			** PUBLIC DISCLOSURE CO		_	
	Ω	00	Return of Organization Exempt F			OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	ept private foundation	<sup>s)</sup> 2021	
Dono	rtmont	of the Treasury	Do not enter social security numbers on this form a	e made public.	Open to Public	
Intern	al Reve	enue Service	information.	Inspection		
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1,2021$ and $$	ending J	UN 30, 2022	
Bc	heck if	le.	forganization		D Employer identific	ation number
d		COMM	UNITIES IN SCHOOLS OF THE TWIN			
	Addr chan		ES			
	Name	ge Doing b	usiness as		83-206491	13
	Initial returr	n Number		Room/suite	E Telephone number	
	Final		ST. ANTHONY AVENUE	910	651-424-0	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	715,673.
	Amer return	<b>5T</b> •	PAUL, MN 55103		H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: AMANDA SAPPA		for subordinates	? Yes 🔀 No
		SAME	AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
		empt status:		or 527	If "No," attach a	list. See instructions
			CISTWINCITIES.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 2018 M	I State of legal domicile: MN
Ра	rt I	Summary				
Ð	1		be the organization's mission or most significant activities: PROV			
Governance		SCHOOLS	TO HELP ALL STUDENTS BUILD TRUST,	FUEL	AMBITION, BI	REAK
srne	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of vo	11			
5 S	4	Number of inc	11			
es {	5	Total number	6			
Activities &	6		of volunteers (estimate if necessary)			10
Acti			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		444,805.	536,378.
Revenue	9	•	ce revenue (Part VIII, line 2g)		15,000.	179,286.
Sev			come (Part VIII, column (A), lines 3, 4, and 7d)		17.	9.
-			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		459,822.	715,673.
			milar amounts paid (Part IX, column (A), lines 1-3)		7,000.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) $\cdot$		365,129.	417,127.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		24,057.	35,583.
ă	b		ing expenses (Part IX, column (D), line 25)  61,21		72,303.	<u> </u>
			es (Part IX, column (A), lines 11a-11d, 11f-24e)			60,538.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		468,489.	513,248.
	19	Revenue less	expenses. Subtract line 18 from line 12		-8,667.	202,425.
t Assets or od Balances					ginning of Current Year	End of Year
sset Bala	20	Total assets (F			161,559.	314,184.
Net A Fund I	21		(Part X, line 26)		96,803.	33,137.
	22 Irt II		fund balances. Subtract line 21 from line 20		64,756.	281,047.
		-		and states	unto and to the bast of and	knowledge and helief it is
			I declare that I have examined this return, including accompanying schedules			knowledge and bellet, it IS
uue,	corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ion preparer	nas any knowledge.	
0.1	_	Signatur	e of officer		Date	
Sigr	1				Dato	

Here	RICHARD WICKA, CHAIR										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	CRYSTAL SANDER	CRYSTAL SANDER	04/24/23	if self-employed	P0207630	8					
Preparer	Firm's name 🕨 REDPATH AND COMP	ANY, LLC	Firm's EIN ▶ 92-0370318								
Use Only	Firm's address 4810 WHITE BEAR	PARKWAY									
	WHITE BEAR LAKE,	MN 55110	Phone	e no. (651	)426-700	0					
May the IRS discuss this return with the preparer shown above? See instructions											
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	COMMUNITIES IN SCHOOLS OF THE TWIN          990 (2021)       CITIES       83-2064913       Page 2         t III       Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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 prior Form 990 or 990-EZ?
2	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 X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (code:) (Expenses \$
	SUPPORT, BULLYING PREVENTION AND ATTENDANCE IMPROVEMENT INITIATIVES.
	TIER 2 IS FOCUSED SMALL GROUP SUPPORT AND TYPICALLY INCLUDES MENTORING AND TUTORING. TIER 3 IS INDIVIDUAL CASE MANAGED SUPPORT. SITE
	COORDINATORS CASE MANAGE 5-10% OF THE STUDENT POPULATION IN EACH
	SCHOOL, PROVIDING BASIC NEEDS ASSISTANCE, COUNSELING, CREDIT RECOVERY,
	COLLEGE/CAREER PLANNING, ETC.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, (
	Other program convises (Describe on Schedule $O$ )
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 354,012.
	- 000 (const)

83-2064913	Page 3
------------	--------

Form	990 (2021) CITIES 83-2064	913	Р	age <b>3</b>
	rt IV Checklist of Required Schedules			9
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		_X_
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	<u>990 (2021)</u> CITIES 83-2064	913	Р	age 4				
Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	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						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		1				
	Part V, line 1	34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		1				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38								
	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	Х					
Pa								
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х	1				

(gambling) winnings to prize winners?

Form	990 (2021) CITIES 83-2064	913	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 6								
b	If at 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 <i>e-file</i> . See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		<u>x</u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>					
	If "Yes," complete Form 6069.								

83-2064913 Page 6

X

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.

			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1	1								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	<u>7a</u>		<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	<u>8a</u>	X							
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1						
40-	Did the evention have lead showtow, have show as efflicted	40.	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a	1							
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10								
110	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a								
12a										
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? <i>If</i> "Yes." <i>describe</i>		,							
•	on Schedule O how this was done	120	x							
13	Did the organization have a written whistleblower policy?									
14	Did the organization have a written document retention and destruction policy?		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15k								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	1	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b	)							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only	) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website Upon request Other <i>(explain on Schedule O)</i>									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 651-424-0089									
	161 ST. ANTHONY AVENUE, 910, ST PAUL, MN 55103									

Form 990 (2021)

CITIES

83-2064913
------------

Page 7

Form 990 (2		83-2064
Part VII	<b>Compensation of Officers, Directors, Trustee</b>	s, Key Employees, Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				) than c	ne	Reportable	Estimated	
	hours per	box	, unle	ss pei	s person is bo d a director/tru		ı an	compensation	compensation	amount of
	week		cer ar		recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	ndividual trustee or director	nstitutional trustee		nploy	st coi	ar	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) AMANDA SAPPA	40.00		_		<u> </u>		-			
EXECUTIVE DIRECTOR				X				83,765.	Ο.	0.
(2) RICHARD V. WICKA	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) KATHRYN HUBBARD ROMINSKI	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) CRAIG MUELLER	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) DEVELYN MISTRIOTTI	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MARK ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ROBERT L. BATTLE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHAD DEELY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER HANTHO	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JAMES MCVEETY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MATT ROWE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JON SCHUMACHER	1.00									
DIRECTOR		Х						0.	0.	0.
					<b> </b>					
		l								
										<b>— 000</b> (222 l)

COMMUNIT	IES IN S	SCH	IOC	LS	0	F	Τŀ	HE TWIN	02.0	0610	112	_	0
Form 990 (2021) CITIES									83-2	064	913	Pa	age <b>8</b>
(A)	(B)	ploy	ees,		C)		st C	(D)	(E)			(F)	
Name and title	Average hours per week (list any	box offi	, unle	POS sheck ss per nd a d	more rson i	than o s both	n an	Reportable compensation from the	Reportable compensatic from related organization	on d	am	timate nount other pensa	of
	(list any hours for related organizations below line)		Institutional trustee	er	Key employee	Highest compensated employee	ler	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)		fr orga and	om the anizat d relate inizatio	e ion ed
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
						-	-						
						-							
								83,765.		0.			0
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th					 ) wh	► o re	83,765. eceived more than \$100,	000 of reportable	<b>0.</b>			0.
compensation from the organization												Yes	0 No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		Х
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportab	le co	mpe	ensa	tion	and	otł	ner compensation from t	he organization		4		x
5 Did any person listed on line 1a receive or a	Iccrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				x
rendered to the organization? If "Yes." corr Section B. Independent Contractors	plete Schedul	e J to	or sı	<u>ich i</u>	bers	on					5		77
1 Complete this table for your five highest co the organization. Report compensation for	-									oensat	ion fro	m	
(A) Name and business			ONE					(B) Description of s		С	(C omper		n
2 Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized streng		ot lir	nited	d to	thos C		ted	above) who received mo	ore than				

COMMUNITIES	IN	SCHOOLS	$\mathbf{OF}$	THE	TWIN
CITIES					
of Revenue					

			CITIES					83-2064	913 Page <b>9</b>
Pa	rt VI	II Statement of	f Revenue						
		Check if Schedu	le O contains a	response	or note to any lin	2.1.1	(D)		
						<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
						10tal 10voltao	function revenue		from tax under
				T T	00 110				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaign		1a	28,113.				
Gra	k			1b					
An An	C	Fundraising events		1c					
ilar İlar	C	Related organization		1d	100 054				
ns, Sim	e	Government grants (			109,954.				
er (	f	All other contributions,			200 211				
j đ		similar amounts not inc			398,311.				
ont	ç	Noncash contributions inclu		1g \$		F26 270			
<u> </u>	r	Total. Add lines 1a-1	t	<u></u>	Business Code	536,378.			
	•		7		541900	179,286.	179,286.		
ice	2 8				541900	1/9,200.	1/9,200.		
erv ue	k								
m S ven	C	-							
grai Rev	C								
Program Service Revenue	e								
-		All other program ser <b>Total.</b> Add lines 2a-2				179,286.			
	3	Investment income (i				175,200.			
	5	other similar amount				9.			9.
	4	Income from investm				2.			
	5	Royalties							
	Ū		(	i) Real	(ii) Personal				
	6 a	Gross rents		,					
	ł	Less: rental expense	·····						
		Rental income or (los							
		Net rental income or							
		Gross amount from sale		ecurities	(ii) Other				
		assets other than inven							
	k	Less: cost or other bas							
e		and sales expenses	7b						
evenue	c	Gain or (loss)							
Ĕ		Net gain or (loss)			►				
Other	8 a	Gross income from fun	draising events (r	not					
ŧ		including \$		of					
		contributions reporte	ed on line 1c). S	ee					
		Part IV, line 18		<u>8a</u>					
		Less: direct expense							
		Net income or (loss)		-	<b>&gt;</b>				
	9 a	Gross income from g	aming activities	s. See					
		Part IV, line 19							
		Less: direct expense							
		Net income or (loss)			····· ►				
	10 a	Gross sales of invent							
		and allowances							
		Less: cost of goods							
		Net income or (loss)	from sales of in	ventory					
s					Business Code				
Miscellaneous Revenue	11 a								
ilar ven	k								
Bey	0								
Ē		All other revenue • Total. Add lines 11a-							
	12	Total revenue. See insi				715.673.	179,286.	0.	9.

Form 990 (2021) CITIES			83
Part IX Statement of Functional Expen	ses		
Section 501(c)(3) and 501(c)(4) organizations must col	mplete all columns. All oth	er organizations must col	mplete column (A).
Check if Schedule O contains a resp	onse or note to any line in	this Part IX	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service	(C) Management and

Offect	if Schedule O contains a respons			(2)	
Do not include amour 7b, 8b, 9b, and 10b c	nts reported on lines 6b, of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other a	assistance to domestic organizations				
and domestic gov	ernments. See Part IV, line 21 📖				
2 Grants and othe	er assistance to domestic				
individuals. See	Part IV, line 22				
3 Grants and othe	er assistance to foreign				
organizations, fo	preign governments, and foreign				
individuals. See	Part IV, lines 15 and 16				
4 Benefits paid to	or for members				
5 Compensation of	of current officers, directors,				
trustees, and ke	y employees	92,523.	27,757.	41,635.	23,131.
	t included above to disqualified				
persons (as define	ed under section 4958(f)(1)) and				
persons described	l in section 4958(c)(3)(B)				
	nd wages	262,790.	262,790.		
	uals and contributions (include				
	d 403(b) employer contributions)				
	benefits	33,954.	31,761.	1,517.	676.
		27,860.	22,746.	3,287.	1,827.
	s (nonemployees):	-	-		-
		993.		993.	
		15,034.		15,034.	
	raising services. See Part IV, line 17	35,583.			35,583.
	agement fees				•
	g amount exceeds 10% of line 25,				
	nt, list line 11g expenses on Sch O.)	2,397.	473.	1,924.	
	promotion	2,397. 3,326.	<u>473.</u> 66.	<u>1,924.</u> 3,260.	
		10,583.	1,612.	8,971.	
	nology				
		9,190.		9,190.	
		.,			
	vel or entertainment expenses				
	state, or local public officials				
	priventions, and meetings	704.		704.	
		633.		633.	
	iliates				
	epletion, and amortization				
		9,820.		9,820.	
	emize expenses not covered	5,0201		570201	
above. (List misce line 24e amount e	Illaneous expenses not covered Illaneous expenses on line 24e. If xceeds 10% of line 25, column (A), 4e expenses on Schedule 0.)				
a PROGRAM		6,807.	6,807.		
		1,051.	0,007.	1,051.	
		±,0J±•		±,05±•	
	es	513,248.	351 012	98,019.	61,217.
	xpenses. Add lines 1 through 24e	515,240.	354,012.	JO,ULY.	01,21/.
	blete this line only if the organization				
-	n (B) joint costs from a combined				
	aign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

COMMUNITIES	IN	SCHOOLS	OF	$\mathbf{THE}$	TWIN
CITIES					

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	148,500.	1	274,623
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,187.	3	34,462
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	2,022.	9	4,249
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	850.	15	85
	16	Total assets. Add lines 1 through 15 (must equal line 33)	161,559.	16	314,18
	17	Accounts payable and accrued expenses	28,400.	17	17,42
	18	Grants payable		18	•
	19	Deferred revenue		19	15,71
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	68,403.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	96,803.	26	33,13
		Organizations that follow FASB ASC 958, check here 🕨 🔀			·
;		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	64,756.	27	281,04
	28	Net assets with donor restrictions	0.	28	·
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	64,756.	32	281,04
- 1	33	Total liabilities and net assets/fund balances	161,559.	33	314,184

Form 990 (2021)

COMMUNITIES	IN	SCHOOLS	OF	THE	TWIN
-------------	----	---------	----	-----	------

Form	990 (2021) CITIES	83-206	4913	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			73.
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	<b>.,</b> 7	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	13	8,8	66.
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	281	.,0	<u>47.</u>
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X 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 separate	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				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A (Form 990)					rity Status an					OMB No. 1545-0047
•			Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		<b>ZUZ I</b>
		f the Treasury nue Service		▶ /	Attach to Form 990 or F	orm 990-	EZ.	<i>.</i>		Open to Public Inspection
					//Form990 for instruction			formation.	Employer	identification number
Ivai		ine organizatio	CITI		SCHOOLS OF		V T IN			3-2064913
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		5 2001915
The	organ				For lines 1 through 12, cl					
1	Ŭ		•	•	n of churches described		,	I)(A)(i).		
2		A school dese	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:								
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		-		Complete Part II.)						
6				•	nental unit described in			.,		
7	X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
~		-		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Parl	-				
9		-	-		in section 170(b)(1)(A)(i		-		-	-
		university:	n a non-ianu-g	frant college of agrici	ulture (see instructions).		name, city	, and state of	the college	
10			on that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns membersh	in fees and	d gross receipts from
		•			t to certain exceptions; a			-	•	•
					(less section 511 tax) fro					-
				mplete Part III.)	· · · · · · · · · · · · · · · · · · ·		•	, ,	•	
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	_	lines 12a thro	ugh 12d that (	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a		<b>Type I.</b> A su	upporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		¬ ~		complete Part IV, Se						
k				-	or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	Dorted
c		-		t complete Part IV,	g organization operated	in connoct	ion with	and functional	lly intograte	od with
					). You must complete F				ily integrate	a with,
c		- ··	•	.,.,,	orting organization oper				rted organiz	ration(s)
-		••	-	• •	ation generally must sati				•	
			-		nplete Part IV, Sections	-		-		
e		Check this	box if the orga	nization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number o	of supported c	organizations						
<u> </u>				about the supporte		(iv) is the ora	anization listed			
	(	<ul> <li>i) Name of suppo organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		- g			above (see instructions))	Yes	No			
_										
Tot	al									

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		343,103.	454,210.	444,805.	536,378.	1778496.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		343,103.	454,210.	444,805.	536,378.	1778496.
	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)						800,379.
6	Public support. Subtract line 5 from line 4.						978,117.
	tion B. Total Support						57072270
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(u) 2017	343,103.	454,210.	444,805.	536,378.	1778496.
	Gross income from interest,				,		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		58.	991.	17.	9.	1,075.
9	Net income from unrelated business				±/•		1,0,30
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1779571.
	<b>Total support.</b> Add lines 7 through 10		20)			12	194,286.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			outh or fifth tox .			194,200.
13	-	U U					<b>X</b>
Sec	organization, check this box and stor ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			olumn (f))		14	%
	Public support percentage from 2020					15	<u>%</u>
	33 1/3% support test - 2021. If the c			line 13 and line 1			
104	stop here. The organization qualifies						
Ь	33 1/3% support test - 2020. If the c		•			or more, check thi	
U.							
17-	and stop here. The organization qual					und line 14 is 10%	
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
1-	meets the facts-and-circumstances te	-			-	To and line 1E is t	
b	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the						
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part II

commonities in schools of the twi	COMMUNITIES	IN	SCHOOLS	OF	$\mathbf{THE}$	TWIN
-----------------------------------	-------------	----	---------	----	----------------	------

CITIES

# Schedule A (Form 990) 2021 CITIES 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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total		
	Gifts, grants, contributions, and	(u) 2011		(0) 2010					
•	membership fees received. (Do not								
	include any "unusual grants.")								
•									
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
1 a									
h	3 received from disqualified persons								
L L	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support	1	1	1	1	1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on Other income. Do not include gain								
	or loss from the sale of capital								
40	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	•		-			·		
800	check this box and stop here			<u></u>			<u></u>		
	•								
	Public support percentage for 2021 (I	, (),	,	()/		15	%		
	Public support percentage from 2020					16	%		
	ction D. Computation of Inves								
	Investment income percentage for 20					17	%		
	Investment income percentage from a					18	%		
19a	33 1/3% support tests - 2021. If the						line 17 is not		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶∟		
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organiz	ation ►		
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions			
13202	3 01-04-22					Sche	edule A (Form 990) 2021		

1

Yes

No

#### Schedule A (Form 990) 2021 CIT: 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	COMMUNITIES IN SCHOOLS OF THE TWIN		_	
	edule A (Form 990) 2021 CITIES 83-20	6491	3 Pa	age <b>5</b>
Pa	rt 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		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governm	ental entity. Describe in Part VI	how you supported a governmental entity (see instructions).
---	--	--------------------------------------	-----------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

	COMMUNITIES IN SCHOOLS	OF TH	E TWIN	
Sche	dule A (Form 990) 2021 CITIES			83-2064913 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	rganization (see

Schedule A (Form 990) 2021

instructions).

_	Schedule A (Form 990) 2021         CITIES         83-2064913         Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(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						
C	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
c	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

COMMUNITIES IN SCHOOLS OF THE TWIN Schedule A (Form 990) 2021 CITIES 2064913 Page	8
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.)	
PART II, SHORT YEAR EXPLANATION:	
2018 IS A SHORT YEAR BECAUSE THE ORGANIZATION INCORPORATED IN OCTOBER	
AND HAS A FISCAL YEAR OF JULY 1ST - JUNE 30TH.	
	_
	_
	_
	_
	_
	_
	_
	—
	_
	_
	_
	_
	—
	_
	—
	_
	_
	_

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Schedule of Contributors</li> <li>► Attach to Form 990 or Form 990-PF.</li> <li>► Go to www.irs.gov/Form990 for the latest information.</li> </ul>	OMB No. 1545-0047
Name of the organizati	ON COMMUNITIES IN SCHOOLS OF THE TWIN CITIES	Employer identification number 83-2064913
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

\*\* PUBLIC DISCLOSURE COPY

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

501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 2
Name of or COMMUN	NITIES IN SCHOOLS OF THE TWIN			yer identification number $-2064913$
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$100,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$28,113.		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$30,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4		\$25,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$40,9	<u>18.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6_		\$15,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	B (Form 990) (2021)			Page <b>2</b>
	rganization NITIES IN SCHOOLS OF THE TWIN S			yer identification number $-2064913$
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	4	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7_		\$69,0	<u>36.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
8		\$50,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9_		\$25,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

		E	mployer identification numb
OMMUN ITIES	NITIES IN SCHOOLS OF THE TWIN		83-2064913
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)				Page <b>4</b>	
	rganization				Employer identification number	
	NITIES IN SCHOOLS OF THE	E TWIN				
CITIE					83-2064913	
Part III	from any one contributor. Complete columns (a)	) through (e) and the following lin	he entry. For or	ganizations		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for th	e year. (Enter this info. on	ce.) ► \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
Part I						
		(e) Transfer o	of gift			
			5			
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	insferor to transferee	
(a) Na						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
Part I					· · · · ·	
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	insferor to transferee	
(-) N -						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
Part I						
-		(e) Transfer o	of aift			
			5			
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	insferor to transferee	
(a) No			<u>г</u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
Part I						
		(e) Transfer o	of gift			
			-			
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	insferor to transferee	

SCHEDULE D		Supplementa	al Financial Statements			OMB No. 1545-0047	
(Forn	n 990)	Complete if the org	2021				
Denart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	Open to Public				
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information	tion.		Inspection	
Nam	e of the organization	CITIES			Employer identification number 83-2064913		
Par		-	d Funds or Other Similar Funds o	or Acc	oun	ts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b)	) Func	is and other accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised				
			exclusive legal control?			Yes No	
6	•		dvisors in writing that grant funds can be us	-			
	• •		r donor advisor, or for any other purpose co		•		
De	impermissible priva					Yes No	
Par			ganization answered "Yes" on Form 990, Pa	art IV, lir	ne 7.		
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·				
		of land for public use (for example, recrea	·		-	mportant land area	
		f natural habitat	Preservation of a	a certifie	ed hist	toric structure	
		n of open space					
2	•		ied conservation contribution in the form of	a cons			
	day of the tax year			- F		Held at the End of the Tax Year	
а	Total number of co	onservation easements		_	2a		
b	•			····· ⊢	2b		
С			ucture included in (a)		2c		
d	Number of conservent	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e			
	listed in the Nation	nal Register		L	2d		
3	Number of conservent	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organiza	ation c	luring the tax	
	year 🕨						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
-	,	orcement of the conservation easements it					
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation	easer	nents during the year	
_		<u> </u>					
7		es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation	on ease	ments	s during the year	
•	►\$			(4)(D)(:)			
8			e satisfy the requirements of section 170(h)				
•							
9		•	on easements in its revenue and expense st				
		ounting for conservation easements.	ote to the organization's financial statemen	its that	uesci		
Par			Art, Historical Treasures, or Oth	er Sin	nilar	Assets.	
		the organization answered "Yes" on Form					
19			8, not to report in its revenue statement and	d halan	ce sh	eet works	
14	•		blic exhibition, education, or research in furt				
			ncial statements that describes these items.		eorp	ublic	
h			8, to report in its revenue statement and ba		hoot v	works of	
U	-						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	-	ng amounts relating to these items:			•		
					► \$ ► \$		
0	.,		asuros, or other similar assots for financial o			,	
2			asures, or other similar assets for financial g	yanı, pro	ovide		
-	-	unts required to be reported under FASB A	-				
<u>a</u>		Form 990, Part X			► \$	Schodulo D (Earm 000) 2021	

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

132051 10-28-21

COMMUNITIES	IN	SCHOOLS	OF	THE	TWIN
-------------	----	---------	----	-----	------

Schedule Dream 900 2021       CITTES       83-32064913       Page 2         Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         Collection inter (heck all that apply):       a       b       b       b       collection inter (heck all that apply):         a       D'ubic exhibition       d       Lan or exchange program       b       collection inter (heck all that apply):         a       D'ubic exhibition       d       Lan or exchange program       collection inter (heck all that apply):         b       Schodally research       o       Dter       hole control inter (heck all that apply):         c       Prosenation for future generations       d       Lan or exchange program       c         c       Prosenation for future generations       complexity in the interm of control intermodel i	Caba	~~~~~	TIES IN SC	поогр	OF II			,	83-20	6/013	2 Dawn 2
General section tens (check all that apply):			ollections of Ar	t. Histor	ical Tre	asures. or C	)ther S				
collection time (check all that apply):       d       Loan or exchange program         b       Cholarly research       0       Other         c       Provide adsorption of the organization's collections and explain how they further the organization's collection?       Yes       No         c       Provide adsorption of the organization's collections?       Yes       No         c       Devide adsorption of the organization's collection?       Yes       No         d       Is the organization's collection?       Yes       No         Park US excrow and Custodial Arrangements. Complete if the organization's collection?       Yes       No         b       If Yes, 'selectian the arrangement in Park XIII and complete the following table:       Amount       Image: Collection form SPD, Park X, Ine 21, for escrow or custodial account liability?       Yes       No         b       If Yes, 'selectian the arrangement in Park XIII. Check here if the organization collection?       Image: Collection form SPD, Park X, Ine 21, for escrow or custodial account liability?       No         b       If Yes, 'selectian the arrangement in Park XIII. Check here if the organization collection?       Image: Collection form SPD, Park X, Ine 21, for escrow or custodial account liability?       No         b       If Yes, 'selectian the arrangement in Park XIII. Check here if the organization collection?       Image: Collection form SPD, Park X, Ine 21, for escrow or custodial acc											ueu)
a       Public exhibition       d       □ can or exchange program         b       Scholder yresearch       e       □ Other         c       Preservation for future generations       Other       □         c       Dropote a description of the organization sclections and explain how they further the organization's exempt purpose in Part XIII.       Status         3       During the year. (dit for organization sclection's collection's col	Ū						and digin				
b       Scholarly research       e       Other	а				an or exch	nange program					
c Preservation for future generations d Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization sollections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization sollect 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 answered 'Yes' on Form 990, Part X, line 9.1 If a is the organization an anount on Form 990, Part X, line 21. If a is the organization and trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? If a is the organization answered the following table:  C Beginning balance C Beginning of year											
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 donalitons of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV Encoreman agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 500, Part X?     Begrinning balance     Gegrinning dry era balance     Gegrinning of year balance     Gegrinning the entity of activities     and programs     Gend organization innines 2a, 2b, and 2c should equal 100%.     Sa Are tree endowment thom 5%     Te mondowment thom 5%     Te mondowment thom 5%     Te mondowment thom 5%     Te mondowment thom 5%     Gegrinning addition as weener (Yee' on Form 990, Part IX, line 10.     Contributive expenses     Geord organization     Sa Are tree endowment thomas of the organi	с										
S During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part W     Fecrow and Ousbodial 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.     Is the organization an agent, fustkee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Reginning balance     Is degrinning degrin deg	4		ollections and explai	n how they	further the	e organization's	s exempt	purpos	e in Part	XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization angent, they exe         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           9b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         Image: the organization answered 'Yes' on Form 990, Part X, line 10.         Image: the organization answered 'Yes' on Form 990, Part X, line 10.           9a 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         (b) Critical account liability?         Yes         No         Sc	5		-	-		-	-				
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?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       10										Yes	No No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	rganizatior	n answered "Ye	s" on Fo	rm 990	, Part IV,	ine 9, or	
or Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Didt modulate an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Index modulation on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image as the function of the part year (b) Prior year (b) Prior year (c) Two years back (c) Four years back (c) Four years back in the part year on balance in the part year on balance in the part year on balance in the part year on the part year on balance in the part year on the part year on the part year on balance in the part year on balance in the part year on the paret yea		reported an amount on Form 990, Pa	rt X, line 21.								
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntributions	or other assets	s not incl	uded			
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Distributions during the year       If         2       Distributions       If       If         Part V       Endowment Funds. Complete if the organization answered "Ves" on Form 990. Part IV, line 10.         1a       Beginning of year balance       If       If         6       Contributions       If       If       If         1a       Beginning of year balance       If       If       If       If         1a       Beginning of year balance       If       If       If       If       If         1a       Other expenditures for facilities       If       If       If       If       If         1b       Chronitypear balance       If		on Form 990, Part X?							🗆	Yes	🗌 No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of 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.       Image: State of 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.       Image: State of the explanation has been provided on Part XIII         If a Beginning of year balance       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provide on Part XIII         e       Other expenditures for facilities and programs       Image: State of the explanation has been provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: State of the organization for the	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
d Additions during the year       1d         e Distributions during the year       1e         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Not investment examings, gains, and losses       (a) Current year end balance (line 10, column (a) held as:       (b) Four years back       (c) Three years back       (c) Four years back       (c) Three years back       (c) Four years back <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Amount</td> <td></td>										Amount	
e Distributions during the year 1e   f Ending balance 1f   2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   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   (e) Contributions (f) Three years back   (f) Current year (c) Two years back   (g) Current year (c) Two years back   (g) Contributions (f) Three years back   (g) Contributions (g) Three years back   (g) Grants or scholarships (g) Three years back   (e) Other expenditures for facilities (g) Three years back   (g) End of year balance (g) Three years back   (g) End of year balance (g) Three years back   (g) Four years back (g) Three years back   (g) Four years back (g) Three years back   (g) Four years (g) Three years back   (g) Four years (g) Four years   (g) Four years (g) Four years   (h) Accument P (g) Fou	С	Beginning balance						1c			
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       fr Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Yes       No         a       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       Net investment earnings, gains, and losses								1d			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Ins 3e(i)       (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         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       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         9       End of year balance       (b) Prior year       (c) Two years back       (e) Four years back         9       For of year balance	е	Distributions during the year						1e			
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, 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       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         1a       Bear or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         a       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (f) Actinitiztive expenditures for facilities       (f) Three years back       (f) Provide the dorganization         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (f) Provide the organization       (f) Provide the organization	f									_	
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         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 Net investment examings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         e Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back         g End of year balance       (b) Prior year       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g End of year balance       (c) Administrative expenses       (c) Administrative expenses       (c) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Four years back       (c) Four years         g En								· · · · ·	L	Yes	
ial Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ial Beginning of year balance	_								<u></u>	<u></u>	
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	Fai	Endowinient Funds. Complete						Throom	aara baak	(a) Four	vooro book
b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs			(a) Current year	(D) Pric	or year	(C) TWO years L		i illiee y	Ears Dack	(e) roui	years Dack
c       Net investment earnings, gains, and losses											
d Grants or scholarships	b										
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   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 ff "Yes" on line 3a(ii), are the related 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   b Buildings   c Leasehold improvements   d Cuipment   b Buildings   c Leasehold improvements   c Leasehold improvements	C										
and programs											
f       Administrative expenses	е										
g End of year balance											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶%         (i)       Unrelated organizations         b;       (i)         (ii)       Related organizations         (iii)       Related organizations         3a(ii)       3a(ii)         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.         Image: Description of property       (a) Cost or other         b Buildings											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization         by:         (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.         Image: Description of property       (a) Cost or other basis (other)         b Buildings	-			 		hald as					
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(i) Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 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               (b) Cost or other <li>(c) Accumulated</li> <li>(d) Book value</li> b             Buildings               c <ld>Leasehold improvements               c             <ld>Leasehold improvements               c             <ld>Leasehold improvements               c             <ld>Leasehold improvements               c             <ld>Complete improvements               c             <ld>Leasehold improvements</ld></ld></ld></ld></ld></ld>					column (a))	neio as.					
c       Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				70							
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 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 c Leasehold improvements c Leasehold improvements c Other c											
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3	U		· -								
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) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other (c) Other (c) Accumulated (c) Accumulated (	3a		•	ation that a	ire held an	d administered	for the c	raaniza	tion		
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	ou					a administered		n gui n20		ſ	Yes No
(ii) Related organizations       3a(ii)       3b		•								3a(i)	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
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.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	edule R?						
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4										
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	Par	t VI Land, Buildings, and Equipm	ient.								
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part IV, li	ine 11a. Se	ee Form 990, P	art X, line	e 10.			
b Buildings		Description of property			• •		• •		d	(d) Bool	k value
b Buildings	<b>1</b> a	Land									
c         Leasehold improvements											
d Equipment											
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column</u>	<u>(B), line 10</u>	)c.)					0.

Schedule D (Form 990) 2021

COMMUNITIES	IN	SCHOOLS	OF	THE	TWIN
<b>ATETDA</b>					

Schedule D (Form 990) 2021 CITIES		83	-2064913 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)			
(2) (3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)	▶	

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

X

Sche	dule D (Form 990) 2021 CITIES		83-2064913 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Pa	rt XIII Supplemental Information.	-	

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

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF
THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW
AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.
HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE
ORGANIZATION HAS NOT HAD ANY MATERIAL UNRELATED BUSINESS INCOME.
A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING
TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING
AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME

TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE, OR BENEFIT UNDER

				COMM	UNITIE	S IN	SCHOOLS	G OF	THE	TWIN	02 2064012	
Sched Part	Ule D (For	m 990) 2021 I <b>pplementa</b>	l Inform	nation	ES (continued)						83-2064913	Page 5
THE	MORE	LIKELY	THAN	NOT	STAND	ARD.						

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, (	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr						Inspection
Name of the organization	CITIES	TIES IN SCHOOLS OF	THE	5 TV	VIN		83-206	dentification number 4913
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
<ul> <li>Indicate whether the</li> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicit</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		ΧY	
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. (i)	
J. MURPHY & ASSOCIA	ATES - 2021		Yes	No				
EAST HENNEPIN AVENU	JE, SUITE	GRANT WRITTING		X	200,000.		(	35,583.
Total 3 List all states in whi	ch the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	200,000. or has been notified	it is e	xempt from	35,583. registration
or licensing.		-						-
MN								

G (Form	

Schedule G	(Form 990) 2021	CITIES	83-2064913	Page
Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, of	or reported more than \$15,0	000
	of fundraising event contril	putions and gross income on Form 990-EZ, lines 1 and 6b. List events with g	ross receipts greater than \$	\$5,000

		5		,	5 1	5
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
<b>a</b>			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
anue						
Jevenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		►	
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
svenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
sve						

nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
<u>۳</u>	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а		he organization licensed to conduct gaming ac				
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
		· · ·				

Cab	adula (C (Earra 000) 0001	COMMUNITIES IN SCHOOLS OF THE		2064913	Dama 0
	edule G (Form 990) 2021	CITIES			
		ning activities with nonmembers?		Yes	No
12		iciary or trustee of a trust, or a member of a partnership or of		Yes	No
12	Indicate the percentage of gaming	activity conducted in:			
				13a	%
					%
		person who prepares the organization's gaming/special ever		100	/0
15a		act with a third party from whom the organization receives g		Yes	No
	5		•		
b	If "Yes," enter the amount of gami	ng revenue received by the organization $\blacktriangleright$ \$	and the amount		
	of gaming revenue retained by the	third party ▶\$			
С	If "Yes," enter name and address of	f the third party:			
	Name				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation	▶ \$			
	Description of services provided	•			
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable distributions from the gaming pr	oceeds to		
	retain the state gaming license?			🗌 Yes 🛛	No
b	Enter the amount of distributions r	equired under state law to be distributed to other exempt org	anizations or spent in the		
	organization's own exempt activiti				
Pa		nation. Provide the explanations required by Part I, line 2b,		art III, lines 9, 9b	, <b>10</b> b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instru	uctions.		
<u>sc</u>	HEDULE G, PART I,	LINE 2B, LIST OF TEN HIGHEST PA	AID FUNDRAISER	S:	
<u>(I</u>	) NAME OF FUNDRAIS	ER: J. MURPHY & ASSOCIATES			
(I	) ADDRESS OF FUNDE	AISER:			
20	21 EAST HENNEPIN A	VENUE, SUITE 130, MINNEAPOLIS,	<u>MN 55413</u>		

Schedule G	i (Form 990) Supplemental Inforr	COMMUNITIES CITIES	IN	SCHOOLS	OF	THE	TWIN	83-2064913 Page 4
Part IV	Supplemental Inform	mation (continued)						

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization COMMUNITIES IN SCHOOLS OF THE TWIN CITIES

Employe

Employer identification number 83-2064913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BARRIERS AND SUCCEED.

FORM 990, PART VI, SECTION A, LINE 1A:

THERE IS AN EXECUTIVE COMMITTEE WHICH HAS AUTHORITY TO CONDUCT BUSINESS ON

THE ORGANIZATIONS BEHALF. IN THE CURRENT FISCAL YEAR THERE WERE NO VOTES

HELD SOLELY WITHIN THIS COMMITTEE.

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

THE FORM 990 AND MINNESOTA ATTORNEY GENERAL'S REPORT ARE REVIEWED BY THE

EXECUTIVE DIRECTOR AND THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING.

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

ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT

OF INTEREST DISCLOSURE ANNUALLY. THE DISCLOSURE IS REVIEWED BY THE

EXECUTIVE DIRECTOR FOR POTENTIAL CONFLICTS. IF AN ACTUAL CONFLICT ARISES,

IT IS REVIEWED BY THE BOARD, WHICH DETERMINES THE RESTRICTIONS TO IMPOSE ON

THE PERSON WITH A CONFLICT. A PERSON WITH A CONFLICT WOULD TYPICALLY BE

RESTRICTED FROM VOTING ON RELATED MATTERS.

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

THE BOARD CONDUCTS AN ANNUAL REVIEW AND MEASURES THE EXECUTIVE DIRECTOR'S PERFORMANCE AGAINST GOALS THEY HAVE PUT IN PLACE. A MERIT INCREASE WILL BE POSSIBLE EACH YEAR, DEPENDING ON PERFORMANCE AND AVAILABILITY OF FUNDS.

Schedule O (Form 990) 2021	Page 2
Name of the organization COMMUNITIES IN SCHOOLS OF THE TWIN CITIES	Employer identification number 83-2064913
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS WILL BE AVAILABLE ON THE ORGANIZATIONS WEBSITE.	•