of com | nene, | ation f | rom | |
| the organization. Report compensation for | | | | | | | | | | perise | ationi | 10111 | |
| (A) | | | | 5 | | | | (B) | , | | (C | ;) | |
| Name and busines | s address | N | INC | 3 | | | | Description of s | ervices | C | | nsation | 1 |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Total number of independent contractors | | ot li | mite | d to | | _ | stec | d above) who received m | nore than | | | | |
| \$100,000 of compensation from the organ | ization > | | | | | 0 | | | | | | 200 (| 004 |
| | | | | | | | | | | | rorm : | 990 (2 | .UZ I) |

Form 990 (2021) Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | r note to any lin | e in this Part VIII | | | <u></u> |
|--|------|--|-------------------|----------------------|--|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts ts | 1 2 | Federated campaigns 1a | | | | | |
| ra Zu | | Membership dues 1b | | | | | |
| ا ق | | Fundraising events 1c | 41,046. | | | | |
| ifts | | Related organizations 1d | , | | | | |
| ا≝, | | Government grants (contributions) 1e | 834,751. | | | | |
| Sir | | All other contributions, gifts, grants, and | 031,731. | | | | |
| he ti | ' | similar amounts not included above | 3,704,282. | | | | |
| ઉ류 | _ | Noncash contributions included in lines 1a-1f 1g \$ | 21,644. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | Total. Add lines 1a-1f | 21,011. | 4,580,079. | | | |
| <u> </u> | | I | Business Code | 4,300,073. | | | |
| | 0 - | | 611710 | 3,065,751. | 3,065,751. | | |
| Ş | 2 a | | 611710 | 1,213,539. | 1,213,539. | | |
| Ser | b | · | 011710 | 1,213,339. | 1,213,339. | | |
| Program Service Revenue | C | . ——— | | | | | |
| gra | c | | | | | | |
| ر ا | 6 | | | | | | |
| | Ţ | All other program service revenue | | 4 270 200 | | | |
| $\overline{}$ | | Total. Add lines 2a-2f | | 4,279,290. | | | |
| | 3 | Investment income (including dividends, interes | * | 12 127 | | | 12 127 |
| | | other similar amounts) | | 13,137. | | | 13,137. |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties(i) Real | (ii) Personal | | | | |
| | • | <u> '' </u> | (II) Fersorial | | | | |
| | | Gross rents 6a | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | (ii) Othor | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 934,317. | | | | | |
| ۵ | b | Less: cost or other basis | | | | | |
| ŭ | | and sales expenses 7b 1,018,772. | | | | | |
| Revenue | | Gain or (loss) 7c -84,455. | | 04.455 | | | 04.455 |
| <u>بر</u> ا | | Net gain or (loss) | | -84,455. | | | -84,455. |
| Other | 8 a | Gross income from fundraising events (not | | | | | |
| ١ | | including \$ 41,046. of | | | | | |
| | | contributions reported on line 1c). See | F 000 | | | | |
| | | Part IV, line 18 8a | 5,029. | | | | |
| | | Less: direct expenses 8b | 5,029. | 0 | | | |
| | | Net income or (loss) from fundraising events | | 0. | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold10b | | | | | |
| | | : Net income or (loss) from sales of inventory | D | | | | |
| sn | 44 | MISCELLANEOUS INCOME | 900099 | 42. | 42. | | |
| nec jue | | | ,,,,, | 42. | 42. | | |
| ella Ven | b | | | | | | |
| Miscellaneous Revenue | 0 | | | | | | |
| Σ | | All other revenue | | 42. | | | |
| | 12 | Total Add lines Tra-Tru Total revenue. See instructions | | 8,788,093. | 4,279,332. | 0. | -71,318. |
| | | | | , , • | -, | | , = = 3 & |

132009 12-09-21

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | |
|-----|---|---------------------------|--------------------------|---------------------------------|----------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 311,787. | 146,160. | 60,701. | 104,926 |
| 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 | 3,859,758. | 3,372,138. | 340,530. | 147,090 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 87,226. | 71,747. | 4,235. | 11,244 |
| 9 | Other employee benefits | 303,691. | 240,214. | 14,871. | 48,606 |
| 10 | Payroll taxes | 350,520. | 298,367. | 30,660. | 21,493 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 5,000. | | 5,000. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 6,896. | 809. | 5,821. | 266 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 66,720. | 55,663. | 6,372. | 4,685 |
| 17 | Travel | 46,091. | 44,522. | 1,189. | 380 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 5,907. | 3,034. | 2,598. | 275 |
| 20 | Interest | 2,974. | | 2,409. | 565 |
| 21 | Payments to affiliates | | | | • |
| 22 | Depreciation, depletion, and amortization | 16,123. | | 16,123. | |
| 23 | Insurance | 40,026. | 34,023. | 4,003. | 2,000 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | CLASSROOM & ADMIN FACIL | 164,824. | 164,824. | | |
| b | PROFESSIONAL FEES | 75,912. | 27,112. | 48,558. | 242 |
| С | PUBLIC RELATIONS | 46,253. | 2,484. | 0. | 43,769 |
| d | OTHER | 27,149. | 22,391. | 3,136. | 1,622 |
| е | All other expenses | 126,523. | 63,650. | 32,312. | 30,561 |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,543,380. | 4,547,138. | 578,518. | 417,724 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

Part X | Balance Sheet

| Ра | rt 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 |
| | 1 | Cash - non-interest-bearing | | | 268,916. | 1 | 119,241 |
| | 2 | Savings and temporary cash investments | | | 2,627,198. | 2 | 4,775,337 |
| | 3 | Pledges and grants receivable, net | | | 523,435. | 3 | 45,500 |
| | 4 | Accounts receivable, net | 259,139. | 4 | 171,362 | | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disquared | sons (as defined | | | | |
| sts | | under section 4958(f)(1)), and persons descr | tion 4958(c)(3)(B) | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 49,312. | 9 | 49,076 |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 367,568. | | | |
| | b | Less: accumulated depreciation | 10b | 277,783. | 105,908. | 10c | 89,785 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | 1,155,734 | | |
| | 13 | Investments - program-related. See Part IV, li | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line 33 | 3) | 3,833,908. | 16 | 6,406,035 |
| | 17 | Accounts payable and accrued expenses | | | 24,058. | 17 | 34,491 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV o | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or f | | | | | |
| Ħ | | trustee, key employee, creator or founder, su | | | | | |
| Liabilities | | controlled entity or family member of any of t | | _ | CO1 001 | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | 691,801. | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | nes 17-24). | Complete Part X | 255,282. | | 330,579 |
| | | of Schedule D | | | 971,141. | | 365,070 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3/1,141. | 26 | 303,070 |
| S | | Organizations that follow FASB ASC 958, | check here | | | | |
| Š | | and complete lines 27, 28, 32, and 33. | | | 2,039,877. | 07 | 5,809,407 |
| 3ale | 27 | | | | 822,890. | 27 28 | 231,558 |
| ĕ | 28 | Net assets with donor restrictions Organizations that do not follow FASB AS | | | 022,000. | 28 | 231,330 |
| Ξ | | _ | C 958, cne | ck nere | | | |
| ō | | and complete lines 29 through 33. | | | | 00 | |
| ets | 29 | Capital stock or trust principal, or current fur | | | 29 | | |
| ASS | 30 | Paid-in or capital surplus, or land, building, o | | _ | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 2,862,767. | 31 | 6,040,965 |
| Z | 32 | Total liabilities and not assets (fund balances | | 3,833,908. | 32 | 6,406,035 | |
| | 33 | Total liabilities and net assets/fund balances | | | 3,033,300. | 33 | 0,400,033 |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|------------|------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 8,78 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,54 | 3,3 | 80. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,24 | 4,7 | 13. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,86 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -6 | 6,5 | <u> 15.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 6,04 | 0,9 | 65. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COMMUNITIES IN SCHOOLS Name of the organization OF EASTERN PENNSYLVANIA, INC. 23-2222874 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

OF EASTERN PENNSYLVANIA,

23-222874 Page 2

Schedule A (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 1545604. 16853522. 3786920 3187417 4271194 4062387. include any "unusual grants.") 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 529,961 621,785. 675,885. 5,187 1832818. the organization without charge 4947079. 4316881. 3809202. 4067574. 1545604.18686340. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 18686340. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2020 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 4067574. 4947079. 4316881. 3809202. 1545604.18686340. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 1,126. 13,580. 12,360 935. 13,137. 41,138. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 1,449. 970. 1,440. 42. assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 4.408.376. 12 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 Section C. Computation of Public Support Percentage 99.76 14 % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 99.84 15 Public support percentage from 2020 Schedule A, Part II, line 14 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 ightharpoons Xstop here. The organization qualifies as a publicly supported organization 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 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

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

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 | below, please con | ipiete i art ii.) | | | | |
|--|----------------------------|-----------------------|------------------------|---------------------|----------------------|------------|
| 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 per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | + | |
| are not an unrelated trade or bus- | | | | | | |
| in | | | | | | |
| | | | | | + | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | 1 | | | | | |
| 3 received from disqualified person | s | | | | | |
| 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 businesse | s | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated busines | | | | | | |
| 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. | | <u> </u> | | L | 504()(0) : 1 | |
| 14 First 5 years. If the Form 990 is for | the organization's | first, second, third, | , fourth, or fifth tax | year as a section | 1501(c)(3) organizat | tion, |
| check this box and stop here | | | | | | <u></u> ▶∟ |
| Section C. Computation of Pul | | | . (2) | | 11 | |
| 15 Public support percentage for 2021 | | | column (f)) | | | |
| 16 Public support percentage from 20: | | | | | 16 | • |
| Section D. Computation of Inv | | | | | | |
| 17 Investment income percentage for | | | | | | • |
| 18 Investment income percentage from | | | | | 18 | |
| 19a 33 1/3% support tests - 2021. If the | e organization did | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box | and stop here. The | e organization qual | ifies as a publicly s | supported organi | zation | ▶∟ |
| b 33 1/3% support tests - 2020. If the | ne organization did | not check a box of | n line 14 or line 19a | a, and line 16 is n | nore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, c | neck this box and s | stop here. The orga | anization qualifies a | as a publicly supp | oorted organization | ▶□ |
| 20 Private foundation. If the organizat | | | | | | |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| Par | t IV Supporting Organizations (continued) | | | |
|------|--|------------|------|------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 3601 | non b. All Type III Supporting Organizations | | V | NI - |
| | Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

OF EASTERN PENNSYLVANIA, 23-222874 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 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 | Check here if the current year is the organization's first as a non-functionally | integr | ated Type III supporting orga | anization (see |
| | instructions). | | | |

Schedule A (Form 990) 2021

| | | NNSYLVANIA, IN | | | 3-22228/4 Page 7 |
|------|--|-------------------------------|---------------------------------------|------|---|
| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _{(contint} | ued) | |
| Sect | ion D - Distributions | | - | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | ns | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which to | he organization is responsive | е | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| ī | Carryover from 2016 not applied (see instructions) | | | | |
| | 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 | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

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

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

| 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.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITIES IN SCHOOLS

OF EASTERN PENNSYLVANIA, INC

Employer identification number 23-2222874

| Par | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the | | | | | |
|-----|--|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | (a) Donor advised funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | (a) Deliei da lieca la liec | (2) | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | L | ad funde | | | |
| 3 | are the organization's property, subject to the organization's | - | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | |
| Ü | for charitable purposes and not for the benefit of the donor of | | | | | |
| | • • | | | | | |
| Par | | ganization answered "Yes" on Form 990. Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | | | | | |
| · | Preservation of land for public use (for example, recrea | | a historically important land area | | | |
| | Protection of natural habitat | | a certified historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form o | of a conservation easement on the last | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | 2a | | | |
| | Total acreage restricted by conservation easements | | | | | |
| | Number of conservation easements on a certified historic str | | | | | |
| | Number of conservation easements included in (c) acquired | | | | | |
| | listed in the National Register | | | | | |
| 3 | Number of conservation easements modified, transferred, re | | | | | |
| | year▶ | , | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | | | | |
| 5 | Does the organization have a written policy regarding the pe | | | | | |
| | violations, and enforcement of the conservation easements i | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation easements during the year | | | |
| | > | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservati | ion easements during the year | | | |
| | ▶ \$ | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h | n)(4)(B)(i) | | | |
| | and section 170(h)(4)(B)(ii)? | | Yes | | | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement and | | | |
| | balance sheet, and include, if applicable, the text of the footi | note to the organization's financial stateme | nts that describes the | | | |
| | organization's accounting for conservation easements. | | | | | |
| Par | t III Organizations Maintaining Collections o | | her Similar Assets. | | | |
| | Complete if the organization answered "Yes" on Form | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | · | | | | |
| | of art, historical treasures, or other similar assets held for pul | | • | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | | | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furthe | erance of public service, | | | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ' <u>-</u> | | | |
| | (ii) Assets included in Form 990, Part X | | | | | |
| 2 | If the organization received or held works of art, historical tre | | gain, provide | | | |
| | the following amounts required to be reported under FASB A | | | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | | | |
| | Assets included in Form 990, Part X | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2021 | | | |

132051 10-28-21

| 3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection fems (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During they exp, did the organization socilections and explain how they further the organization's exempt purpose in Part XIII. 5. During they exp, did the organization socilections and explain how they further the organization's exempt purpose in Part XIII. 5. During they exp, did the organization socilection? 1. Part IVI Exports and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 890, Part X, line 21. 5. Is the organization an agent, trustes, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. 5. Is the organization an agent, trustes, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. 5. Is the organization an agent in Part XIII and complete the following table: 6. Beginning balance 6. Beginning balance 7. Beginning balance 8. Beginning balance 9. Beginning balance 1. Beginning balance 1. Beginning balance 1. Beginning of wear balance 1. Beginning of year balance 1. Beginning of year balance 1. Beginning of year balance 1. If 1. Outside organization in Part XIII. Check here if the explanation has been provided on Part XIII. 1. Beginning of year balance 1. Administrative expenses 1. Administrative expenses 1. Administrative expenses 2. Provide the estimated programs and organization answered "Yes" on Prom 990, Part X, line 11. 5. West organizations 1. Administrative expenses 2. Provide the estimated programs and programs 3. And there endowment thurds not in the possession of the | Par | rt III Organizations Maintaining (| Collections of Art, His | storical Tr | easures, o | or Other S | <u>Similar A</u> ss | sets(continued) |
|--|-----|--|--------------------------------|----------------|----------------|----------------|---------------------|------------------------|
| by Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 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? | 3 | Using the organization's acquisition, access | ion, and other records, che | ck any of the | following tha | t make sign | ificant use of | its |
| b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assessts to be sold to raise funds rather than to be maintained as part of 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, line 21. 1b In "Yes", explain the arrangement in Part XIII and complete the following table: | | collection items (check all that apply): | | | | | | |
| b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assessts to be sold to raise funds rather than to be maintained as part of 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, line 21. 1b In "Yes", explain the arrangement in Part XIII and complete the following table: | а | Public exhibition | d | Loan or exc | hange progra | am | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's content similar assets to be seid to raise funds arither than to be maintained as part of the organization's collection? | b | Scholarly research | е 🗀 | 1 | | | | |
| 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21. Is its the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is if Yes, explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Is completed in a manual or the part XIII and complete the following table: Beginning balance Is completed in the organization of the part XIII and complete the following table: It is completed in the part XIII and complete the following table: It is completed in the part XIII and complete the following table: Is completed in the part XIII and complete the following table: If complete the part XIII and complete the following table: If complete the part XIII completed in the part XIII and complete the following table: It is completed the arrangement in Part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation answered "Yes" on Form 990 Part XI V. Intel 10. Beginning of year balance Is a Beginning of year balance (a) Current year (b) Prior year (c) Iwo years back (d) Three years back (e) Four years ba | С | Preservation for future generations | | | | | | |
| 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21. Is its the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is if Yes, explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Is completed in a manual or the part XIII and complete the following table: Beginning balance Is completed in the organization of the part XIII and complete the following table: It is completed in the part XIII and complete the following table: It is completed in the part XIII and complete the following table: Is completed in the part XIII and complete the following table: If complete the part XIII and complete the following table: If complete the part XIII completed in the part XIII and complete the following table: It is completed the arrangement in Part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation has been provided on Part XIII and the part XIII check here if the explanation answered "Yes" on Form 990 Part XI V. Intel 10. Beginning of year balance Is a Beginning of year balance (a) Current year (b) Prior year (c) Iwo years back (d) Three years back (e) Four years ba | 4 | Provide a description of the organization's c | ollections and explain how | they further t | he organizati | on's exemp | t purpose in P | art XIII. |
| Secrow 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, trustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | | | | | | | | |
| Teleported an amount on Form 990, Part X, line 21. Teleported an amount on Form 990, Part X, line 21. Teleported an amount on Form 990, Part X, line 21. Teleported an amount on Form 990, Part X, line 21. Teleported an amount on Form 990, Part X, line 21. Teleported Amount | | to be sold to raise funds rather than to be m | aintained as part of the org | anization's c | ollection? | | | Yes No |
| Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form '990, Part X? | Par | rt IV Escrow and Custodial Arran | igements. Complete if th | ne organizatio | n answered ' | 'Yes" on Fo | rm 990, Part I | V, line 9, or |
| on Form 990, Part X? Ves | | reported an amount on Form 990, Pa | ırt X, line 21. | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Co | 1a | Is the organization an agent, trustee, custoo | lian or other intermediary fo | r contribution | ns or other as | sets not inc | luded | |
| Amount | | on Form 990, Part X? | | | | | [| Yes No |
| c Beginning balance d Additions during the year f Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 End the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 End the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 End the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 End the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 End the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 End the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance | b | If "Yes," explain the arrangement in Part XIII | and complete the following | g table: | | | | |
| d Additions during the year Ending balance 1t 0. | | | | | | | | |
| e Distributions during the year f Ending balance 1 1 0.0 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b f**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. Ca) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four yea | С | Beginning balance | | | | | 1c | 0. |
| f Ending balance | d | Additions during the year | | | | | 1d | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes | е | Distributions during the year | | | | | 1e | |
| b ff "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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back c Contributions (d) Three years back (e) Four years back d Contributions (e) Two years back (d) Three years back (e) Four years back d Contributions (e) Two years back (d) Three years back (e) Four years back d Contributions (e) Two years back (d) Three years back (e) Four yea | f | Ending balance | | | | | 1f | 0. |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) | 2a | Did the organization include an amount on F | form 990, Part X, line 21, fo | r escrow or c | ustodial acco | unt liability? | ›L | Yes No |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) F | | | | | | | | <u></u> |
| 1a Beginning of year balance | Par | rt V Endowment Funds. Complete | | | | | | |
| 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 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ No 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organization (iv) Cost or other basis (other) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 151,978 | | | (a) Current year (b) | Prior year | (c) Two year | s back (d) | Three years bad | ck (e) Four years back |
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| 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 | Contributions | | | | | | |
| 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 | С | Net investment earnings, gains, and losses | | | | | | |
| and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | d | Grants or scholarships | | | | | | |
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| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | f | Administrative expenses | | | | | | |
| a Board designated or quasi-endowment ▶ | g | End of year balance | | | | | | |
| b Permanent endowment ▶ | 2 | Provide the estimated percentage of the cur | rent year end balance (line | 1g, column (| a)) held as: | | | |
| 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Uniteraction and in the possession of the organization that are held and administered for the organization with the possession of the organization that are held and administered for the organization with the possession of the organization that are held and administered for the organization with the possession of the organization that are held and administered for the organization with the possession of the organization that are held and administered for the organization with the organization | | - · · · · · · · · · · · · · · · · · · · | % | | | | | |
| 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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements 4 Equipment 5 Description of Property (b) Cost or other depreciation 1 Description of Property 1 Description of Property 2 Description of Property 3 Description of Property 4 Description of Property 5 Description of Property 6 Description of Property 6 Description of Property 7 Description of Property 8 Description of Property 8 Description of Property 9 Descrip | | · · · · · · · · · · · · · · · · · · · | % | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 4 Equipment 5 151,978 65,230 86,748 65,230 748 65,230 748 748 748 748 748 748 748 748 748 748 | | · ———————————————————————————————————— | • - | | | | | |
| by: | | | • | | | | | |
| (ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other 81,505. 81,505. | 3a | Are there endowment funds not in the posse | ession of the organization the | hat are held a | and administe | red for the | organization | D. In |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) c Leasehold improvements d Equipment d Equipment e Other 81,505. 83,iii 3a(ii) 3b Chacking 3c 4c 4c 4c 4c 4c 4c 4c 4c 4c | | • | | | | | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment d Equipment e Other 81,505. 80 81,505. | | | | | | | | |
| 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) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) basis (other) 5 Buildings c Leasehold improvements d Equipment d Equipment e Other 81,505. 81,505. | | • | | | | | | |
| Part VILand, 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 depreciation1a Landb Buildingsc Leasehold improvements151,978.65,230.86,748.d Equipment134,085.131,048.3,037.e Other81,505.81,505.0. | | | | | | | | 3b |
| 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 (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 134,085 131,048 3,037 80. | | | | t funds. | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | Par | | | N / 10 4 4 - / | D F 000 | Doub V. Book | - 40 | |
| basis (investment) basis (other) depreciation 1a Land 5 Buildings 5 Buildings 65,230 • 86,748 • 65,230 • 86,748 • 65,230 • 86,748 • 65,230 • 86,748 • 65,230 • 86,748 • 65,230 • 86,748 • 67,748 • 67,748 • 68,748 | | • | | 1 | 1 | | | |
| 1a Land b Buildings c Leasehold improvements 151,978 • 65,230 • 86,748 • d Equipment 134,085 • 131,048 • 3,037 • e Other 81,505 • 81,505 • 0 • | | Description of property | | 1 ' ' | I | | | (d) Book value |
| b Buildings c Leasehold improvements 151,978. 65,230. 86,748. d Equipment 134,085. 131,048. 3,037. e Other 81,505. 81,505. 0. | | | <u> </u> | basis | (otner) | depred | Diation | |
| c Leasehold improvements 151,978. 65,230. 86,748. d Equipment 134,085. 131,048. 3,037. e Other 81,505. 81,505. 0. | | | | + | | | | |
| d Equipment 134,085. 131,048. 3,037. e Other 81,505. 81,505. 0. | | | | 1 - | 1 070 | | 5 220 | 96 710 |
| e Other 81,505. 81,505. 0. | | | | | | | | |
| | | <u></u> | | | | | | |
| Total, Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) | | | | | | 0 | <u> </u> | 89,785. |

Schedule D (Form 990) 2021

| COMMUNITIES | IN SCHOOLS | | |
|--|------------------------------|-----------------------------|------------------------------------|
| | PENNSYLVANIA, | INC | 23-2222874 Page |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, I | ine 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) INVESTMENTS -CASH AND | | | |
| (B) EQUIVALENTS | 234,051. | END-OF-YEAR | MARKET VALUE |
| (C) MUTUAL FUNDS | 736,711. | END-OF-YEAR | MARKET VALUE |
| (D) EXCHANGE TRADED FUNDS | 184,972. | END-OF-YEAR | MARKET VALUE |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,155,734. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, I | ine 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 1 | 1d. See Form 990, Part X, I | ine 15. |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | |
| Part X Other Liabilities. | | | · |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, P | art X, line 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) PAYROLL RELATED LIABILITI | ES | | 330.579 |

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | PAYROLL RELATED LIABILITIES | 330,579. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 330,579. |

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

Schedule D (Form 990) 2021

COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 8,737,578. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -66,515. a Net unrealized gains (losses) on investments 21,000. **b** Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) -45,515.e Add lines 2a through 2d 2e 8,783,093. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 5,000. c Add lines 4a and 4b 8,788,093. 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. 5,559,380. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 21,000. a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 21,000. 2e e Add lines 2a through 2d 5,538,380. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 5,000. a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 5,000. c Add lines 4a and 4b 5,543,380. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: CIS IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFITS FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE

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Schedule D (Form 990) 2021

| Part XIII Supplemental Information (continued) |
|--|
| THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO |
| THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE |
| TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION |
| ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% |
| LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO |
| UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL |
| YEAR 2022. |
| |
| THE ORGANIZATION FILES ITS 990 WITH THE UNITED STATES INTERNAL REVENUE |
| SERVICE. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION |
| BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2019. |
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITIES IN SCHOOLS Employer identification number Name of the organization OF EASTERN PENNSYLVANIA, INC 23-2222874 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

| ιοτ | otal P | | | |
|-----|--|-------------------|----------------------|------------|
| 3 | 3 List all states in which the organization is registered or licensed to solicit contributions or h or licensing. | has been notified | it is exempt from re | gistration |
| | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

| Pa | rt I | Fundraising Events. Complete if the of fundraising event contributions and groups and groups. | | | | | | |
|---|---|---|---------------------------------------|--|-----------------------|--|--|--|
| | | | (a) Event #1 RSG & CHAMPIONS OF | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) | | |
| nue | | | (event type) | (event type) | (total number) | | | |
| Revenue | 1 | Gross receipts | 46,075. | | | 46,075. | | |
| | 2 | Less: Contributions | 41,046. | | | 41,046. | | |
| | 3 | Gross income (line 1 minus line 2) | 5,029. | | | 5,029. | | |
| | , | Cach prizes | | | | | | |
| | 4 | Cash prizes | | | | | | |
| S | 5 | Noncash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | |
| rect E | 7 | Food and beverages | 3,623. | | | 3,623. | | |
| ՝ | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | | | | 1,406. | | |
| | 10 | Direct expense summary. Add lines 4 through | | | > | 5,029. | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | | 0. | | |
| Pa | ırt I | II Gaming. Complete if the organization | answered "Yes" on Form | 990, Part IV, line 19, o | r reported more than | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | | |
| ne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) | | |
| Revenue | | | | | | (-, (-,, | | |
| <u> </u> | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| JSes | 2 | Cash prizes | | | | | | |
| Expe | 3 | Noncash prizes | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | _ | | Yes % | Yes % | Yes % | | | |
| | 6 | Volunteer labor | No No | □ No | No No | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | | | |
| | | | | | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | | | |
| ۵ | Ent | ter the state(s) in which the organization condu | ioto gamina activitios: | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | - | states? | | Yes No | | |
| | a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain: | | | | | | | |
| ~ | | | | | | | | |
| | | | | | | | | |
| | | ere any of the organization's gaming licenses re | evoked, suspended, or to | erminated during the tax | x year? | Yes No | | |
| b | If " | Yes," explain: | | | | | | |
| | _ | | | | | | | |
| | | | | | | | | |

132082 10-21-21

| | | | | | IN SCHOOLS | | | | | | | |
|-----|---|----------|-------------------|------|------------------------------|------|----------------------|-----------------------|---------|------------|------|-------|
| | edule G (Form 990) 2021 | | | | PENNSYLVANIA, | | | | | 1 | : Pa | age 3 |
| | Does the organization conduct gar | | | | | | | | | Yes | | ∐ No |
| 12 | Is the organization a grantor, bene to administer charitable gaming? | - | | | · · · | | | • | | Yes | | □No |
| 13 | Indicate the percentage of gaming | | | | | | | | | | | |
| | The organization's facility | | | | | | | | 13a | a | | 9 |
| | An outside facility | | | | | | | | | 5 | | 9 |
| | Enter the name and address of the | | | | | | | | | | | |
| | Name | | | | | | | | | | | |
| | Address > | | | | | | | | | | | |
| 15a | Does the organization have a cont | ract wi | ith a third party | / fi | rom whom the organization | on | receives gaming rev | venue? | | Yes | | No |
| b | If "Yes," enter the amount of gamin | ng reve | enue received l | by | the organization > \$ | | aı | nd the amount | | | | |
| | of gaming revenue retained by the | | | | | | | | | | | |
| С | If "Yes," enter name and address of | of the t | third party: | | | | | | | | | |
| | Name ► | | | | | | | | | | | |
| | Address > | | | | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | | | | |
| | Name | | | | | | | | | | | |
| | Gaming manager compensation | | | | | | | | | | | |
| | daming manager compensation | Ψ_ | | | <u> </u> | | | | | | | |
| | Description of services provided | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Director/officer | | mployee | | Independent co | | tractor | | | | | |
| | Director/officer | | mployee | | independent co | OH | tractor | | | | | |
| | Mandatory distributions: | | | | | | | | | | | |
| а | Is the organization required under | state l | aw to make ch | ar | itable distributions from th | he | gaming proceeds to | 0 | |] v | | ٦., |
| | retain the state gaming license? | | | | | | | | 🖵 | Yes | | J No |
| D | Enter the amount of distributions r organization's own exempt activitie | • | | | | er e | exempt organization | is or spent in the | | | | |
| Pa | rt IV Supplemental Inform | | | _ | | Par | t L line 2b. columns | (iii) and (v): and Pa | art III | lines 9 | 9h | 10b |
| | 15b, 15c, 16, and 17b, as | | | | • | | | (11) 4114 (7), 4114 1 | , | | 00, | , , |
| | | | • | | • | | | | | | | |
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Schedule G (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC

Questions Regarding Compensation

Employer identification number 23-2222874

| | | | Yes | No | | |
|------------|---|----|-----|----|--|--|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | |
| | | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | |
| 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? | 2 | | | | |
| | | | | | | |
| 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. | | | | | |
| | X Compensation committee | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | |
| | Form 990 of other organizations X 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: | 4a | | Х | | |
| а | 1, | | | | | |
| | b Participate in or receive payment from a supplemental nonqualified retirement plan? | | | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | Only costion $E01(a)(2)$, $E01(a)(4)$, and $E01(a)(20)$ organizations must complete lines $E(0)$ | | | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | |
| 3 | contingent on the revenues of: | | | | | |
| а | | 5a | | х | | |
| | The organization? Any related organization? | 5b | | X | | |
| | 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: | | | | | |
| а | The organization? | 6a | | Х | | |
| b | Any related organization? | 6b | | Х | | |
| - | 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 | 7 | | Х | | |
| 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 | 8 | | Х | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section 53.4958-6(c)? | 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 | V-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|----------------------|-------------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) TIMOTHY MULLIGAN | (i) | 140,595. | 0. | 0. | 4,342. | | 150,597. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2021 OF EASTERN PENNSYLVANIA, INC | 23-2222874 | Page 3 |
|--|---|--------|
| Part III Supplemental Information | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete | e this part for any additional information. | |
| | | |
| | | |
| PART I, LINE 3: | | |
| IIII I, DING 5. | | |
| THE TALENT COMMITTEE ALONG WITH THE ENTIRE BOARD DETERMINE THE COMPENSATION | 1 | |
| LEVEL FOR THE PRESIDENT/CEO AND OTHER TOP MANAGEMENT. DURING THE FISCAL | | |
| YEAR MARKET RESEARCH WAS CONDUCTED AND A THIRD PARTY HR CONSULTING FIRM WAS | 3 | |
| USED TO EVALUATE ALL STAFF SALARIES. THE PROPOSED SALARY ADJUSTMENT WAS | | |
| RECOMMENDED BY THE TALAENT COMMITTEE AND APPROVED BY THE BOARD. | | |
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SCHEDULE 0 (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. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC

Employer identification number 23-2222874

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| STAY IN SCHOOL AND ACHIEVE IN LIFE. |
| CONTINUATION OF PROGRAM DESCRIPTIONS: |
| OUTCOMES: |
| CIS REPORTED THE FOLLOWING METRICS ON 1,542 STUDENTS RECEIVING |
| CASE-MANAGEMENT THROUGH INTEGRATED STUDENT SUPPORTS IN THE 2021-2022 |
| SCHOOL YEAR. |
| |
| 88% GRADUATION RATE |
| 90% PROMOTION RATE |
| 60% MADE PROGRESS TOWARD ATTENDANCE GOALS |
| 58% MADE PROGRESS TOWARD BEHAVIOR GOALS |
| 75% MADE PROGRESS TOWARD ACADEMIC GOALS |
| 78% MADE PROGRESS TOWARD SOCIAL EMOTIONAL LEARNING GOALS |
| |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| |
| THE MODEL OF ISS FOLLOWS A CONTINUED CYCLE OF ASSESSMENT, PLANNING, |
| SUPPORT, MONITORING, AND EVALUATION: |
| 1. NEEDS ASSESSMENT: SITE COORDINATOR ANALYZES MULTIPLE SOURCES OF DATA |
| TO IDENTIFY KEY NEEDS OF SCHOOL AND INDIVIDUAL STUDENTS. |
| 2. PLANNING: SITE COORDINATORS LEAD THEIR SUPPORT TEAM IN DEVELOPING A |
| SITE PLAN THAT PRIORITIZES SUPPORTS FOR ACADEMIC AND NON-ACADEMIC |
| NEEDS. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 |

132211 11-11-21

3. INTEGRATED STUDENTS SUPPORTS: SITE COORDINATOR AND PARTNERS DELIVER

SUPPORT TO SCHOOL, STUDENTS, AND FAMILIES THROUGH THREE DIFFERENT

TIERS. TIER I SUPPORTS TARGET SCHOOL-WIDE GOALS (TIER I EXAMPLE:

CLOTHING DRIVE, FAMILY ENGAGEMENT NIGHT). TIER II SUPPORTS TARGET SMALL

GROUPS OF AT-RISK STUDENTS WHO SHARE A COMMON NEED (TIER II EXAMPLE:

TUTORING, GRIEF COUNSELING GROUP). TIER III SUPPORTS TARGET A SMALLER

POPULATION OF REFERRED, HIGH-NEED STUDENTS WHO RECEIVE INTENSIVE

ONE-ON-ONE CASE-MANAGEMENT.

- 4. MONITORING AND ADJUSTING: SITE COORDINATOR CONTINUOUSLY MONITORS
 STUDENT AND SCHOOL PROGRESS AND ADJUSTS SUPPORTS TO OPTIMIZE RESULTS.
- 5. EVALUATION: SITE COORDINATOR CONTINUES ASSESSMENT OF PARTNERS AND STUDENT SUPPORTS TO DEMONSTRATE RESULTS AND IMPROVE PRACTICE.

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

FOUNDATION OF RESOURCES AND PROGRAMS PROVIDED BY COMMUNITY PARTNERS
THE COMMUNITY SCHOOL MODEL EMPOWERS ALL STAKEHOLDERS IN THE SHARED

SCHOOL COMMUNITY TO BRING ABOUT TOTAL SCHOOL TRANSFORMATION. WITH THIS

STRATEGY FOR SCHOOL AND COMMUNITY WIDE ENGAGEMENT ALSO COMES A CRITICAL

FOCUS ON ACCOUNTABILITY AND MEASUREMENT. MOST IMPORTANT TO THE

COMMUNITY SCHOOL MODEL IS ITS DATA-DRIVEN PROGRAMS, DECISIONS, AND

STRATEGIES.

COMMUNITY SCHOOL COORDINATORS LEVERAGE RELATIONSHIPS AND RESOURCES THAT

CONNECT STUDENTS AND FAMILIES TO ENGAGEMENT EVENTS AND VARIOUS FORMS OF

SUPPORT. COORDINATORS ALSO CONNECT SCHOOL LEADERSHIP, VOLUNTEERS,

COMMUNITY PARTNERS, AND PARENTS IN WAYS THAT GUIDE POSITIVE CHANGE AND

BUY-IN FROM ALL STAKEHOLDERS. THE COMMUNITY SCHOOL VISION AS A WHOLE

FOCUSES ON PROGRAMS THAT TARGET CHRONIC ABSENTEEISM AND LOW READING

Name of the organization COMMUNITIES IN SCHOOLS Employer identification number OF EASTERN PENNSYLVANIA, INC 23-2222874

PROFICIENCY.

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

THEM.

THE ALLENTOWN REENGAGEMENT CENTER (AREC) IS A COLLABORATIVE INITIATIVE

IN THE CITY OF ALLENTOWN THAT TARGETS 16-24 YEAR-OLDS WHO HAVE DROPPED

OUT OF HIGH SCHOOL. CIS RECOGNIZES THAT STUDENTS WHO HAVE ALREADY

DROPPED OUT OF SCHOOL ARE ALSO AT RISK FOR LIFE-ALTERING SETBACKS

WITHOUT A HIGH SCHOOL DIPLOMA. THROUGH CONSISTENT OUTREACH, OUR AREC

STAFF EMPOWER YOUNG ADULTS TO RE-ENROLL IN A SCHOOL LEARNING PATHWAY

(IN CLASSROOM OR ONLINE) TOWARD THEIR HIGH SCHOOL DIPLOMA OR GED. SINCE

THE PROGRAM'S INCEPTION IN 2015, THE AREC HAS REENGAGED MORE THAN 500

FORMER HIGH SCHOOL DROPOUTS, WHILE OVER 200 OF THESE STUDENTS HAVE

GRADUATED WITH THEIR HIGH SCHOOL DIPLOMA OR GED.

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

THE MANAGEMENT AND THE GOVERNING BOARD OF THE ORGANIZATION IS GIVEN A DRAFT COPY OF THE FORM 990 TAX RETURN. AT THIS POINT CHANGES ARE MADE UPON REQUEST OF THE GOVERNING BOARD AND/OR MANAGEMENT. THE FINAL FORM 990 TAX RETURN IS REVIEWED AND APPROVED BY THE GOVERNING BOARD OF THE ORGANIZATION AND SIGNED BY A BOARD MEMBER PRIOR TO FILING.

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

EACH YEAR BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A
NEW CONFLICT OF INTEREST POLICY.

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