# 2022 Income Tax Return

CITY YEAR, INC.

Ŭ		•	** <b>DIIBI.</b> 1	C DISCLOSURE CO	)DV **			
	•	~~		ization Exempt I		ncome	Tax	OMB No. 1545-0047
Forr	<b>" 9</b>	90	Under section 501(c), 527, or 4947	-				s) <b>2022</b>
				urity numbers on this form a				Open to Public
		of the Treasury nue Service		orm990 for instructions and t				Inspection
<u>A</u> F	or the			UL 1, 2022 and	ending J			
B c a	heck if pplicabl	le: C Name of	organization			D Employ	er identific	ation number
	Addre		YEAR, INC.					
	Name Chang		usiness as			22-	288254	19
	Initial return	Number	and street (or P.O. box if mail is not del	ivered to street address)	Room/suite		one number	
	Final return termir		COLUMBUS AVENUE				.7) 927	
_	ated Amen	City or t	own, state or province, country, and ON , MA 02116-5114	ZIP or foreign postal code		G Gross rec		169,145,438.
	_return Applic		ON , MA 02116-5114 nd address of principal officer: JAM	ES BALFANZ			s a group re ibordinates?	
	_ tion pendi		AS C ABOVE				subordinates ind	
IT	ax-ex	empt status:		(insert no.) 4947(a)(1)	or 527	1		ist. See instructions
	Vebsi		CITYYEAR.ORG				o exemptior	
			X Corporation Trust As	sociation Other	L Year	of formation:	1988 M	State of legal domicile: MZ
Pa	art I	Summary			COLIEDII			
e	1	Briefly describ	e the organization's mission or most	significant activities: <u>5EE</u>	SCHEDU	LE U		
Governance	2	Check this bo	x if the organization discor	ntinued its operations or dispos	sed of more	than 25% o	f its net ass	ets
ver	1		ing members of the governing body					16
	4	Number of ind	lependent voting members of the gov					15
Activities &	5	Total number	of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	1324
vitie	6	Total number	of volunteers (estimate if necessary)				6	15437
lcti	7 a	Total unrelated	d business revenue from Part VIII, co	umn (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11				0.
					_	Prior Y		Current Year
e					1	84,630		168,123,559.
ent	1	•				<b>E 0 1</b>	0.	0.
Revenue			come (Part VIII, column (A), lines 3, 4,				,789.	517,936.
-	1		(Part VIII, column (A), lines 5, 6d, 8c,	, , , , , , , , , , , , , , , , , , , ,			,159.	-426,016.
			- add lines 8 through 11 (must equal	N II 1 0		.84,395 41,062		168,215,479. 34,537,538.
	1		nilar amounts paid (Part IX, column (/	, , , , , , , , , , , , , , , , , , , ,		41,002	0.	<u> </u>
	45		to or for members (Part IX, column (A			98,623	-	103,966,540.
ses	15		<sup>r</sup> compensation, employee benefits (F undraising fees (Part IX, column (A), li				,352.	1,214,745.
Expenses	h h		ng expenses (Part IX, column (D), line		04.	-157	, 5521	1,211,745.
ă	17		es (Part IX, column (A), lines 11a-11d,			27,848	.784.	36,618,800.
			s. Add lines 13-17 (must equal Part I)			67,972		176,337,623.
		-	expenses. Subtract line 18 from line			16,423		-8,122,144.
or			·			ginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		1	.22,593		107,632,955.
dB	21	Total liabilities	(Part X, line 26)			37,060		27,953,289.
INe	22		fund balances. Subtract line 21 from	line 20		85,532	,568.	79,679,666.
	art II							
Und	er pena	alties of perjury,	I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to th	e best of my	knowledge and belief, it is
true,	correc	ct <u>, and complete</u> .	Declaration of preparer (other than office	r) is based on all information of wi	hich preparer	has any know	/ledge, <del>/24/2024</del>	
		kanna kundual Signature of of	a			Da		
Sig		-	UNCHALA, EVP AND AC	THA CEO		Du		
Her	e	Type or print n						
		Print/Type prep		Preparer's signature	][	Date	Check	PTIN
Paid			Y MAC NAMEE	i ioparor o orginaturo			if self-employe	
Prep		Firm's name	KPMG LLP			Fir		3-5565207
	Only	Firm's address				'"		
	,		BOSTON, MA 02111			Ph	one no.61	7-988-1000
May	the II	RS discuss this	s return with the preparer shown abo	ve? See instructions				X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) CITY YEAR, INC. 22-2882549 Page
Pa	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:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 74,721,252. including grants of \$ 1,636,405. ) (Revenue \$]
	IN-SCHOOL SERVICE
	IN FISCAL YEAR 2023, MORE THAN 98% OF CITY YEAR'S 1,775 FULL-TIME
	PARTICIPANTS SERVED ON DIVERSE TEAMS IN SCHOOLS. MOST OF THEIR
	2,291,409 SERVICE HOURS WERE SPENT AS TUTORS, MENTORS, AND ROLE MODELS
	HELPING CHILDREN IN HIGH-POVERTY SCHOOLS STAY IN SCHOOL AND ON TRACK TO
	GRADUATE. AS NEAR-PEERS, CORPS MEMBERS ARE UNIQUELY ABLE TO HELP
	IMPROVE STUDENT ATTENDANCE, BEHAVIOR, AND COURSEWORK - WHICH RESEARCH
	CONFIRMS ARE INDICATORS OF A STUDENT'S LIKELIHOOD OF GRADUATING HIGH
	SCHOOL. IN EACH OF CITY YEAR'S 248 PARTNER SCHOOLS, THE TEAM PROVIDES
	ACADEMIC SUPPORT, ATTENDANCE MONITORING AND INCENTIVES, POSITIVE
	BEHAVIOR SUPPORT, AND AFTER-SCHOOL PROGRAMMING EVENTS (SUCH AS
	ASSEMBLIES AND CELEBRATIONS) THAT IMPROVE THE OVERALL SCHOOL
4b	(Code:) (Expenses \$59,500,853. including grants of \$ 32,901,133. ) (Revenue \$
	YOUTH CIVIC LEADERSHIP
	40,000 OF CITY YEAR'S ALUMNI CONTINUE TO SERVE AND LEAD ACROSS AN ARRAY
	OF PROFESSIONS, INCLUDING EDUCATION, WITH MORE THAN HALF OF ALUMS
	WORKING AS TEACHERS, ADMINSTRATORS, GUIDANCE COUNSELORS AND AT
	EDUCATION NONPROFITS, AND ARE ENGAGED IN THEIR COMMUNITIES. THEY SHARE
	THEIR PASSION FOR CIVIC ENGAGEMENT BY LEADING STUDENTS IN ACTIVITIES
	THAT HELP THE PARTICIPANTS GAIN A BETTER UNDERSTANDING OF CHALLENGES
	FACING THEIR COMMUNITIES AND HOW THEY CAN HELP ADDRESS THEM. CITY YEAR
	WAS FOUNDED ON THE BELIEF THAT A YEAR OF NATIONAL SERVICE COULD SERVE
	AS A CIVIC RITE OF PASSAGE - A UNIQUELY TRANSFORMATIONAL LIFE
	EXPERIENCE THAT, WHILE HELPING TRANSFORM COMMUNITIES IN NEED, COULD
	BEND THE TRAJECTORY OF AN IDEALISTIC YOUNG PERSON'S LIFE TOWARDS A
4c	(Code:) (Expenses \$4, 151, 222. including grants of \$) (Revenue \$)
	PHYSICAL SERVICE
	ALL CITY YEAR LOCATIONS HOST LARGE-SCALE SERVICE EVENTS THROUGHOUT THE
	YEAR, LED BY CORPS AND STAFF. IN FISCAL YEAR 2023, 15,437 CITIZENS
	VOLUNTEERED 26,364 HOURS IN PROJECTS INCLUDING PAINTING MURALS,
	REFURBISHING SCHOOLS, CREATING PLAY PLACES, PLANTING COMMUNITY GARDENS,
	AND REVITALIZING COMMUNITY CENTERS. A PHYSICAL SERVICE PROJECT
	COMPLETED BY A CITY YEAR LED TEAM CAN POWERFULLY TRANSFORM A SCHOOL
	ENVIRONMENT OR NEIGHBORHOOD, BOTH BY VISIBLY IMPROVING THE SPACE WITH
	THE IMMEDIATE RESULTS, AND ALSO BY INSPIRING PARTICIPANTS TO VOLUNTEER
	AGAIN.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     138,373,327.
32003	Form <b>990</b> (20 SEE SCHEDULE O FOR CONTINUATION(S)

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	990 (2022) CITY YEAR, INC. 22-2882	549	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		X
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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?			37
	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		77	
	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, VII, 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,		х	
	Part VI	11a	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
<b>ا</b> م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114	х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie	<u></u>	
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
120		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
232003	12-13-22	Form	990	(2022)

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Form	990 (2022) CITY YEAR, INC. 22-28	82549	Р	age <b>4</b>
Par	t 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		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24</b> b		X
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?			X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- <del></del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 250		- 23
20	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			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			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			
	Part V, line 1			XX
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2			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	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		58 0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	x	
232004	(gambing) withings to prize withors:		<b>990</b>	(2022)
_02005	5			(

	990 (2022) CITY YEAR, INC.		22-2882	549	P	age <b>5</b>
Par	rt 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	1324			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	Х	
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		x
h	If "Yes," enter the name of the foreign country					
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		10 (i b, i i).	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
-				50		
6a	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions			0a		- 23
b			0	Ch.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		o un vide d to the new of	7.	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X X	
b				7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					v
	to file Form 8282?			7c		X
d		7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	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 investmen	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	5 12-13-22			Form	990	(2022)

Form	990 (2022) CITY YEAR, INC.		22-2882		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	16			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny 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			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, 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	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0.0.0	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 Re	/enue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•	-	1.0		
				10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	betore	e filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	,		10	х	
40	on Schedule O how this was done Did the organization have a written whistleblower policy?			12c 13	X	
13					X	
14	Did the organization have a written document retention and destruction policy?			14	л	
15	Did the process for determining compensation of the following persons include a review and approva	by inc	lependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х	
	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont ····	th a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable optituduring the year?			16-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
u			-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ 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 <u>SEE SCHEDULE</u>	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		T (section $501(c)(3)$	s only)	availal	hle
	for public inspection. Indicate how you made these available. Check all that apply.	0000		o only)	avana	010
	X       Own website       X       Another's website       X       Upon request       Other (explain	00 80	hadula ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finano	cial	
	statements available to the public during the tax year.		and policy, an	an		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	KANNA KUNCHALA – (617) 927–2507					
	287 COLUMBUS AVENUE, BOSTON, MA 02116-5114					
232006	12-13-22			Form	990	(2022)
	7					,
204		т с	NO		0.4	1/0

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Form 990 (2	022) CITY YEAR, INC.	22-2882549	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
·	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		
● List al	e this table for all persons required to be listed. Report compensation for the calendar year ending v of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), reg columns (D), (E), and (F) if no compensation was paid.	5	

• 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, box 6 of 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck i			ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a di	recto	r/trus	tee)	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
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona	_	nploy	st cor	ar a	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) JAMES BALFANZ	50.00									
CEO	0.00	Х		Х				486,627.	0.	38,885.
(2) ANNMAURA CONNOLLY	50.00									
CHIEF STRATEGY OFFICER	0.00				Х			359,864.	0.	34,885.
(3) JESSICA GREENFIELD	50.00									
CFAO	0.00			Х				313,948.	0.	31,101.
(4) KANNA KUNCHALA	50.00									
SVP & CHIEF OF STAFF	0.00					X		302,408.	0.	38,885.
(5) MITHRA RAMALEY	50.00									
CHIEF PEOPLE OFFICER	0.00				х			307,682.	0.	35,814.
(6) JOHN TUPPONCE	50.00									
CHIEF OPERATING OFFICER	0.00				х			310,367.	0.	20,597.
(7) STEPHANIE WU	50.00									
CHIEF TRANSFORMATION OFFICER	0.00				X			294,756.	0.	32,523.
(8) SHANUAH BEAMON	50.00								•	
CO-CLERK & GENERAL COUNSEL	0.00			Х				289,824.	0.	30,453.
(9) STEPHEN SPALOSS	50.00							0.47 0.01	0	24 072
CHIEF EQUITY OFFICER	0.00					X		247,801.	0.	34,973.
(10) ELLEN GULACHENSKI	50.00					x		246 666	0	27 276
CHIEF INFORMATION OFFICER (11) JEFFREY JABLOW	0.00							246,666.	0.	27,376.
CHIEF EDUCATION STRATEGY OFFICER/SVP	0.00					x		261,065.	0.	5,969.
(12) MARY JANE RICCIARDULLI	50.00							201,005.	0.	5,909.
MARKET PRESIDENT	0.00	•				x		247,339.	0.	7,240.
(13) GEORGE NICHOLS III	1.00							247,555.	0.	7,240.
CHAIR	0.00	х						0.	0.	0.
(14) JOE BANNER	1.00									
TRUSTEE (THRU 10/22)	0.00	х						0.	0.	0.
(15) STEVE BIRCHARD	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(16) MICHELE CAHILL	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(17) TUSHARA CANEKERATNE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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Form **990** (2022)

Form 990 (2022) CITY YEAF									22-28	882	549	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloy I	ees,			ghes	t C		· /			
(A)	(B)			(C Posi		,		(D)	(E)			=)
Name and title	Average hours per		not cl	heck r	more	than o		Reportable	Reportable		Estin	
	week					s both r/trust		compensation from	compensatio from related		amou oth	unt of Der
	(list any	ctor						the	organization		compe	
	hours for	r direc				eq		organization	(W-2/1099-MIS	SC/	•	the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		0	zation
	organizations below	al trus	onal ti		loyee	e comp		1099-NEC)			and re	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	zations
(18) SALLY DORNAUS	1.00	=	l	Ó	¥	Ξē	E					
TRUSTEE	0.00	Х						0.		0.		0.
(19) SANDY EDGERLEY	1.00											
TRUSTEE	0.00	Х						0.		0.		0.
(20) DAVID EINHORN	1.00											
TRUSTEE	0.00	Х						0.		0.		0.
(21) ANDREA ENCARNACAO MARTIN	1.00							0		~		0
TRUSTEE (22) GREGORY GUNN	0.00	X						0.		0.		0.
TRUSTEE (THRU 8/22)	0.00	x						0.		0.		0.
(23) DR. CAROL JOHNSON	1.00	Δ						0.		••		0.
TRUSTEE	0.00	x						0.		0.		0.
(24) NATALIE LAMARQUE	1.00											
TRUSTEE	0.00	Х						0.		0.		0.
(25) LARRY NEITERMAN	1.00											
TRUSTEE	0.00	Х						0.		0.		0.
(26) ANA MARI ORTEGA	1.00											
TRUSTEE	0.00	Х						0.		0.	220	0.
1b Subtotal								3,668,347.		0.	338,	701.
c Total from continuation sheets to Part VI								0.3,668,347.		0.	220	0.701.
d Total (add lines 1b and 1c)											550,	101.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	o ap	ove	) who	o re	eceived more than \$100,	JUU of reportable	•		176
compensation nom the organization											Y	es No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	mpl	ove	e, or	hiq	hest compensated empl	ovee on	ĺ		
line 1a? If "Yes," complete Schedule J for su	,					,		, , ,	5		3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	for such individual			4 Z	ζ
5 Did any person listed on line 1a receive or a	ccrue comper	Isati	on fr	om	any	unre	late	ed organization or indivic	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor										pensat	ion from	
the organization. Report compensation for t	ne calendar ye	ear e	enain	ig w		or wit	nın T	(B)	ear.		(C)	
(A) Name and business	address							(ם) Description of s	ervices	С	ompensa	ation
CONNELLY PARTNERS LLC												
46 WALTHAM ST FL 4, BOSTO	N, MA 0	21	18	-4:	10	5		ADVERTISING S	SERVICES	2	<u>,433</u> ,	392.
PLANET TECHNOLOGY								INFORMATION				
PO BOX 845054, BOSTON, MA							_	TECHNOLOGY SI			423,	488.
INLINE MECHANICAL LLC, 22	6 LOWEL	L	ST	SI	UΙ	ΤE		FACILITY MAI	NTENANCE			
A3, WILMINGTON, MA 01887							_	SERVICES			291,	836.
EDUCATION COUNSEL LLC		an	2	0.2	<u>^1</u>						261	000
1320 MAIN ST 17TH FL, COL KPMG LLP	UMBIA,	SC	4	24	<u>UT</u>		-	CONSULTING SI	TUTCED		204,	000.
$P_{0}$ , $BOX = 120511$ , $DALLAS$ .	TX 7531	2	0.5	11				AUDTT/TAX SEI	RVICES		186	950.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 9 SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 CITY YEA									22-288	2349
		nplo	yee			ligh	est		. ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1-			itior		1.3	Reportable	Reportable	Estimated
	hours	(C	heck	( all	that	app	iy)	compensation from	compensation from related	amount of other
	per week					e		the	organizations	compensation
	(list any	ctor				ploy6		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	ustee			ensat				and related
	organizations	al trus	onal ti		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	<u>n</u>	Ë	5	Å	Ē	Б			
(27) C. GREGG PETERSMEYER	1.00	v						0	0	0
TRUSTEE (THRU 10/22) (28) JENNIFER EPLETT REILLY	1.00	Х						0.	0.	0.
TRUSTEE & CO-FOUNDER (THRU 10/22)	0.00	x						0.	0.	0.
	1.00	Δ						0.	0.	0.
(29) KIM SMITH TRUSTEE	0.00	x						0.	0.	0.
(30) WENDY SPENCER	1.00	<u>^</u>	-	-	-	-		U•	U •	0.
TRUSTEE	0.00	x						0.	0.	0.
(31) DALILA WILSON-SCOTT	1.00	Δ						0.	0•	0.
TRUSTEE	0.00	x						0.	0.	0.
(32) STEPHEN WOODSUM	1.00									
TRUSTEE (THRU 10/22)	0.00	х						0.	0.	0.
(33) TOM WARD	1.00									
CO-CLERK	0.00			x				0.	0.	0.
		-								
		-								
				-						
	1	I	I		I	1	I			

232201 04-01-22

					R, IN	с.			22-2882	549 Page 9
Pa	rt V	/	Statement of Revo	enue						
			Check if Schedule O co	ontains a	response (	or note to any line		(D)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
20	1	а	Federated campaigns		1a	121,245.				
Contributions, Gifts, Grants and Other Similar Amounts			•• • • • •		1b					
۵. ۵.		с	Fundraising events		1c	5,171,811.				
ar /			Related organizations		1d					
is, C		е	Government grants (contrib	outions)	1e	93,032,597.				
rtion S		f	All other contributions, gifts, gr	rants, and						
.ibu			similar amounts not included a	bove	1f	69,797,906.				
ontro		-	Noncash contributions included in lin		1g \$	286,624.	1 (01 02550			
<u>Ö</u> ö		h	Total. Add lines 1a-1f			Business Code	168123559.			
	•	_				Business Code				
Program Service Revenue	2	a b								
Ser		c								
n Seras		d								
Base		e								
Pro		f	All other program service re	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includir	ng divide	nds, intere	st, and				
			other similar amounts)				517,936.			517,936.
	4		Income from investment of		-	1				
	5 Royalties									
	~				) Real	(ii) Personal				
				6a						
			· · · · ·	6b 6c						
			Net rental income or (loss)							
			Gross amount from sales of		ecurities	(ii) Other				
	-			7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
Re		d	Net gain or (loss)		·····					
Other Re	8	а	Gross income from fundraising							
Ò			including \$ 5,17							
			contributions reported on lin			86,261.				
		h	Part IV, line 18 Less: direct expenses							
			Net income or (loss) from fu				-843,698.			-843,698.
			Gross income from gaming							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from ga							
	10	а	Gross sales of inventory, les							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sa	ales of in	ventory					
sn	44	~	MISC REVENUE			Business Code 900099	417,682.			417,682.
Miscellaneous Revenue	11	a b	TIDC KLABNOB			500055	±17,002.			±17,002.
ellar		с С								
Be			All other revenue							
Σ			Total. Add lines 11a-11d				417,682.			
	12		Total revenue. See instruction				168215479.	٥.	0.	91,920.
23200	9 12-	13-								Form <b>990</b> (2022)

# Form 990 (2022) CITY YEAR, INC. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			npiele column (A).	
Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,023,705.	1,023,705.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	32,901,133.	32,901,133.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	612,700.	612,700.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,995,820.		1,995,820.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	81,038,672.	62,331,202.	8,385,403.	10,322,067
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		1,773,749.	269,156.	
9	Other employee benefits		7,639,094.	1,454,251.	
10	Payroll taxes	8,661,304.	7,232,059.	650,620.	778,625
11	Fees for services (nonemployees):				
а	Management				
b	Legal	75,956.		75,956.	
С	Accounting	246,553.		246,553.	
d	Lobbying	538,667.	538,667.		
е	Professional fundraising services. See Part IV, line 17	1,214,745.			1,214,745
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	8,143,945.		2,587,957.	
12	Advertising and promotion	4,109,999.		163,484.	604,300
13	Office expenses	9,169,508.		968,094.	
14	Information technology	3,764,731.	1,821,750.	1,867,887.	75,094
15	Royalties				
16	Occupancy	6,166,163.		590,807.	17,330
17	Travel	2,952,438.	2,388,970.	307,227.	256,241
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	352,071.	259,261.	52,976.	39,834
20	Interest	249,064.	104,723.	144,341.	
21	Payments to affiliates	040 505			10.405
22	Depreciation, depletion, and amortization	849,705.	559,639.	277,660.	12,406
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses			00 000 100	10 000 101
25		176,337,623.	138,373,327.	20,038,192.	17,926,104
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Pa	rt X	Balance Sheet				
		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		48,666,507.	1	18,285,499.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		18,041,762.	3	31,705,045.
	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	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 33,640,	944.			
	b	Less: accumulated depreciation		14,986,354.	10c	14,757,443.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		20,991,074.	12	23,601,341.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	10 000 007
	15	Other assets. See Part IV, line 11		19,907,684.	15	19,283,627.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		122,593,381.	16	107,632,955.
	17	Accounts payable and accrued expenses		13,436,105.	17	8,125,837.
	18	Grants payable			18	
	19	Deferred revenue		5,895,000.	19	5,615,000.
	20 21	Tax-exempt bond liabilities		5,095,000.	20 21	5,015,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,			21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%				
billi					22	
Lia	23	Secured mortgages and notes payable to unrelated third parties			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		17,729,708.	25	14,212,452.
	26	Total liabilities. Add lines 17 through 25		37,060,813.	26	27,953,289.
		Organizations that follow FASB ASC 958, check here				
ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		66,992,653.	27	65,348,038.
Ba	28	Net assets with donor restrictions		18,539,915.	28	14,331,628.
pur		Organizations that do not follow FASB ASC 958, check here				
Ę		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31				31	
Net	32	Total net assets or fund balances		85,532,568.	32	79,679,666.
	33	Total liabilities and net assets/fund balances		122,593,381.	33	107,632,955.

Form **990** (2022)

09420424 153541 94149s

	990 (2022) CITY YEAR, INC.	22-	2882549	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				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	168,21			
2	Total expenses (must equal Part IX, column (A), line 25)	2	176,33			
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,12			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,53 2,09	<u>2,5</u>	68.	
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	17	6,9	11.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	79,67	9,6	66.	
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	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			х		
				000		

Form **990** (2022)

232012 12-13-22

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		2022
	nt of the Treasury evenue Service		At	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public
			Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.	Employor	Inspection identification number
	of the organization	CITY	YEAR, INC	•				2	2-2882549
Part	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The org	anization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1	<b>-</b>			n of churches described		n 170(b)(1	l)(A)(i).		
2	-			Attach Schedule E (Form			••		
3		•		anization described in <b>se</b> njunction with a hospital			•	VIII) Entor	the beenitel's name
4	city, and state	-	ation operated in col	ijunction with a nospital	described	III Sectio	A)(1)(d)01111		the hospital's hame,
5	An organizati	on operated fo	or the benefit of a col Complete Part II.)	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
6	_			nental unit described in s	section 17	70(h)(1)(A)	(v)		
7 X	-	-	-	ntial part of its support fr				ne deneral i	oublic described in
• ===	0		omplete Part II.)		onn a gore			ie general j	
8				(1)(A)(vi). (Complete Parl	t II.)				
9	- ·			in section 170(b)(1)(A)(i	-	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	eor
	university:								
10				than 33 1/3% of its supp					
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	after June 30, 1975.
11 🗌	-		mplete Part III.)	vely to test for public sat	fatu Saa	saction 50	0(a)(4)		
12		-	-	vely for the benefit of, to	•			rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
а [	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b			-	or controlled in connect			-		-
		•		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
- [	Ŭ	()	t complete Part IV,						
c		-	•	g organization operated ). You must complete F				ly integrate	ea with,
d		U	()()	orting organization oper				ted organi:	zation(s)
u l		-	• •	ation generally must sati				•	
				nplete Part IV, Sections					
е [				written determination from				II, Type III	
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
	nter the number of								
<b>g</b> P	rovide the followi (i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)
				above (see instructions))	Yes	No			
Total									

		ITY YEAR,		0		22-288	2549 Page 2
Ра	rt II Support Schedule for	-		-			-
	(Complete only if you checke fails to qualify under the tests			-	n failed to qualify u	nder Part III. If the	organization
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(0) 2010	(0) 2020	(4) 2021	(0) 2022	(i) fotal
•	membership fees received. (Do not						
		173027503	165696109	165737473	184630809	168123559	857215453
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		173027503	165696109	165737473	184630809	168123559	857215453
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						33614463.
6	Public support. Subtract line 5 from line 4.						823600990
	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	173027503	165696109	165737473	184630809	168123559	857215453
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,401.	73,864.	442,944.	515,965.	517,936.	1580110.
9	Net income from unrelated business	_		-	-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1152133.	534,785.	240,937.	256,690.	503,943.	2688488.
11	Total support. Add lines 7 through 10						861484051
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	phere		-			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>95.60 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.29 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

CITY YEAR, INC.

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage			· · ·	
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021 tion D. Computation of Invest					16	%
	•			in a 10 a a luman (f)		47	0/
	Investment income percentage for <b>20</b> Investment income percentage from		<b>_</b>			17	<u>%</u> %
	<b>33 1/3% support tests - 2022.</b> If the			on line 14, and lin			
139	more than 33 1/3%, check this box ar						
h	<b>33 1/3% support tests - 2021.</b> If the	-			•••••		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22			,, ee.			le A (Form 990) 2022
			15	7		00.000	

#### CITY YEAR, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of 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.)

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## 18 2022.05090 CITY YEAR, INC.

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Scho	dule A (Form 990) 2022 CITY YEAR, INC. 22	2-288254	9 D/	000 <b>5</b>
	t IV Supporting Organizations (continued)	200254		ige J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <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 support 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.	ers, ted		
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,			
0	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion D. Air Type in 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			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ctions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>	, . ,		
с 2	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a governmental entity</i> Activities Test. <b>Answer lines 2a and 2b below.</b>	(see instruction	s). Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	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 been engaged in			
	these activities but for the organization's involvement.	2b		
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.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

3a

_	ule A (Form 990) 2022 CITY YEAR, INC.	-		22-2882549 <sub>Pag</sub>
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify			Dort VII) Coo instruction
•	All other Type III non-functionally integrated supporting organizations mu			Part VI). See instruction
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year
				(optional)
1 1	Net short-term capital gain	1		
<b>2</b> F	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		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
(	collection of gross income or for management, conservation, or			
r	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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
сГ	Fair market value of other non-exempt-use assets	1c		
d <sup>-</sup>	Fotal (add lines 1a, 1b, and 1c)	1d		
e l	Discount claimed for blockage or other factors			
(	explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 CITY YEAR, IN		· · · · ·	2-2882549 Page 7
Par		a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer		1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
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 ( <i>describe in</i> <b>Part VI</b> ). See instructions.		<u> </u>	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is responsive		
8	Distributions to attentive supported organizations to which th	le organization is responsive	8	
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6		9	
			<u>9</u> 10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
<u>    i</u>	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Schedule A	(Form 990) 2022 C	CITY YEA	AR, INC.	22-2882549 Page 8
Part VI	Supplemental Informa	ation. Provid	de the explanat	ons 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, 4	c, 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, line	es 2 and 3; Pa	rt 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; a	and Part V, Se	ection E, lines 2	5, and 6. Also complete this part for any additional information.
	(See instructions)			

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING	
2018 AMOUNT: \$	913,580.
2019 AMOUNT: \$	13,050.
2020 AMOUNT: \$	27,840.
2021 AMOUNT: \$	63,290.
2022 AMOUNT: \$	86,261.
OTHER	
2018 AMOUNT: \$	238,553.
2019 AMOUNT: \$	521,735.
2020 AMOUNT: \$	213,097.
2021 AMOUNT: \$	193,400.
2022 AMOUNT: \$	417,682.

232028 12-09-22

Schedule A (Form 990) 2022

SCLOSURE COPY \*

Schedule of Contributors

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2022

Employer identification number

22-2882549

CITY	YEAR,	INC.

Organization type (check of	le).
Filers of:	Section:
Form 990 or 990-EZ	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
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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.

J 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 in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the pa

**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) (2022)

ame of organization		Er	nployer identification numb
ITY YEAR,	INC.		22-2882549
Part I Contri	butors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$ <u>36,825,976</u>	Person X     Payroll      Noncash      (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
2		\$ <u>8,029,500</u>	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
3		\$ <u>6,132,591</u>	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$ <u>3,637,682</u>	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
			Person Payroll

Schedule B (Form 990) (2022)

Noncash

(Complete Part II for noncash contributions.)

223452 11-15-22

09420424 153541 94149s

25 2022.05090 CITY YEAR, INC.

\$

	3 (Form 990) (2022)		Page <b>3</b>
Name of or	rganization		Employer identification number
CITY Y	YEAR, INC.		22-2882549
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	t.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

223453 11-15-22

Schedule B (Fo					Page 4
Name of organi	zation				Employer identification number
CITY YEA	R, INC.				22-2882549
fro	clusively religious, charitable, etc., contribution m any one contributor. Complete columns (a)	through (e) and the following lir	ne entry. For org	anizations	
com	npleting Part III, enter the total of exclusively religious, cl e duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,00	00 or less for the	year. (Enter this info. on	ce.) \$
(a) No. from					intion of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
		(e) Transfer	of gift		
		(e) mansier	orgin		
	Transferee's name, address, ar	id ZIP + 4	Re	lationship of tran	sferor to transferee
(a) No.			Г		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, ar	d ZIP + 4	Re	lationship of tran	sferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer (	of gift		
	Transferee's name, address, ar	d <b>ZI</b> P + 4	Re	lationship of tran	sferor to transferee
		[			
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, ar	d ZIP + 4	Re	lationship of tran	sferor to transferee
	· · · ·				
—		-			
223454 11-15-22					Schedule B (Form 990) (2022)

0					
SCHEDULE C	Pc	olitical Campaign	and Lobbyin	ng Activities	OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	ne Tax Under section	501(c) and section 527	2022
Department of the Treasury	Complete	if the organization is described	below. Attach to F	Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for i			Inspection
-	-	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaign A	Activities), then
		plete Parts I-A and B. Do not cor	•	Do not complete Dart I P	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organiz</li> </ul>		)1(c)(3)) organizations: Complete	Fails FA and C below		
0	,	i Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activities)	, then
		nave filed Form 5768 (election un			
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that I	nave NOT filed Form 5768 (election	on under section 501(l	h)): Complete Part II-B. Do no	ot complete Part II-A.
•	-	Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form 990-E	EZ, Part V, line 35c (Proxy
Tax) (See separate inst		ions: Complete Part III.			
Name of organization	, or (o) organizat			Empl	oyer identification number
Ū.	CITY YE	AR, INC.			22-2882549
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
•	•	ation's direct and indirect politica			
<ul><li>2 Political campaign</li><li>3 Volunteer hours for</li></ul>					
3 Volunteer nours for	political campai				
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)(	(3).	
1 Enter the amount of	of any excise tax	incurred by the organization und	er section 4955	\$	
		incurred by organization manage		\$	
-		n 4955 tax, did it file Form 4720 t	• • • • • • • • • • • • • • • • • • • •		
<ul> <li>4a Was a correction m</li> <li>b If "Yes," describe in</li> </ul>					Yes No
		anization is exempt unde	er section 501(c),	except section 501(c)	)(3).
1 Enter the amount of	lirectly expended	by the filing organization for sec	ction 527 exempt func	tion activities \$	
2 Enter the amount of	of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
exempt function ac					
		. Add lines 1 and 2. Enter here ar		,	
		<b>1120-POL</b> for this year?		\$	Yes No
0 0		nployer identification number (EIN	N) of all section 527 pc	olitical organizations to which	
		tion listed, enter the amount paid			
		omptly and directly delivered to a			e segregated fund or a
· · ·	. ,	additional space is needed, provi	1		
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1		

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	CITY	YEAR,	INC.		22-2	2882549 Page 2
Part II-A Complete if the org	ganizatio	on is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
				n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha		, ,	,			
B Check if the filing organiza	ation checl	ked box A ar	nd "limited control" pro	ovisions apply.		
		bying Expention Expention by the second s	nditures ints paid or incurred.	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl						
c Total lobbying expenditures (add l	ines 1a an	d 1b)				
d Other exempt purpose expenditur						
e Total exempt purpose expenditure			,			
f Lobbying nontaxable amount. Ent	er the amo	ount from the				
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
Over \$17.000.000	, , ,	\$1,000,		. , , , ,		
		· · · / · · /				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
<b>h</b> Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze						
reporting section 4911 tax for this			· •			Yes No
	1		eraging Period Under			
(Some organizations t	hat made	a section 5	01(h) election do not	have to complete all o	f the five columns b	elow.
	Se	e the separ	ate instructions for li	nes 2a through 2f.)		
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
<b>c</b> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

232042 11-08-22

Schedule C (Form 990) 2022	CITY	YEAR,	INC.	22-2882549	Page <b>3</b>
Part II-B Complete if the or	rganizati	on is exe	mpt under section 501(c)(3) and has NOT file	d Form 5768	
(election under se	ction 50	1(h)).			

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	<b>)</b>
	olobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		X		
a L	Volunteers?	X	Λ		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			300.
	Media advertisements?	- 23	X		
			X		
			X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		132	361.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	A	X	1.72	, 301.
		X	Λ	826	5,393.
	Other activities?				,054.
	Total. Add lines 1c through 1i		х	505	,054.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(/	) or sec	tion	
Fai	501(c)(6).		<i>J</i> , 01 Sec		
	361(6)(6).			Yes	No
				165	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ic
	answered "Yes."			n-∧, iine	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		<b>2</b> a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
CIT	Y YEAR ENGAGES IN PUBLIC POLICY AND ADVOCACY, CONDU	CTING	EDUCA	<b>FIONAL</b>	ı
	·				
MEE	TINGS AND EVENTS WITH FEDERAL, STATE AND LOCAL LAWM	AKERS,	DEVE	LOPING	ł
ANI	D DISTRIBUTING EDUCATIONAL MATERIALS. THESE ACTIVIT	IES FO	ocus o	N OUR	
DIF	RECT SERVICE AND HOW AMERICORPS MEMBERS AND PUBLIC F	UNDS A	RE BE	ING	
USE	ED EFFICIENTLY AND EFFECTIVELY TO ADVANCE EDUCATIONA	L EQUI	TY AN	D	

232043 11-08-22

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 CITY YEAR, INC. Part IV Supplemental Information (continued)	22-2882549	Page 4
CREATE ENVIRONMENTS WHERE STUDENTS CAN BUILD ON THEIR ST		
FULLY ENGAGE IN THEIR LEARNING. FROM TIME TO TIME IN AN	ANNUAL CYCLE	
THIS ADVOCACY MAY BE LOBBYING FOR SUPPORT FOR SPECIFIC L	EGISLATION OR	
COMMUNICATION TO DECISION-MAKERS. TIME AND RESOURCES SP	ENT ON LOBBYING	
IS IMMATERIAL RELATIVE TO CITY YEAR'S OVERALL ALLOCATIO	N OF RESOURCES.	
NO GOVERNMENT FUNDS ARE EVER USED TO SUPPORT THESE LIMIT	ED LEGISLATIVE	
ACTIVITIES.		
232044 11-08-22	Schedule C (Form 99	90) 2022

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	HEDULE D		al Financial St			OMB No. 1545-0047
(Forn	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes , 11a, 11b, 11c, 11d, 11d			ZUZZ
	nent of the Treasury Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and th	ne latest information.		Open to Public Inspection
-	e of the organization				Employer	identification number
		CITY YEAR, INC.			2	2-2882549
Par		ations Maintaining Donor Advise		imilar Funds or Ac	counts.	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin		al fi un ala		
	<b>T</b>		(a) Donor advise	a tunas (	<b>b)</b> Funds and	other accounts
1		nd of year				
2 3		f contributions to (during year) f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		ld in donor advised fund	ls	
	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for an	y other purpose conferri	ing	
	impermissible priva					Yes No
Par		ation Easements. Complete if the org		s" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization		7		
		of land for public use (for example, recrea	tion or education)	Preservation of a histo		
		f natural habitat		Preservation of a certi	fied historic s	structure
2		n of open space through 2d if the organization held a qualif	ind conconvotion contribution	ution in the form of a cou	aconvotion or	comont on the last
2	day of the tax year					it the End of the Tax Year
а					2a	
b					2b	
с	-	vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
	historic structure li	isted in the National Register			2d	
3	Number of conserv	vation easements modified, transferred, rel			zation during	the tax
	year					
4		where property subject to conservation eas				
5	-	tion have a written policy regarding the per				
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,		d enforcing conservatio		Yes   No
U			nanding of violations, ar		in casements	during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations. and en	forcing conservation eas	sements duri	ng the vear
						· · · · · · · · · · · · · · · · · · ·
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)	(i)	
	and section 170(h)	)(4)(B)(ii)?				Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its rever	nue and expense statem	ent and	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's	financial statements that	at describes t	he
Dar	organization's according till Organization	ounting for conservation easements. ations Maintaining Collections of	Art Historical Tro	acuras or Other S	imilar Acc	oto
Fai		f the organization answered "Yes" on Form		asules, of other 5	iiiiiai A55	613.
10				anua atatamant and hala	noo oboot w	
Id		elected, as permitted under FASB ASC 95 easures, or other similar assets held for pub				JIKS
		Part XIII the text of the footnote to its finar				
b		elected, as permitted under FASB ASC 95			sheet works	of
	-	sures, or other similar assets held for public				
		ng amounts relating to these items:				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			\$	
	.,					
2	-	received or held works of art, historical trea			provide	
		unts required to be reported under FASB A			•	
		on Form 990, Part VIII, line 1				
		Form 990, Part X				dule D (Form 990) 2022
	09-01-22	eduction Act Notice, see the Instructions	5 IOI FUIII 390.		Sched	iuie D (FUIII 990) 2022
202001	55-01-22		32			

Sche	dule D (Form 990) 2022 CITY YEA						22-28		9 Page <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Otl	ner S	imila	Assets	contin	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e signi	ificant ι	use of its		
	collection items (check all that apply):		_						
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	-	-	-		se in Part	XIII.	
5	During the year, did the organization solicit or								
Par	to be sold to raise funds rather than to be ma							Yes	No
1 41	reported an amount on Form 990, Par		te il the organizatio	nanswered res		nn 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodia		any for contributions	or other assets n	ot inc	luded			
ia	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
-			ernig tablet					Amount	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	ability?	?		Yes	No No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it					Thursday		(-) [	
		(a) Current year	(b) Prior year	(c) Two years bac			vears back		years back
1a	Beginning of year balance	20,991,074.	24,708,415. 965,853.	18,407,136			30,884.	,	302,883.
b	Contributions	1,023,496.	-3,838,174.	956,83 <sup>°</sup> 6,072,729			05,446. 44,730.		743,308. 390,501.
C d	Net investment earnings, gains, and losses Grants or scholarships	1,023,496.	845,020.	728,28			73,924.		605,808.
d	Other expenditures for facilities			, 20, 20	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e	and programs								
f	Administrative expenses								
g	End of year balance	23,601,341.	20,991,074.	24,708,415	5.	18,4	07,136.	15,	830,884.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	58.2700	%						
b	Permanent endowment 29.8300	%							
с	Term endowment 11.9000 g	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered fo	r the			r	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X X
	(ii) Related organizations							3a(ii)	<b>^</b>
	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the							3b	
4 Par	t VI   Land, Buildings, and Equipm	0	ment lunds.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part	X. line	e 10.			
	Description of property	(a) Cost or ot				umulate	bd	(d) Book	value
		basis (investm	• • •	(other)		ciation		(, 2001	
1a	Land		-	4,000.				4,884	1,000.
b	Buildings				,69	0,14			,536.
с	Leasehold improvements		1,18			6,6			9,012.
	Equipment					.2,98			),481.
	Other		5,32	6,148. 4	,13	3,73			2,414.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 10	0c.)		<u></u>	1	4,757	7,443.

09420424 153541 94149s

Part VII Investments - Other Securities.	INC.	<b>4</b> 2	2-2882549 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(-)	(-)	
N Olassika kalala antika interneta			
Closely held equity interests       Other			
(A) EXCHANGE TRADED FUNDS	23,601,341.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,601,341.		
Part VIII Investments - Program Related.	- / / -		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d See Form 990 Part X line 15	
			(b) Book value
(a)	Description		(b) Book value
(a) (1) OTHER ASSETS			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3)			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4)			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5)			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6)			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7)			6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8)			(b) Book value 6,221,439 13,062,188
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9)	Description		6,221,439 13,062,188
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		6,221,439
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		6,221,439 13,062,188 19,283,627
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Proportion of liability	Description		6,221,439 13,062,188 13,062,188
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability	Description		6,221,439 13,062,188 19,283,627
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes	Description		6,221,439 13,062,188 13,062,188 19,283,627 5. (b) Book value
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) LEASE LIABILITY	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS	Description		6,221,439 13,062,188 13,062,188
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4)	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (A) Complete if the organization answered "Yes" (A) (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4) (5)	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4) (5) (6)	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4) (5) (6) (7)	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4) (5) (6) (7) (8)	Description		6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672
(a) (1) OTHER ASSETS (2) RIGHT-OF-USE ASSET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) INTEREST RATE SWAPS (4) (5) (6) (7)	Description	11e or 11f. See Form 990, Part X, line 25	6,221,439 13,062,188 19,283,627 5. (b) Book value 14,073,672

232053 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CITY YEAR, INC. Part XI Reconciliation of Revenue per Audited Financial Sta	tomonto With	Dovonuo nor Do		2882549	Page <b>4</b>
Complete if the organization answered "Yes" on Form 990, Part IV, I		i nevenue per ne	turn.		
	1	172,255	.778.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>		,,,,,,,
a Net unrealized gains (losses) on investments	2a	2,092,331.			
<ul> <li>b Donated services and use of facilities</li> </ul>	·····	841,098.	1		
c Recoveries of prior year grants		•			
d Other (Describe in Part XIII.)		176,911.	1		
e Add lines 2a through 2d			2e	3,110	,340.
3 Subtract line 2e from line 1			3	169,145	,438.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b	-929,959.			
c Add lines 4a and 4b			4c	-929	<u>,959.</u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		168,215	,479.		
Part XII Reconciliation of Expenses per Audited Financial St	tatements Wil	th Expenses per F	Retur	n.	
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.				
1 Total expenses and losses per audited financial statements			1	178,108	,680.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities		841,098.			
<b>b</b> Prior year adjustments			-		
c Other losses			-		
d Other (Describe in Part XIII.)		929,959.		1 001	0.5.5
e Add lines 2a through 2d			2e	1,771	
3 Subtract line 2e from line 1			3	176,337	,623.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
a Investment expenses not included on Form 990, Part VIII, line 7b			-		
<b>b</b> Other (Describe in Part XIII.)	4b		-		0
c Add lines 4a and 4b			4c	176 227	$\frac{0}{622}$
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> Part XIII Supplemental Information.	<u>18.)</u>		5	176,337	,023.

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 V, LINE 4:

THE ENDOWMENT CONSISTS OF APPROXIMATELY 15 INDIVIDUAL FUNDS ESTABLISHED
FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS
AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS.
SPENDING FROM ENDOWMENTS IS DONOR RESTRICTED TO VARIOUS PURPOSES. A
MAJORITY OF THE FUNDS PROVIDE GENERAL SUPPORT FOR OPERATIONS IN SPECIFIC
GEOGRAPHIC LOCATIONS. CITY YEAR HAS A POLICY OF APPROPRIATING FOR
DISTRIBUTION EACH YEAR UP TO 4.5% OF ITS ENDOWMENTS FUNDS' AVERAGE FAIR
VALUE OVER THE PRIOR EIGHT QUARTERS. THIS SPENDING POLICY IS EXPECTED TO
ALLOW THE ENDOWMENT TO MAINTAIN ITS PURCHASING POWER BY GROWING AT A RATE
EQUAL TO PLANNED PAYOUTS PLUS INFLATION. AN APPROPRIATION OF \$1,023,496
WAS MADE THIS YEAR.
232054 09-01-22 Schedule D (Form 990) 2022 35

22-2882549 Page 5 CITY YEAR, INC. Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) PART X, LINE 2: ASC 740 FOOTNOTE THE ORGANIZATION GENERALLY DOES NOT PROVIDE FOR INCOME TAXES SINCE IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ASC 740, INCOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND REQUIRES ACCRUAL OF AN UNCERTAIN TAX POSITION ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IN THE EVENT OF EXAMINATION BY TAX AUTHORITIES. IN EVALUATING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD, THE ORGNAIZATION MUST PRESUME THAT THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. ASC 740 ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES. TAX POSITIONS DEEMED TO MEET THE "MORE LIKELY THAN NOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE IN THE

CURRENT YEAR. THERE WERE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023

AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED NET LOSS ON CHANGES IN FAIR MARKET

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EXPENSES

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EXPENSES

232055 09-01-22

09420424 153541 941495

Schedule D (Form 990) 2022

176,911.

-929,959.

929,959.

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Schedule D (Form 990) 2022	CITY YEAR	INC.	22-2882549	Page 5
Part XIII Supplemental	Information (continued	)		

PART V, LINE 2

CITY YEAR, INC. HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE

FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30,

2023 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS

WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS.

FOR PURPOSES OF PART V, LINE 2, CITY YEAR, INC. HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TERM RESTRICTED ENDOWMENT, RESPECTIVELY.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F (Form 990)			ivities Outside the Ur nswered "Yes" on Form 990, Part IV,		or 16.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation.		Open to Public
Name of the organization		ww.ii3.govii olii				entification number
CITY YEAR, INC.			aide the United Otates		22-2882	
		ctivities Out	side the United States. Compl	ete if the organ	ization answer	ed "Yes" on
Form 990, Part I <b>1 For grantmakers.</b> Does		maintain record	ds to substantiate the amount of its gra	ints and other :	assistance	
•	0		the selection criteria used to award the		,	X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
			an be duplicated if additional space is r			(0) = 1 + 1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	expenditures for and investments
EUROPE	0	0	GRANTMAKING			374,600.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			238,100.
	, , , , , , , , , , , , , , , , , , ,					230,100.
EUROPE	0	0	PROGRAM SERVICES	SUPPORT		32,832.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPORT		6,495.
						,
	1					
3 a Subtotal	0	0				652,027.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	n				652 027.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

CITY YEAR, INC.

232072 10-17-22

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GRE						
		ENLAND	GENERAL SUPPORT	374,600.		0.		
		SUB-SAHARAN						
		AFRICA	GENERAL SUPPORT	238,100.		٥.		
2 Enter total number of	recipient organization	I ns listed above that are r	l ecognized as charities by the t	l foreign country, I	I recognized as a tax			L
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	tion 501(c)(3) equ	ivalency letter	►		2
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2022

Page 2

22-2882549

Schedule F (Form 990) 2022	CITY YEAR, I	VC.		2	2-2882549		Page <b>3</b>
Part III Grants and Other Assista			<b>ites.</b> Complete i	f the organization answered "Yes"	on Form 990, Part	: IV, line 16.	
Part III can be duplicated i	f additional space is need		<b>_</b>			<b>I</b>	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Sched	ule F (Form 990) 2022 CITY YEAR, INC.	22-2882549	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 CITY YEAR, INC.
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE U.S.

CITY YEAR REQUIRES ANNUAL REPORTING ON ITS GRANTS TO CITY YEAR SOUTH

AFRICA AND CITY YEAR LONDON, BOTH OF WHICH ARE FOREIGN NON PROFIT

ORGANIZATIONS. THE ORGANIZATIONS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS

REPORTS, INCLUDING EXPENDITURES, PROJECT ACCOMPLISHMENTS, AND CHALLENGES

NO LATER THAN 90 DAYS FOLLOWING THE END OF THE FISCAL YEAR. THE REPORT IS

REVIEWED BY THE CHIEF STRATEGY OFFICER AND THE CHIEF FINANCIAL AND

ADMINISTRATIVE OFFICER. PERIODIC FIELD INVESTIGATIONS ARE ALSO CONDUCTED

AS APPROPRIATE. MANAGEMENT REPORTS ANNUALLY TO CITY YEAR, INC. BOARD OF

TRUSTEES ON THE AMOUNT OF ANY GRANTS MADE TO INTERNATIONAL AFFILIATES AND

THE RESULTS OF THOSE PROGRAMS.

PART I, LINE 3:

BASIS OF ACCOUNTING

THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

232075 10-17-22

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1	2022					
Department of the Treasury		Attach to Form 990	or Forr	n 990-	-EZ.			Open to Public
Internal Revenue Service	Go t	to www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization	n						Employer ide	entification number
	CITY YE	AR, INC.					22-2882	549
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E2	I filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng activ	vities. (	Check all that apply.			
a X Mail solicitat	tions	e 🔀 Solicita	tion of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s f X Solicita	tion of	gover	nment grants			
c X Phone solici	tations	g 🔀 Special	l fundra	aising	events			
d X In-person so	licitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		X Ye	s 🗌 No
<b>b</b> If "Yes," list the 10	) highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	nents under which th	ne fun	draiser is to b	e
compensated at le	•	, , , , , , , , , , , , , , , , , , , ,		U				
·								
(i) Name and addres	s of individual		(iii) fundi	Did	(iv) Gross receipts		Amount paid r retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	have c	ustody trol of	from activity		undraiser	to (or retained by) organization
	,		contrib	utions?		list	ed in col. <b>(i)</b>	organization
PATRICIA HURLEY & Z	ASSOCIATES		Yes	No				
INC - 205 W. WACKE	R DRIVE,	EVENT PLANNING		х	712,500.		66,382.	646,118.
CARL BLOOM ASSOCIA	TES INC -							
81 MAIN ST, WHITE	PLAINS, NY	FUNDRAISING STRATEGY		х	0.		700,735.	-700,735.
SYNCHROMESH, INC.	- 725							
CASCADILLA ST #A,	CRESTED	FUNDRAISING STRATEGY		X	0.		121,982.	-121,982.
VENTURE LEADERSHIP	CONSULTING							
- 650 CASTRO STREE	r suite 120	FUNDRAISING STRATEGY		X	0.		113,560.	-113,560.
PELLOWE CONSULTING	LLC - 6169							
MARQUITA AVE, DALL	AS, TX	FUNDRAISING STRATEGY		X	0.		79,059.	-79,059.
AMY ELIZABETH DIBE	LKA - 8631							
LARTHORN DRIVE, HUI	NTINGTON	EVENT PLANNING		х	0.		35,000.	-35,000.
BOUNCEOLOGY INC -	419							
CLEVELAND COURT, SA	AN ANTONIO,	FUNDRAISING STRATEGY		х	٥.		34,000.	-34,000.
5B EVENTS - 10536 (	CULVER							
BLVD, CULVER CITY,	CA 90232	EVENT PLANNING		х	0.		30,000.	-30,000.
AUDRA CLARK CONSUL	FING LLC -							
6417 WEST 100TH ST	REET,	EVENT PLANNING		x	0.		20,850.	-20,850.
SYNCHRONICITY EVEN	IS, LLC -							
600 1ST AVE STE 50	0C,	EVENT PLANNING		X	0.		13,177.	-13,177.
_							1 01 /	F
Total					712,500.		1,214,745.	-502,245.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AZ, AR, CA, CO, DC, DE, FL, ID, IL, IN, IA, LA, MA, MI, MO, MT, NE, NH, NY, OH, OK, PA, RI, SC, SD TN, TX, VT, WA, WI, WY

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232081 10-27-22

			AR, INC.			2882549 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions and groups of fundraising event contributions.				
			(a) Event #1 ANNUAL	(b) Event #2 ANNUAL	(c) Other events	(d) Total events (add col. (a) through
e			DINNER (event type)	DINNER (event type)	19 (total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,278,093.	712,500.	3,267,479.	5,258,072.
	2	Less: Contributions	1,277,173.	703,776.	3,190,862.	5,171,811.
	3	Gross income (line 1 minus line 2)	920.	8,724.	76,617.	86,261.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	236,992.	22,368.	318,682.	578,042.
Direct Expenses	7	Food and beverages	210,169.		141,748.	351,917.
	8	Entertainment				
	9	Other direct expenses	<b>O</b> in a law (al)			929,959.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-843,698.
Pa	rt I	<b>Gaming.</b> Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
23204	12 10	)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022 CITY YEAR,	INC.	22-2882549 Page 3
<b>11</b> Does the organization conduct gaming activities with nor	nmembers?	Yes No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a tr		
		Yes No
13 Indicate the percentage of gaming activity conducted in:		
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares</li></ul>	the organization's gaming/special events books and records	
	the organization s garning/special events books and records	
Name		
Address		
<b>15a</b> Does the organization have a contract with a third party f	rom whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Vec " enter the encurt of coming revenue received by	the execution $\Phi$ and the end	unt
b If "Yes," enter the amount of gaming revenue received by of gaming revenue retained by the third party \$		uni
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee	Independent contractor	
17 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make char		
retain the state gaming license?		Yes No
-	w to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the	\$ explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide		
SCHEDULE G, PART I, LINE 2B, LI	ST OF TEN HIGHEST PAID FUNDRAI	SERS:
(I) NAME OF FUNDRAISER: PATRICI	A HURLEY & ASSOCIATES INC	
(I) ADDRESS OF FUNDRAISER: 205	W. WACKER DRIVE, CHICAGO, IL	60606
	OOM ACCOUTANTS THO	
(I) NAME OF FUNDRAISER: CARL BL	UUM ASSUCIATES INC	
(I) ADDRESS OF FUNDRAISER: 81 M	AIN ST, WHITE PLAINS, NY 10603	1
(1, MDENIOS OF FONDATION. OF M	in st, mill limins, ni 1000.	<u>-</u>
(I) NAME OF FUNDRAISER: SYNCHRO	MESH, INC.	
32083 10-27-22		Schedule G (Form 990) 202
0424 152541 041400	45 2022 05000 CTWY YEAR INC	0 4 1 4 0
20424 153541 94149s	2022.05090 CITY YEAR, INC.	94149

 Schedule G (Form 990)
 CITY YEAR, INC.
 22-2882549
 Page 4

 Part IV
 Supplemental Information (continued)
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 Page 4

(I) ADDRESS OF FUNDRAISER: 725 CASCADILLA ST #A, CRESTED BUTTE, CO 81224

(I) NAME OF FUNDRAISER: VENTURE LEADERSHIP CONSULTING

(I) ADDRESS OF FUNDRAISER:

650 CASTRO STREET SUITE 120 #266, MOUNTAIN VIEW, CA 94041

(I) NAME OF FUNDRAISER: PELLOWE CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 6169 MARQUITA AVE, DALLAS, TX 75214

(I) NAME OF FUNDRAISER: AMY ELIZABETH DIBELKA

(I) ADDRESS OF FUNDRAISER: 8631 LARTHORN DRIVE, HUNTINGTON BEACH, CA 92646

(I) NAME OF FUNDRAISER: BOUNCEOLOGY INC

(I) ADDRESS OF FUNDRAISER: 419 CLEVELAND COURT, SAN ANTONIO, TX 78209

(I) NAME OF FUNDRAISER: AUDRA CLARK CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 6417 WEST 100TH STREET, OVERLAND PARK, KS 66212

(I) NAME OF FUNDRAISER: SYNCHRONICITY EVENTS, LLC

(I) ADDRESS OF FUNDRAISER: 600 1ST AVE STE 500C, SEATTLE, WA 98104

PART I, LINE 3

STATES REGISTERED

THE STATES LISTED REQUIRE REGISTRATION OR LICENSING TO SOLICIT

CONTRIBUTIONS. STATES NOT LISTED DO NOT REQUIRE REGISTRATION.

PART II

FUNDRAISING ACTIVITIES

232084 04-01-22

46 2022.05090 CITY YEAR, INC.

Schedule G (Form 990)       CITY YEAR, INC.         Part IV       Supplemental Information (continued)	22-2882549 Page 4
DURING THE FISCAL PERIOD, CITY YEAR HOSTED 21 FUNDRAIS	ING EVENTS TO
BRING LEADERS OF OUR COMMUNITY AND OUR SUPPORTERS TOGE	THER. THOSE
EVENTS RESULTED IN \$5,258,072 OF RECEIPTS. IN ACCORDANCE	CE WITH INTERNAL
REVENUE CODE (IRC) 6115 CITY YEAR MADE GOOD FAITH EFFO	RTS AND
DETERMINED THE COST OF GOODS AND SERVICES PROVIDED IN	CONNECTION WITH
THESE EVENTS TO APPROXIMATE \$86,261. THE DIFFERENCE \$5	,171,811 REFLECTS
THE GENEROSITY OF DONORS. THE DIRECT COSTS AND OTHER S	IMILAR EXPENSES
WERE \$929,959.	
	Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization CITY YEAR	, INC.						Employer identification number $22 - 2882549$
Part I General Information on Grants a	Ind Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?				for the grants or assis		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMPASS ACADEMY 2285 S FEDERAL BLVD DENVER, CO 80219	47-1698243	501(C)(3)	125,000.	0.			GENERAL SUPPORT
THE JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES ST							
BALTIMORE, MD 21218	52-0595110	501(C)(3)	898,705.	0.			GENERAL SUPPORT
							2.
2 Enter total number of section 501(c)(3) a	ind government org	ganizations listed in the	e line 1 table				

3 Enter total number of other organizations listed in the line 1 table .....

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TNTO

Schedule I (Form 990) 2022 CITY YEAR, IN	IC.				ZZ-2882549 Pag
Part III Grants and Other Assistance to Domestic Individe Part III can be duplicated if additional space is needed		organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ORPS MEMBER STIPENDS	1775	32,901,133.	0.		

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

PART I, LINE 2:

MONITOR THE USE OF GRANT FUNDS IN THE U.S.

CITY YEAR, INC. ENTERED INTO THE SUB-AWARD AGREEMENTS WITH JOHNS HOPKINS

UNIVERSITY TO PERFORM TASKS AND OBLIGATIONS RELATED TO OUR PROGRAM

# INITIATIVES.

### CITY YEAR, INC. PARTNERS WITH COMPASS ACADEMY, A CHARTER SCHOOL IN DENVER,

## TO IMPLEMENT CITY YEAR'S WHOLE SCHOOL WHOLE CHILD MODEL.

22 2002540

Schedule I (Form 990)

CITY YEAR,

INC.

Part IV Supplemental Information CITY YEAR MONITORS GRANTS TO IDENTIFY POTENTIAL PROBLEMS AND AREAS WHERE TECHNICAL ASSISTANCE MIGHT BE NECESSARY. THIS ACTIVE MONITORING IS ACCOMPLISHED THROUGH REVIEW OF REPORTS AND CORRESPONDENCE FROM THE GRANTEE, AUDIT REPORTS, SITE VISITS, AND OTHER INFORMATION AVAILABLE TO THE ORGANIZATION.

CITY YEAR'S DISBURSEMENTS TAKE THE FORM OF PROVIDING CORPS MEMBERS WITH A STIPEND RANGING FROM \$890/BI-WEEKLY TO \$1,347/BI-WEEKLY DURING THE PROGRAM YEAR. ON A LIMITED BASIS, CITY YEAR PROVIDES EDUCATIONAL AWARDS OF \$6,895 TO CORPS MEMBERS. THIS AWARD IS FOR EDUCATIONAL AND RELATED EXPENSES AND PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTIONS. THE POLICY FOR SELECTING CORPS MEMBERS IS BASED ON A COMBINATION OF WHAT THE INDIVIDUAL CAN BRING TO CITY YEAR AND WHAT CITY YEAR CAN GIVE TO THE INDIVIDUAL. CITY YEAR HAS BEEN SUCCESSFUL IN INVOLVING YOUNG PEOPLE FROM A BROAD RANGE OF RACIAL, SOCIO-ECONOMIC, RELIGIOUS AND EDUCATIONAL BACKGROUNDS AND IS COMMITTED TO RECRUITING AND RETAINING A DIVERSE CORPS. CITY YEAR MAINTAINS A NON-DISCRIMINATORY POLICY TOWARD ALL EMPLOYEES WITHOUT REGARD TO RACE, AGE, ETHNICITY, RELIGIOUS AFFILIATION OR SEXUAL PREFERENCE.

Schedule I (Form 990)

232291 04-01-22

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 3	23.			
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service le of the organization	Go to www.irs.gov/Form990 for instructions and the latest information		identificati		mber
Titan	le el trie elganization	CITY YEAR, INC.		288254		
Pa	rt I Question	s Regarding Compensation		200234		
					Yes	No
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on F	orm 990.		100	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or d		ersonal use			
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation				
		spending account Personal services (such as maid, cha	Iffeur, chef)			
	,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all director				
		ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organizati	on's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organ				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
		ther organizations I Approval by the board or compensati	on committee			
4	During the year, did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	ce payment or change-of-control payment?		4a		X
b	Participate in or rec	ceive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	ceive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
	contingent on the r					
а	The organization?			<u>5</u> a		X
		zation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		zation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym	ents			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III $\dots$		8		X
9	If "Yes" on line 8, d	lid the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)	) 2022

232111 10-18-22

#### Schedule J (Form 990) 2022

CITY YEAR, INC.

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES BALFANZ	(i)	374,127.	112,500.	0.	12,200.	29,949.	528,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNMAURA CONNOLLY	(i)	314,864.	45,000.	0.	8,199.	27,459.	395,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESSICA GREENFIELD	(i)	274,807.	39,141.	0.	4,416.	27,099.	345,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KANNA KUNCHALA	(i)	264,908.	37,500.	0.	12,200.	29,949.	344,557.	0.
SVP & CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MITHRA RAMALEY	(i)	270,072.	37,610.	0.	9,129.	27,099.	343,910.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN TUPPONCE	(i)	272,117.	38,250.	0.	5,492.	17,519.	333,378.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE WU	(i)	257,256.	37,500.	0.	6,058.	30,039.	330,853.	0.
CHIEF TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHANUAH BEAMON	(i)	252,744.	37,080.	0.	10,391.	23,847.	324,062.	0.
CO-CLERK & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN SPALOSS	(i)	216,743.	31,058.	0.	8,288.	27,099.	283,188.	0.
CHIEF EQUITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ELLEN GULACHENSKI	(i)	224,336.	22,330.	0.	7,172.	22,178.	276,016.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JEFFREY JABLOW	(i)	237,455.	23,610.	0.	5,945.	5,294.	272,304.	0.
CHIEF EDUCATION STRATEGY OFFICER/SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARY JANE RICCIARDULLI	(i)	225,339.	22,000.	0.	7,216.	798.	255,353.	0.
MARKET PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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chedule J (Form 990) 2022	CITY YEAR,	INC.	22-2882549	Page
Part III Supplemental Informa	ition			
rovide the information, explanat	ion, or descriptions requir	ed for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b,	7, and 8, and for Part II. Also complete this part for any additional inform	ation.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	с	omplete if the organiz	zation answered xplanations, and	l any additional inf	0, Part IV, li ormation in	ine 24a. P Part VI.	Provide descript				c	OMB No. 20 Open to nspect	) <b>22</b> o Publ	
Name of the organization	CITY YEAR,	INC.									identif 882		n num	ber
Part I Bond Issues														
(a) Issu	ier name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descripti	on of purpose	<b>(g)</b> De	efeased	(h) On	behalf	(i) Po	oled
										of issu		suer	finan	cing
									Yes	No	Yes	No	Yes	No
MA DEVELOPM	ENT FIN.						REFUND S	ERIES						
A AGENCY SERI	ES 2013	04-3431814	NONE	05/17/13	8,100	,000.	2006			Х		X		Х
В														
С														
D														
Part II Proceeds														
				A	- 000		В	С				D		
1 Amount of bonds re				2,48	5,000.									
	gally defeased													
	sue			,	0,000.									
	eserve funds		<u></u>											
5 Capitalized interest														
6 Proceeds in refund	5				114,718.									
7 Issuance costs from			<u></u>	1 11										
8 Credit enhancemer	•													
	enditures from proceeds													
10 Capital expenditure				7 00	- 202									
11 Other spent proceeds														
12 Other unspent proc														
13 Year of substantial				Yes	Na	Yes	No	Yes	No		Vee		No	
14 Were the bonds iss	ued as part of a refunding	icoup of tax axampt by	anda (ar	Tes	No	Tes	NO	res	NO		Yes		NO	
	18, a current refunding iss	-	-	x										
	ued as part of a refunding			22										
	3, an advance refunding is				х									
	ion of proceeds been ma		<u></u>	X	23									
	on maintain adequate boo		port the											
final allocation of p	'		•	X										

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Schedule K (Form 990) 2022

# Schedule K (Form 990) 2022 CITY YEAR, INC.

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Schedule K (Form 990) 2022 CIII IEAK, INC.			44-1	2002049				Page
Part III Private Business Use								
		4		B		ç		<u>, c</u>
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities				1		1		
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a		/0		/0		70		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
		<u>%</u>		%		%		
<ul> <li>6 Total of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		X		70		20		
		21						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-		х						
governmental person other than a 501(c)(3) organization since the bonds were issued?		A		1				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		1
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Part IV Arbitrage								
		<b>\</b>		B		ç		2
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								1
a Rebate not due yet?		X						
b Exception to rebate?	Х							
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022 CITY YEAR, INC.			22-2	2882549				Page <b>3</b>
Part IV Arbitrage (continued)								
	4	4	В		С		C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
<ul> <li>7 Has the organization established written procedures to monitor the</li> </ul>								
requirements of section 148?	x							
Part V Procedures To Undertake Corrective Action			1		1	I	1	
		4	В			С		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	x							
Part VI Supplemental Information. Provide additional information for responses to questions		K. See instru	uctions.		1	I	1	

	HEDULE M rm 990)			Nonc	ash Contri	ibutions		OMB No. 1		
(10		Com	nlete if the c	rganizations	answered "Yes" o	n Form 990, Part IV, lines 29	) or 30	20	22	)
	ment of the Treasury	Com		gamzations	Attach to Form 9		01 00.	Open to	Publi	
	I Revenue Service		Go to www	.irs.gov/Form	990 for instructior	is and the latest information		Inspe		
Nam	e of the organization							· identificatio		nber
Pa	tl Types of		YEAR,	INC.			2	2-2882	549	
Fai	TI Types of	Property		(a)	(b)	(c)		(d)		
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d of determin ontribution ar	•	S
1	Art - Works of art									
2	Art - Historical treat									
3	Art - Fractional inte									
4	Books and publica									
5	Clothing and house									
6	Cars and other veh									
7	Boats and planes									
8	Intellectual propert				23	286,624.	CTOCK FY	CUANCE		ገጥፑ
9 10	Securities - Publicly Securities - Closely			·	25	200,024•	STOCK EX	CITANGE	<u>200</u>	
11	Securities - Partner									
		3mp, LEO, 0								
12	Securities - Miscell									
13	Qualified conservation									
	Historic structures									
14	Qualified conservation	tion contribut	tion - Other							
15	Real estate - Reside	ential								
16	Real estate - Comn									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical									
21 22	Taxidermy									
22	Historical artifacts Scientific specimer									
24	Archeological artifa									
25	Other (			)						
26	Other (									
27	Other (		)	)						
28	Other (		)	)						
29	Number of Forms 8		, .							
	for which the organ	nization comp	pleted Form	8283, Part V, D	Donee Acknowledge	ement 29				
	<b>.</b>				-		<b>00</b> // · · ·		Yes	No
30a						orted in Part I, lines 1 through				
						ch isn't required to be used fo		20-		х
h	If "Yes," describe t							<u>30a</u>		Δ
ы 31		•			equires the review o	of any nonstandard contribution	ons?	31	х	
	-	÷	-		-	cit, process, or sell noncash				
			•			· ·		32a		x
b	If "Yes," describe in									
33	If the organization	didn't report	an amount ir	n column (c) fo	r a type of property	r for which column (a) is checl	ked,			
	describe in Part II.									
LHA	For Paperwork	Reduction A	ct Notice, se	ee the Instruc	tions for Form 990	).	Sche	dule M (Forn	n 990)	2022

232141 09-09-22

### Schedule M (Form 990) 2022 CITY YEAR, INC.

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

# SCHEDULE M, PART I, COLUMN (B):

#### NUMBER OF CONTRIBUTIONS

AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 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.	-EZ OMB No. 1545-0047 2022 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organizatio	CITY YEAR, INC.	Employer identification number 22-2882549
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CITY YEAR HE	LPS STUDENTS AND SCHOOLS SUCCEED, WHILE PREPAR	ING THE NEXT
GENERATION O	F CIVICALLY ENGAGED LEADERS WHO CAN WORK ACROS	S LINES OF
DIFFERENCE.	PARTNERING WITH TEACHERS, DIVERSE TEAMS OF CIT	Y YEAR
AMERICORPS M	EMBERS CULTIVATE LEARNING ENVIRONMENTS WHERE A	LL STUDENTS
CAN BUILD ON	THEIR STRENGTHS, FULLY ENGAGE IN THEIR LEARNI	NG, AND
THRIVE.		
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
CITY YEAR HE	LPS STUDENTS AND SCHOOLS SUCCEED, WHILE PREPAR	ING THE NEXT
GENERATION O	F CIVICALLY ENGAGED LEADERS WHO CAN WORK ACROS	S LINES OF
DIFFERENCE.	PARTNERING WITH TEACHERS, DIVERSE TEAMS OF CIT	Y YEAR
AMERICORPS M	EMBERS CULTIVATE LEARNING ENVIRONMENTS WHERE A	LL STUDENTS
CAN BUILD ON	THEIR STRENGTHS, FULLY ENGAGE IN THEIR LEARNI	NG, AND
THRIVE.		
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
ENVIRONMENT.	THE SERVICE MODEL HELPS THE CORPS MEMBERS HAV	E AN IMPACT
BEYOND THE 1	9,710 STUDENTS REACHED DIRECTLY THROUGH ONE-ON	-ONE AND
SMALL GROUP	INSTRUCTION. CORPS MEMBERS CHANGE THE ENVIRONM	ENT OF A
SCHOOL BY IM	MEDIATELY CHANGING THE RATIO OF STUDENTS TO RE	SPONSIBLE,
CARING ADULT	S. IN ADDITION TO THE IN-SCHOOL SERVICES, MORE	THAN 8,800
STUDENTS WER	E PROVIDED WITH AFTER-SCHOOL AND SCHOOL ENVIRO	NMENT

PROGRAMS. SCHOOLS THAT PARTNER WITH CITY YEAR ARE UP TO TWO TO THREE

TIMES MORE LIKELY TO IMPROVE IN ENGLISH AND MATH ASSESSMENTS, AND THE

MORE TIME STUDENTS SPEND WITH AMERICORPS MEMBERS, WHO SERVE AS STUDENT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

2022.05090 CITY YEAR, INC.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
CITY YEAR, INC.	22-2882549

SUCCESS COACHES, THE MORE THEY IMPROVE ON SOCIAL, EMOTIONAL AND

ACADEMIC SKILLS THAT HELP STUDENTS THRIVE IN SCHOOL AND CONTRIBUTE TO

THEIR COMMUNITY.

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

LIFETIME OF ACTIVE CITIZENSHIP AND CIVIC LEADERSHIP.

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

FORM 990 REVIEW PROCESS

THE TAX RETURN INFORMATION IS GATHERED BY THE FINANCE OFFICE AND USED TO

POPULATE THE FORM 990, IN CONJUNCTION WITH KPMG, LLP, INDEPENDENT TAX

CONSULTANT. ONCE COMPLETED, THE DRAFT FORM IS FORWARDED TO THE AUDIT

COMMITTEE MEMBERS TO COMPLETE THEIR REVIEW AND APPROVAL OF THE FORM. IT IS

PROVIDED TO THE ENTIRE GOVERNING COMMITTEE FOR THEIR REVIEW AND COMMENT

PRIOR TO THE FILING OF THE FORM.

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

CONFLICT OF INTEREST POLICY

ALL TRUSTEES MUST DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICTS OF INTEREST AT THE EARLIEST PRACTICABLE TIME. NO TRUSTEE MAY VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST. THE MINUTES OF SUCH MEETING WILL REFLECT THAT A DISCLOSURE WAS MADE AND A TRUSTEE WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO RESOLVE THE QUESTIONS. ANNUALLY, TRUSTEES ARE REQUIRED TO SIGN AND SUBMIT TO THE AUDIT COMMITTEE FOR REVIEW CONFLICT OF INTEREST STATEMENTS DISCLOSING ANY POTENTIAL CONFLICTS.

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Schedule O (Form 990) 2022 Name of the organization	Page : Employer identification number
CITY YEAR, INC.	22-2882549
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION POLICY	
CITY YEAR STRIVES TO BE THE EMPLOYER OF CHOICE FOR HIGH	HLY TALENTED
PROFESSIONALS SEEKING A POSITION WITH A MISSION-DRIVEN	, EQUITY ORIENTED
NON-PROFIT. OUR GOAL IS TO ATTRACT, DEVELOP AND RETAIN	HIGH-PERFORMING
TALENT FROM DIVERSE BACKGROUNDS AND INDUSTRY SECTORS.	CITY YEAR REWARDS
EMPLOYEES FOR THEIR INDIVIDUAL JOB PERFORMANCE AND CON	TRIBUTIONS TO THE
ORGANIZATION AND CULTIVATES AND PROMOTES AN INCLUSIVE V	WORK ENVIRONMENT.
CITY YEAR TARGETS COMPENSATION IN LINE WITH THE NON-PRO	OFIT MARKET TO
REFLECT CITY YEAR'S EMPHASIS ON PERFORMANCE, LEADERSHI	P AND OUTCOMES.

CITY YEAR COMPARES ITSELF TO BOTH NON-PROFIT AND PRIVATE SECTOR ORGANIZATIONS OF SIMILAR SIZE. IN ADDITION CONSIDERATION IS GIVEN TO OTHER ORGANIZATIONS' STRUCTURES, AS WELL AS TO ANYTHING ABOUT A PARTICULAR POSITION THAT MAY BE UNIQUE TO CITY YEAR. THE PURPOSE OF THE COMPENSATION POLICY IS TO ESTABLISH CONSISTENT, SUSTAINABLE, COMPETITIVE, AND TRANSPARENT PAY PRACTICES, ALIGNED WITH CITY YEAR'S ORGANIZATIONAL STRATEGY AND COMPENSATION PHILOSOPHY, ACROSS ALL DEPARTMENTS AND DIVISIONS OF CITY YEAR, INC. THE PEOPLE OPERATIONS DEPARTMENT IS RESPONSIBLE FOR UPDATING AND MANAGING ENFORCEMENT OF THIS POLICY.

PROCEDURE FOR SETTING MARKET REFERENCE POINTS THE PEOPLE AND PEOPLE OPERATIONS DEPARTMENTS BENCHMARKS CURRENT MARKET REFERENCE POINTS USING MARKET DATA FOR REPRESENTATIVE POSITIONS FROM ORGANIZATIONS AS DESCRIBED ABOVE, AND REVISES THE MARKET REFERENCE POINTS FOR EACH GROUP AS NEEDED. MARKET REFERENCE POINTS FOR THE CHIEF EXECUTIVE OFFICER AND THE CEO'S DIRECT REPORTS (TYPICALLY, BUT NOT LIMITED TO, EXECUTIVE VICE PRESIDENTS) MUST BE APPROVED BY THE CHAIR OF THE BOARD OF Schedule O (Form 990) 2022 232212 10-28-22

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Schedule O (Form 990) 2022	Page
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TRUSTEES.

PROCEDURE FOR SALARY INCREASES

CHIEF EXECUTIVE OFFICER - ALL INCREASES ARE DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, AND COMMUNICATED TO THE CHIEF PEOPLE OFFICER FOR PROCESSING.

CEO DIRECT REPORTS - THE CEO WILL INFORM THE BOARD CHAIR OF ALL PROPOSED INCREASES AND COMMUNICATE TO THE CHIEF PEOPLE OFFICER AND CHIEF FINANCIAL OFFICER FOR PROCESSING.

EXECUTIVE DIRECTORS, SENIOR VICE PRESIDENTS, VICE PRESIDENTS, AND ANY STAFF MEMBER WITH A BASE SALARY >\$150K - ALL INCREASES ARE PROPOSED BY THE EMPLOYEE'S MANAGER TO THE PEOPLE OPERATIONS DEPARTMENT AND MUST BE APPROVED BY THE CEO, AND COMMUNICATED TO THE PEOPLE OPERATIONS DEPARTMENT FOR PROCESSING.

THE DELIBERATION AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CA, DC, FL, IL, LA, MA, MI, NH, NY, OH, PA, RI, SC, TN, TX, WA

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

PUBLIC DISCLOSURE POLICY

CITY YEAR'S FORM 990 AND FINANCIAL STATEMENTS (AUDITED ANNUALLY) ARE MADE

AVAILABLE TO THE GENERAL PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, ON

REQUEST, AND ARE AVAILABLE FOR INSPECTION AT THE HEADQUARTER OFFICES. CITY

YEAR MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY Schedule O (Form 990) 2022 232212 10-28-22 62

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Schedule O (Form 990) 2022

Name of the organization

CITY YEAR, INC.

22-2882549

AVAILABLE UPON REQUEST.

ADDITIONALLY, THE FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG

RELATED PARTIES AND AFFILIATIONS

CITY YEAR IS ONE OF SEVEN MEMBERS OF CITY YEAR SOUTH AFRICAN CITIZEN SERVICE ORGANIZATION, A SEPERATE LEGAL ENTITY WHICH IS INCORPORATED UNDER SOUTH AFRICAN CHARITABLE ORGANIZATION LAWS. ONE INIDIVIDUAL MEMBER OF CITY YEAR SOUTH AFRICA IS ALSO A TRUSTEE OF CITY YEAR. CITY YEAR DOES NOT CONTROL AND HAS NO OBLIGATION TO SUPPORT OR BE A BENEFICIARY OF THE NET ASSETS OF CITY YEAR SOUTH AFRICA. AS SUCH, THE FINANCIAL RECORDS OF CITY YEAR SOUTH AFRICA ARE NOT CONSOLIDATED WITHIN CITY YEAR'S FINANCIAL STATEMENTS.

CITY YEAR HAS AN AFFILIATION AGREEMENT WITH CITY YEAR UK, AN ORGANIZATION INCORPORATED AS A COMPANY LIMITED BY GUARANTEE UNDER THE ENGLISH CHARITY ACT. THE AFFILIATION AGREEMENT PROVIDES FOR, AMONG OTHER THINGS, A GOVERNANCE STRUCTURE THAT ESTABLISHES THE PROGRAM AS A FULLY INDEPENDENT UK CHARITY, WITH CITY YEAR ENTITLED TO APPOINT TWO PERSONS TO THE BOARD OF DIRECTORS. CITY YEAR UK IS, AND SHALL AT ALL TIMES, REMAIN FINANCIALLY INDEPENDENT FROM CITY YEAR. CITY YEAR DOES NOT CONTROL AND DOES NOT HAVE ANY FINANCIAL OBLIGATION, RESPONSIBILITY OR LIABILITY TO CITY UK. AS SUCH, THE FINANCIAL RECORDS OF CITY UK ARE NOT CONSOLIDATED WITHIN CITY YEAR'S FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED NET LOSS ON CHANGE IN FAIR MARKET VALUE OF

INTEREST RATE SWAPS

176,911.

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