Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning Jan 1 , 2021, and ending Dec 31 , 20 B Check if applicable: C Name of organization D Employer identification number Address change The CivicLab, Inc. 61-1710329 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1643 N. Larrabee Street Final return/terminated Suite i 312-804-3230 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending Chicago, IL 60614 Number ▶ **G** Accounting Method: ✓ Cash Accrual Other (specify) ▶ H Check ► ✓ if the organization is not Website: ▶ www.civiclab.us required to attach Schedule B J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). K Form of organization: ✓ Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 123,388 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.. **✓** 1 29,876 2 Program service revenue including government fees and contracts 2 93,512 3 3 4 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances 7a 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . С 7с 8 8 9 9 123,388 10 Grants and similar amounts paid (list in Schedule O) 10 4,500 Benefits paid to or for members 11 11 12 Expenses 12 Professional fees and other payments to independent contractors 13 13 87,816 14 14 15 15 1,712 16 16 10,126 17 Total expenses. Add lines 10 through 16 . 17 104,154 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net Assets 18 19,234 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 1,450

20

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

20,684

20

	It II Balance Sheets (see the instructions	for Part II)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	raye &
*******	Check if the organization used Schedule	O to respond to a	any question in this	Part II		[]
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			***************************************	22	
23	Land and buildings				23	***************************************
24	Other assets (describe in Schedule 0)				24	
25	Total assets				25	20,684
26 27	Total liabilities (describe in Schedule O)				26	
000000000000	Net assets or fund balances (line 27 of column Statement of Program Service Accom	ו (B) must agree wi	th line 21)		27	20,684
	· · · · · · · · · · · · · · · · · · ·	iplishments (see t	he instructions for	Part III)		
Mhs	Check if the organization used Schedule t is the organization's primary exempt purpose?				(Dage	Expenses
			earch, leadership tra			uired for section (3) and 501(c)(4)
a5 1	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe thach program title.	e services provided	d, the number of	organ	sizations; optional for s.)
28	Research, workshops, and public forums around sta	ite of Chicago's finar	ces, education on ci	/ic		************************************
	engagement and being effective in public life. 21 ser	ssions impacting 35() people.	***************************************		

	(Grants \$) If this amount	includes foreign gr	ants, check here .	> 🗆	28a	8,000
29	Operating the TIF Illumination Project - researching a	and conducting publ	ic meetings and brief	ing sessions for		
	the public, civic leaders, and academics. Conducted	12 sessions for 460	people. Our online Tl	F presentations		
	(SlideShare.net) were viewed 24,566 times in 2021. (Grants \$) If this amount			**************************************		
30		includes foreign gr	ants, check here .	> 🗆	29a	6,500
~~	Provided training, strategic consulting, and executive	e coaching to front li	ne social justice orga	inizations who		
	are part of the Illinois Access to Justice Coalition and color. Delivered 13 workshops and coaching session	d other emerging no	nprofit organizations	led by people of		
	(Grants \$) If this amount	includes foreign av	aders.	, mm		
31	Other program services (describe in Schedule O)	includes loreign gra	ants, check here .	> 🛄	30a	80,000
		includes foreign ar	ants, check here		04	
32	Total program service expenses (add lines 28a t	through 31a)	arits, Check here		31a 32	
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list eac	h one even if not com	nenested—see the in	etrusti	94,500
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	Suucu	ons for Part IV)
			(c) Reportable		T	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	oth	stimated amount of er compensation
	han Peck*					
Presi	***************************************	20	26,150			
	as Tresser*					
	President	20	35,100			
	o Thomas*					
	President	5	9,250	***************************************		
	Johnson er Trainer					
***************************************	Ramirez	5	12,250	***************************************		
	Agent Programming					
7.7.7.0	Cogora Cogramacia	0	4,500		-	
Com	pensation was not for administrative duties but					
	nining and teaching assignments.	***************************************		***************************************	-	
		ø			 	
		***************************************			 	***************************************
					†	
					T	
					1	

1297		s in th	1e	,,,,,,
******	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V .	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			¥
35a	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30		<u>v</u>
ь 38а	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		√
39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 : section 4915			
b	section 4911 ; section 4912 ; section 4955 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			•
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		s
41	List the states with which a copy of this return is filed Illinois	L	i-	
42a	1 1 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	312-80	~~~~~~	}
b	Located at 1643 N. Larrabee Street, Suite i, Chicago IL 60614 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60614		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO /
	If "Yes," enter the name of the foreign country ▶	72.13		_ _
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	> □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	100	<u>.</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-¥
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		` √
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a		\

C	age	ź

							Yes	No	
46 D	id the organization engage, directly or ir	ndirectly, in political c	ampaign activities on	behalf of or	in opposit	ion			
to	candidates for public office? If "Yes," of	complete Schedule C.	Part I	E		. 46		1	
Part VI		***************************************	***************************************	***************************************	***************************************			<u> </u>	
	All section 501(c)(3) organization		stions 47–49b and	52 and cou	molete th	e tables	for lin	es	
	50 and 51.	a muai anawer que	Shorts 47 400 and	oz, and ooi	mpicte tri	G tables	101 1111	CO	
				lata Parat NO				r1	
	Check if the organization used Sc	nedule U to respond	to any question in t	ms Pan VI	. , , ,		.,	<u>, Ll</u>	
						,	Yes	No	
	id the organization engage in lobbying				during the	tax			
year? If "Yes," complete Schedule C, Part II								1	
48 Is	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
b If "Yes," was the related organization a section 527 organization?						. 49a		1	
	complete this table for the organization's	9						1 V	
	mployees) who each received more than								
	imployees) who each received more than	T \$ 100,000 OF COMPER	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~		e, enter	none.		
		(b) Average	(c) Reportable compensation	(d) Health contributions		(e) Estima	tod amo	unt of	
	(a) Name and title of each employee	hours per week	(Forms W-2/1099-MISC/	benefit plans,		other co			
		devoted to position	1099-NEC)	compen			,		
None		***************************************		***************************************	************************	*************	***********		
				 					
***************************************		***************************************	***************************************			*************	**********	***********	
				-					

f T	otal number of other employees paid ov	er \$100,000	. >						
	Complete this table for the organization		***************************************	contractors	who each	raceiva	d mor	a than	
	100,000 of compensation from the orga			Commactors	WING COCI	1 1606ive	a 111011	5 LHOI	

	(a) Name and business address of each independent	dent contractor	(b) Type of sen	rice	(c	Compensa	ition		
None		**************							
					***************************************	~~~~~~~~~~~	~~~~	***************************************	
					***************************************	***************************************			

d T	otal number of other independent contr	actors each receiving	over \$100,000	>	***************************************				
52 D	old the organization complete Sched	ule A? Note: All se	ection 501(c)(3) orga	nizations m	ust attac	h a			
C	ompleted Schedule A					▼ Ye	s 🗌	No	
Under pen	alties of perjury, I declare tha	mpar	ying schedules and statem	ents, and to the	best of my k	nowledge a	nd belief	f, it is	
true, correc	ct, and complete. Declaratio	NOT ill info	ormation of which preparer	has any knowle	dge,				
	POWER	NOT BROKE	***************************************		2/22/	22	***************************************		
Sign	Signature of office CivicLab People Organizing 1	Signature of office CivicLab CivicLab							
Here									
Here	Thomas Tresser, Vice President Type or print name and title								
		I Change along the second	1 12	***************************************		T FORTIST			
Paid	Print/Type preparer's name	Preparer's signature	Di	ate	Check				
Prepai	rer				self-emplo	oyed			
Use O	1			Firm	n's EIN ▶				
WOO W	Firm's address >			Pho	ne no.				
	IRS discuss this return with the prepare		to a town a Atlanta		***************************************	▶ □ Ye		No	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

OMB No. 1545-0047

Nam	Name of the organization Employer identification number						
CivicLab, Inc.					61-171039		
Short of said	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
1	A cource, convention of churc	ches, or associat	ion of churches descr	ribed in s	ection 17	70(b)(1)(A)(i).	
2	A school described in section	1 1 / U(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990).)		
4	A hospital or a cooperative ho	ospital service or	ganization described	in sectio	n 170(b)(1)(A)(iii).	
	A medical research organizati hospital's name, city, and state	te:					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gover	nment or govern	nmental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1	receives a subs)(A)(vi). (Comple	stantial part of its sup te Part II.)	port fron	n a gover	nmental unit or from	n the general public
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research orgar or university or a non-land-gra university:	nization describer ant college of agr	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	er the nar	ne, city, and state o	f the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	nt income and un after June 30, 19	related business taxa 75. See section 509(ble incon a)(2). (Co	eptions; a ne (less s mplete Pa	and (2) no more than ection 511 tax) from art III.)	
11	An organization organized and	d operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and	operated exclusi	ively for the benefit of,	to perfor	m the fur	etions of, or to carry	out the purposes o
	one or more publicly supported the box on lines 12a through 12	d organizations d 2d that describes	lescribed in section 5 the type of supporting	09(a)(1) c g organiza	or section ation and	509(a)(2). See sect complete lines 12e,	ion 509(a)(3). Check 12f, and 12g.
а	☐ Type I. A supporting organ	nization operated	d, supervised, or conti	rolled by	its suppo	rted organization(s).	typically by giving
	the supported organization supporting organization.	n(s) the power to	regularly appoint or e	elect a ma	ajority of t	the directors or trust	ees of the
b		nization supervis	sed or controlled in co	nnection	with its s	supported organizat	ion(s), by having
	control or management of	the supporting of	organization vested in	the same	persons	that control or man	age the supported
	organization(s). You must						
C	Type III functionally integ its supported organization	 rated. A suppor (s) (see instructio	ting organization oper ons). You must comp	rated in c lete Part	onnection IV. Secti	n with, and function ions A. D. and E.	ally integrated with,
d							orted organization(s)
	that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar	nd an attentiveness
	requirement (see instruction	ons). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	- check the beat it the organ	nization received	a written determination	on from tl	ne IRS th	at it is a Type I, Typ	e II, Type III
	functionally integrated, or	Type III non-func	tionally integrated sup	pporting (organizat	ion.	
1	Enter the number of supported of						
g	Provide the following information (i) Name of supported organization			T			T
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)						other support (see
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part Lor if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	ion A. Public Support	· -		·			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,241	7,036	3,235	7,252	27,376	46,140
2	Tax revenues levied for the			5/255	7,202	27,370	40,140
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the					1,1	
	organization without charge			,			
4	Total. Add lines 1 through 3	1,241	7.000				
		1,241	7,036	3,235	7,252	27,376	46,140
5	The portion of total contributions by	第五十二十四届	Park I.F.	第4 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	TFIGURE	Harris Paris	
	each person (other than a	Sec. 1		MARKET PROPERTY	STATE OF		
	governmental unit or publicly	44.77.744	794433	A Paris	THE WALL THE	GARTINAL.	
	supported organization) included on	14.277 美国	FFF ALT	建设工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	2000年1月27日	Ch. Troppe	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		[] 字字字 (1)	Bold Physic	From It	hold by	
		Bally State	APPENDATE	Bellett P. Felber	SPRINGER STATE	产业机工工工工	0
6 Sooti	Public support. Subtract line 5 from line 4	THE PARTY	A. 2000年4月	AT HE TOTAL	A. FRAGA	THALLY W	46,140
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,241	7,036	3,235	7,252	27,376	46,140
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business			7 - 7			
	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.)	27,970	7,344	25,169	24,763	90,012	177,258
11	Total support. Add lines 7 through 10						223,398
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	organization's	first, second,	third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2021 (line 6	, column (f), di	vided by line 1	1, column (f))		14	21% %
15	Public support percentage from 2020 Sch	edule A, Part I	l, line 14 .		[15	37 3% %
16a	331/3% support test - 2021. If the organia	zation did not	check the box	on line 13, and	d line 14 is 33	1/3% or more o	hack this
	box and stop here. The organization qual	ifies as a publi	cly supported	organization			▶ □
b	33 ¹ / ₃ % support test – 2020. If the organize	zation did not d	check a box or	n line 13 or 16a	a, and line 15 i	s 331/3% or mo	re check
	this box and stop here. The organization	qualifies as a p	ublicly suppor	ted organizatio	on		▶ ☑
17a	10%-facts-and-circumstances test—20	21. If the orga	nization did no	ot check a box	on line 13 16	Sa or 16h and	line 14 is
	10% or more, and if the organization me	eets the facts-	and-circumsta	inces test, che	ck this box ar	nd ston here i	Tille 14 15 Evolain in
	Part VI how the organization meets the	acts-and-circu	mstances test	t. The organiza	ation qualifies	as a publicly s	unnorted
	organization					ao a pablicly s	>
b	10%-facts-and-circumstances test—20	20 If the orga	nization did n	at chack a bay	on line 10 10		
-	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	netancee teet	chack this hav	oa, 166, or 17a	, and line
	in Part VI how the organization meets the	facts-and-circ	cumstances te	st The organiz	ation qualifies	and stop nere	- Explain
	organization				adon qualines	as a publicly S	abborrea —
18	Private foundation. If the organization of	lid not check	a box on line	13 16a 16h	17a or 17h	chook this have	• [
7	instructions	HOL OHECK	a box on line	10, 10a, 10b,	11a, UI 11D,	CHECK THIS DOX	and see

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. **Open to Public** ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

The CivicLab, Inc.	61-1710329
"Expense" - Part I, Line 10 - Grants paid = \$4,500 to Laura Ramirez, DBA The Instituto Gaspar Yanga, a sch	ool for social justice
"Other Expenses" -Part I, Line 16 = \$10,126	
Marketing = \$4,216	
Planning/Retreat = \$3,060	
Legal Settlement = \$887 (a contractor cashed a check from us twice, once via electronic deposit to bank, s	econd to a currency exchange. The
currenct exchange sued us and we elected to settle rather than hire a lawyer to dispute)	
Supplies = \$695	
Administration = \$660	
Professional Membership/Conferences = \$608	