

Form **990**

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLIES FOR COMMUNITY BUSINESS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 135 N KEDZIE AVE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60612	D Employer identification number 36-3966573 E Telephone number 312-924-2180
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 12,838,018.
J Website: ▶ A4CB.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CREDIT AND SERVICES TO SMALL BUSINESSES WITHOUT ACCESS TO TRADITIONAL SOURCES OF FINANCING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 33 6 Total number of volunteers (estimate if necessary) 6 70 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">16,894,624.</td> <td style="text-align: right;">11,310,128.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,282,548.</td> <td style="text-align: right;">1,107,801.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">-8,645.</td> <td style="text-align: right;">34,649.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">18,168,527.</td> <td style="text-align: right;">12,452,578.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	16,894,624.	11,310,128.	9 Program service revenue (Part VIII, line 2g)	1,282,548.	1,107,801.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,645.	34,649.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,168,527.	12,452,578.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	16,894,624.	11,310,128.																								
9 Program service revenue (Part VIII, line 2g)	1,282,548.	1,107,801.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,645.	34,649.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,168,527.	12,452,578.																								
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">915,010.</td> <td style="text-align: right;">2,415,000.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,804,726.</td> <td style="text-align: right;">3,057,207.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 410,676.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">7,772,585.</td> <td style="text-align: right;">1,223,588.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">11,492,321.</td> <td style="text-align: right;">6,695,795.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">6,676,206.</td> <td style="text-align: right;">5,756,783.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	915,010.	2,415,000.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,804,726.	3,057,207.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 410,676.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,772,585.	1,223,588.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,492,321.	6,695,795.	19 Revenue less expenses. Subtract line 18 from line 12	6,676,206.	5,756,783.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	915,010.	2,415,000.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,804,726.	3,057,207.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 410,676.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,772,585.	1,223,588.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,492,321.	6,695,795.																								
19 Revenue less expenses. Subtract line 18 from line 12	6,676,206.	5,756,783.																								
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">82,469,920.</td> <td style="text-align: right;">54,726,016.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">69,072,973.</td> <td style="text-align: right;">35,893,357.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">13,396,947.</td> <td style="text-align: right;">18,832,659.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	82,469,920.	54,726,016.	21 Total liabilities (Part X, line 26)	69,072,973.	35,893,357.	22 Net assets or fund balances. Subtract line 21 from line 20	13,396,947.	18,832,659.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	82,469,920.	54,726,016.																								
21 Total liabilities (Part X, line 26)	69,072,973.	35,893,357.																								
22 Net assets or fund balances. Subtract line 21 from line 20	13,396,947.	18,832,659.																								

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	Type or print name and title _____	
Paid Preparer Use Only	Print/Type preparer's name PAUL J. ROZEK	Preparer's signature 
	Date 09/19/2022	Check if self-employed <input type="checkbox"/> PTIN P00542258
	Firm's name ▶ SELDEN FOX, LTD.	Firm's EIN ▶ 36-2985770
	Firm's address ▶ 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835	Phone no. 630-954-1400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALLIES FOR COMMUNITY BUSINESS IS A NONPROFIT THAT PROVIDES THE CAPITAL, COACHING, AND CONNECTIONS ENTREPRENEURS NEED TO GROW GREAT BUSINESSES THAT CREATE JOBS AND WEALTH IN THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 5,314,465. including grants of \$ 2,415,000.) (Revenue \$ 1,107,801.) ALLIES FOR COMMUNITY BUSINESS PROVIDES LOANS TO COMMITTED ENTREPRENEURS WHO LACK ACCESS TO AFFORDABLE FINANCING OPTIONS. LOANS RANGE FROM \$500 TO \$100,000 WITH LOAN TERMS UP TO 10 YEARS. ALLIES FOR COMMUNITY BUSINESS ALSO OFFERS FREE TECHNICAL ASSISTANCE AND BUSINESS COACHING FOR SMALL AND EMERGING ENTERPRISES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,314,465.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARION MOORE - 312-924-2161
135 N KEDZIE AVE, CHICAGO, IL 60612

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD MCCONNELL CHIEF EXECUTIVE OFFICER	40.00			X			160,038.	0.	2,031.	
(2) MARY TRITSIS DIRECTOR OF COMMUNITY BUSI	40.00				X		136,469.	0.	19,536.	
(3) ROWAN RICHARDS DIRECTOR OF COACHING AND C	40.00				X		144,884.	0.	4,345.	
(4) JENNIE MOTTO MESTERHARM CHIEF OF STAFF	40.00				X		123,368.	0.	18,890.	
(5) ISABEL CRISTINA VELEZ DIEZ DIRECTOR OF OPERATIONS AND STRATEGY	40.00				X		127,800.	0.	9,587.	
(6) MARY RILEY DIRECTOR OF COMMUNITY RELA	40.00				X		120,881.	0.	9,436.	
(7) MICHELLE T THOM CHAIR	2.25	X		X			0.	0.	0.	
(8) GEORGE S. WRIGHT CHAIR	2.25	X		X			0.	0.	0.	
(9) JOE NERI SECRETARY AND TREASUR	2.25	X		X			0.	0.	0.	
(10) JAMES GILLIAM CHAIR, OUTREACH	2.25	X					0.	0.	0.	
(11) S. MICHAEL MCCRACKEN CHAIR, LENDING	2.25	X					0.	0.	0.	
(12) GEORGE S. WRIGHT DIRECTOR	2.25	X		X			0.	0.	0.	
(13) R CARSON DIRECTOR	2.25	X					0.	0.	0.	
(14) ADRIANNE SPIVEY DIRECTOR	2.25	X					0.	0.	0.	
(15) ANTHONY WALLER DIRECTOR	2.25	X					0.	0.	0.	
(16) PATRICE DZIIRE DIRECTOR	2.25	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							813,440.	0.	63,825.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							813,440.	0.	63,825.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,916,185.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,393,943.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			11,310,128.				
Program Service Revenue	2 a LOAN INTEREST	Business Code						
		900099		560,430.	560,430.			
	b LOAN FEES	900099		538,171.	538,171.			
	c PARTICIPATION INCOME	900099		9,200.	9,200.			
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,107,801.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,649.			34,649.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
				385,440.				
	b Less: cost or other basis and sales expenses	7b		385,440.				
	c Gain or (loss)	7c		0.				
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			12,452,578.	1,107,801.	0.	34,649.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,950,000.	1,950,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	465,000.	465,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,038.	127,022.	23,206.	9,810.
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	2,426,082.	1,869,462.	344,282.	212,338.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,014.	40,927.	7,533.	4,554.
9 Other employee benefits	212,569.	163,910.	30,421.	18,238.
10 Payroll taxes	205,504.	158,649.	29,202.	17,653.
11 Fees for services (nonemployees):				
a Management				
b Legal	73.	73.		
c Accounting	177,199.	13,681.	161,996.	1,522.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	654,862.	472,946.	141,288.	40,628.
12 Advertising and promotion	95,480.	74,603.	13,011.	7,866.
13 Office expenses	79,213.	61,284.	11,924.	6,005.
14 Information technology	477,503.	365,521.	70,510.	41,472.
15 Royalties				
16 Occupancy	448,128.	345,979.	63,664.	38,485.
17 Travel	408.	322.	86.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	877,740.	877,740.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,468.	76,018.	13,992.	8,458.
23 Insurance	24,221.	11,185.	11,791.	1,245.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CREDIT AND COLLECTIONS	195,358.	195,358.		
b OTHER	57,833.	9,430.	46,709.	1,694.
c TRAINING	12,059.	10,312.	1,039.	708.
d PROVISION FOR LOAN LOSS	-1,974,957.	-1,974,957.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,695,795.	5,314,465.	970,654.	410,676.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	10,019,962.	1	17,669,781.
	2 Savings and temporary cash investments	45,057,431.	2	8,973,654.
	3 Pledges and grants receivable, net	1,792,270.	3	697,872.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	20,171,646.	7	22,187,265.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	153,913.	9	134,100.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,029,250.		
	b Less: accumulated depreciation	10b 662,055.	257,478.	10c 367,195.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	5,017,220.	13	4,696,149.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	82,469,920.	16	54,726,016.	
Liabilities	17 Accounts payable and accrued expenses	541,987.	17	707,576.
	18 Grants payable		18	
	19 Deferred revenue	393,350.	19	118,835.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,949,640.	23	24,328,228.
	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	44,187,996.	25	10,738,718.
	26 Total liabilities. Add lines 17 through 25	69,072,973.	26	35,893,357.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,073,693.	27	3,918,019.
	28 Net assets with donor restrictions	12,323,254.	28	14,914,640.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,396,947.	32	18,832,659.
33 Total liabilities and net assets/fund balances	82,469,920.	33	54,726,016.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,452,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,695,795.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,756,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,396,947.
5	Net unrealized gains (losses) on investments	5	-321,071.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,832,659.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization <p style="text-align:center;">ALLIES FOR COMMUNITY BUSINESS, INC.</p>	Employer identification number <p style="text-align:center;">36-3966573</p>
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,960,848.	3,206,078.	5,503,257.	16,894,624.	10,881,988.	40,446,795.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,960,848.	3,206,078.	5,503,257.	16,894,624.	10,881,988.	40,446,795.
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)						6,493,128.
6 Public support. Subtract line 5 from line 4.						33,953,667.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,960,848.	3,206,078.	5,503,257.	16,894,624.	10,881,988.	40,446,795.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,215.	803.	929.	13,015.	34,649.	51,611.
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.)						
11 Total support. Add lines 7 through 10						40,498,406.
12 Gross receipts from related activities, etc. (see instructions)					12	4,530,785.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	83.84 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.76 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c 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 .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ALLIES FOR COMMUNITY BUSINESS, INC.** Employer identification number **36-3966573**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		196,141.	121,512.	74,629.
d Equipment		247,147.	219,257.	27,890.
e Other		585,962.	321,286.	264,676.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				367,195.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) THE HATCHERY TITLE		
(2) HOLDING CORPORATION NFP	408,039.	END-OF-YEAR MARKET VALUE
(3) THE HATCHERY MASTER		
(4) TENANT LLC	4,288,110.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	4,696,149.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	10,738,718.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,738,718.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,131,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-321,071.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-321,071.	
3	Subtract line 2e from line 1	3	12,452,578.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,452,578.	

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

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

1	Total expenses and losses per audited financial statements		1	6,695,795.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	6,695,795.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,695,795.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION WAS GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES BY THE INTERNAL REVENUE SERVICE PURSUANT TO THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE TAX EXEMPT PURPOSE OF THE ORGANIZATION AND THE NATURE IN WHICH IT OPERATES IS DESCRIBED IN THE FIRST PARAGRAPH OF NOTE 1. MANAGEMENT BELIEVES THE ORGANIZATION CONTINUES TO OPERATE IN COMPLIANCE WITH ITS TAX EXEMPT PURPOSE. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME THAT MANAGEMENT BELIEVES IS SUBJECT TO TAX IN 2021 OR 2020. THE ORGANIZATION'S ANNUAL INFORMATIONAL RETURNS FILED WITH THE FEDERAL AND

Part XIII Supplemental Information *(continued)*

STATE GOVERNMENTS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR THREE YEARS AFTER FILING. THUS, RETURNS FOR 2018, 2019 AND 2020 REMAIN OPEN TO IRS EXAMINATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **ALLIES FOR COMMUNITY BUSINESS, INC.** Employer identification number **36-3966573**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASCENDUS INC 80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	11-3317234	501C(3)	80,000.	0.			PAYMENTS TO CDFI PARTNERS TO ASSIST A4CB REACH CLIENTS IN THEIR MARKETS
ACCION OPPORTUNITY FUND INC 111 W ST JOHN STREET, SUITE 800 SAN JOSE, CA 95113	45-4127501	501C(3)	80,000.	0.			PAYMENTS TO CDFI PARTNERS TO ASSIST A4CB REACH CLIENTS IN THEIR MARKETS
LIFT FUND INC 2007 W MARTIN STREET SAN ANTONIO, TX 78207	74-2712770	501C(3)	80,000.	0.			PAYMENTS TO CDFI PARTNERS TO ASSIST A4CB REACH CLIENTS IN THEIR MARKETS
DREAMSPRING 2000 ZEARING AVE NW ALBUQUERQUE, NM 87104	85-0417347	501C(3)	80,000.	0.			PAYMENTS TO CDFI PARTNERS TO ASSIST A4CB REACH CLIENTS IN THEIR MARKETS
JARLENE CORPORATION 160 1ST AVE NEW YORK, NY, NY 10009	01-0958447		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
TAJIN RESTAURANT CORP 85 GREENWICH ST NEW YORK, NY 10006	13-3754525		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **140.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLINAS & CAMARILLO CORP 564 WEST 235 STREET BRONX, NY 10463	13-4091921		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
RICO FOODS COMPANY 13124 MEADOWFIELD DRIVE ORLANDO, FL 32824	20-1665259		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ELIEZER MERCADO 233 E. 77TH STREET NEW YORK, NY 10075	20-2122846		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MEGA BURGER 3562 W. CENTER AVE DENVER, CO 80219	20-5890562		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LA ROQUETA DE ACAPULCO INC 4023 W 31ST ST CHICAGO, IL 60623	20-8853026		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ALI KAT DESIGN INC 2803 HOPETON DR SAN ANTONIO, TX 78230	26-1754933		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PEDRAZA FAZ ENT. 508 WEST 7TH ST. DALLAS, TX 75228	27-1047544		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
THE HOPPY MONK, LLC 5624 VALLEY ELDER LN EL PASO, TX 79932	27-2191462		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LOS AGUACHILES LLC 248 FLUORITE DR EL PASO, TX 79932	27-2968023		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H&J INVESTMENTS CORP 2746 W 59TH ST CHICAGO, IL 60629	30-0963957		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
DEXTER FLOWERS & JUICES, INC 906 40TH ST BROOKLYN, NY 11219	32-0593139		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MYTH'S INC 3251 N. WESTERN AVE CHICAGO, IL 60618	36-3483825		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SANTIAGO CORPORATION 3139 N CENTRAL AVE CHICAGO, IL 60634	36-4268017		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
EL BAJIO ENTERPRISES, INC 4212 N MILWAUKEE AVE CHICAGO, IL 60641	36-4409160		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
1 & 3 ON 5TH COPR 142 N 5TH ST BROOKLYN, NY 11211	36-4447104		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PASTORES & BRUNCH INC 4661 N LINCOLN AVE CHICAGO, IL 60625	36-4939305		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
BLACK CLOVER PUB 3030 THOUSAND OAKS SAN ANTONIO, TX 78247	36-4944231		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ESTRADA 504 W HILDEBRAND AVE SAN ANTONIO, TX 78212	37-1880741		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTO PEREZ 223 NORTH MENARD AVENUE CHICAGO, IL 60644	37-1911805		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
AMMI, INC 4701 CENTRAL AVE. NE ALBUQUERQUE, NM 87108	38-3682710		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
EL BOTANERO DE GUAYMAS LLC 475 COORS BLVD NW ALBUQUERQUE, NM 87121	38-4094523		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
CAFETERIA SAUL JR LLC 2323 ALAMEDA EL PASO, TX 79905	45-1685770		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
NUNEZ 7709 TEZEL RD SAN ANTONIO, TX 78250	45-2599327		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
THE JIBARITO STOP, LLC 1646 WEST 18TH STREET CHICAGO, IL 60608	45-2734004		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
AJI LIMO/ CLAUDY'S GOURMET LLC 5981 BROADWAY BRONX, NY 10471	45-3588096		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MAD PECKER BREWING CO LLC 9227 RIDGE CLIMB SAN ANTONIO, TX 78250	45-4964448		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SWILL WINE LLC 844 15TH ST SANTA MONICA, CA 90403	45-5328394		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOKIE CAB LLC 1832 NACOGDOCHES RD. SAN ANTONIO, TX 78209	45-5446160		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
DEMOLITIONS EXPERT LLC 255 SHADOW MOUNTAIN DR EL PASO, TX 79912	45-5539271		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
975 LINCOLN ST LLC 975 LINCOLN ST UNIT M DENVER, CO 80203	46-1883000		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
DIAMOND GARDEN BANQUET HALL, LLC 3705 W FULLERTON AVE CHICAGO, IL 60647	46-2073881		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
URTH JUICE BAR 5317 MCCULLOUGH AVE SAN ANTONIO, TX 78212	46-2862514		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
THE BREW BY VM 311 GOLD AVE SW ALBUQUERQUE, NM 87102	46-3308728		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PORCELANA CHOCOLATES LLC 559 STEWART AVE STATEN ISLAND, NY 10314	46-4071496		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
FOODHERO L3C 324 N. LEAVITT STREET CHICAGO, IL 60612	46-5066814		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SURFISH BISTRO 2 INC 550 3RD AVE BROOKLYN, NY 11215	46-5248293		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORES ORTEGA 13131 GRASSY BRIAR LN HOUSTON, TX 77085	47-1085524		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
CALDERON 2313 NW MILITARY HWY SAN ANTONIO, TX 78231	47-1162095		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PULGARCITO QUERIDO RESTAURANT INC 841 SOUTH VERMONT AVE LOS ANGELES, CA 90005	47-1454102		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
FROZEN MATTER, LLC 530 E 19TH AVE DENVER, CO 80203	47-2398443		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
JARABE INC 749 S WESTERN AVE CHICAGO, IL 60612	47-2725217		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
FUENTES ENTERPRISE LLC 1351 SW 4 ST MIAMI, FL 33135	47-4616609		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
GUSTAVO PLACHE 2922 W COMMERCE ST SAN ANTONIO, TX 78207	47-5239423		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
BUENO CHI, INC. 11633 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	56-2578044		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LAMP ENTERPRISES, INC 10848 SOMBRA VERDE EL PASO, TX 79935	74-2881265		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PAPATURRO RESTAURANT 6601 4TH ST. NW LOS RANCHOS, NM 87107	81-0937796		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
JLM BURGER INC 1551 SW 8TH STREET MIAMI, FL 33135	81-1985626		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
C&C LATIN-AMERICA IMPORTS LLC 830 E. 50TH AVE. DENVER, CO 80216	81-2086878		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ZGALLEGOS FOODS, LLC 587 N. YARBROUGH DR. EL PASO, TX 79915	81-2187651		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
TUMACA LLC 4440 AMBROSE AVE LOS ANGELES, CA 90027	81-2775802		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
THE CASH OPERATING LLC 1730 E MCDOWELL RD PHOENIX, AZ 85006	81-2809792		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LATIN PLATE CATERING & EVENTS CORP 4121 W 58TH PLACE CHICAGO, IL 60629	81-2921352		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
DUMAFE INC 1193 HANCOCK ST BROOKLYN, NY 11221	81-3309238		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
CARMENLAND LLC 135 BELKNAP AVE YONKERS, NY 10710	81-3353027		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA AZUL GROUP INC 343 PLEASANT AVENUE NEW YORK, NY 10035	81-3846070		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
BACK OF THE YARDS COFFEE, LLC 2059 W 47TH STREET CHICAGO, IL 60609	81-4148556		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
W FOOD & BEVERAGES LLC 1201 BOB HOPE EL PASO, TX 79936	81-4248840		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ORTEGA FAMILY 5 ENTERPRISES 3924 TIERRA MARFIL RD EL PASO, TX 79938	81-4250246		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
CAPPALLETTI'S ENTERPRISES LLC 1614 PALMER VW SAN ANTONIO, TX 78260	82-1515955		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PANADERIA Y ANTOJITOS LA PIRAMIDE 2425 EAST 88TH AVE DENVER, CO 80299	82-1519576		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
THE SAMPLERBK LLC 1429 HANCOCK ST BROOKLYN, NY 11237	82-1801028		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SABOR Y SAZON PERUVIAN RESTAURANT LLC - 9401 CLAY RD - HOUSTON, TX, TX 77080	82-1835917		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MANGO KINGS LLC 7964 OAKSTONE CT ORLANDO, FL 32822	82-2005816		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIX FRUIT 8701 S SAN PEDRO ST LOS ANGELES, CA 90003	82-3175779		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PUPUSA PRINCESS LLC 11520 W ROSEWOOD DR AVONDALE, AZ 85392	82-3809291		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MARTHA EZ LLC 2066 WEDGEWOOD EL PASO, TX 79925	82-3832525		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
OP ESPORTS INC. 165 N CANAL ST CHICAGO, IL 60606	82-3940219		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MAGANA CORP 2449 N OAK PARK AVE CHICAGO, IL 60707	82-4117595		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
XATRUCHO LLC 3738 MORRISON RD DENVER, CO 80219	82-4467843		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MI FOGATA INC 4322 N WESTERN AVE CHICAGO, IL 60618	82-4497370		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ORKENOY LLC 1757 N KIMBALL AVE CHICAGO, IL 60647	82-4766814		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PEREZ HERNANDEZ 623 TERRACE POINT DR N LAS VEGAS, NV 89032	82-4783042		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAUFMAN ENTERPRISE LLC 11851 TAFFY BAGLEY DR EL PASO, TX 79936	83-0977980		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
CMM FOOD SERVICES 3512 EAST 112TH STREET CHICAGO, IL 60617	83-1152244		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
OLD SHEEPDOG BREWERY LLC 3900 ROSA AVE EL PASO, TX 79905	83-1916336		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SHACK EATS LLC 11047 CONNEMARA COVE SAN ANTONIO, TX 78254	83-2313107		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
XAVIER GONZALES 1250 NE LOOP 410 SAN ANTONIO, TX 78209	83-2530076		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LUNA'S FOOD CORP 7702 ROOSEVELT AVE JACKSON HEIGHTS, NY 11372	83-3235163		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
TAMAR FASJA UNIKEL 1149 W 17TH ST CHICAGO, IL 60608	83-3436935		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
SANTA FE BITE - ABQ LLC 3407 CENTRAL AVENUE NE ALBUQUERQUE, NM 87106	83-3763149		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
FOODTOPIA RESTAURANT LLC 313 CENTRAL AVE NW ALBUQUERQUE, NM 87102	83-3818380		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSHUA ARCHULETA 4908 COLLEGE ST NW ALBUQUERQUE, NM 87120	83-4064576		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LOSTRY LLC 748 MYRTLE AVE BROOKLYN, NY 11205	83-4163197		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
INWOOD SOCIAL CORP 101 SHERMAN AVE NEW YORK, NY 10034	83-4226910		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
FIFTY FIFTY COFFEE HOUSE AND PUB. LLC - 2122 CENTRAL AVENUE SE - ALBUQUERQUE, NM 87106	83-4308704		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LA HUESUDA TACOS INC. 8228 MORTON AVE. LOS ANGELES, CA 90001	83-4330570		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
5 STAR BURGERS NM, INC 5901 WYOMING BLVD ALBUQUERQUE, NM 87109	83-4471165		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
BOTANAS SI CORP 463 PORT RICHMOND AVE STATEN ISLAND, NY 10302	83-4505799		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
EL REY V CUISINE 2020, INC. 1310 BROADWAY BROOKLYN, NY 11221	83-4702864		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
32 DEGREES FAHRENHEIT LLC 10921 LOMA ALTA LANE EL PASO, TX 79934	84-2087719		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIA ALCOCER 4649 ARGONNE ST. DENVER, CO 80249	84-2321868		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
GALLEGOS MB 2, LLC 1861 JOE BATTLE BLVD SUITE 7 EL PASO, TX 79936	84-2696763		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
JOSE ESPITIA 10332 OLD EAGLE RIVER LANE MCKINNEY, TX 75072	84-3021175		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
POUR JUDGMENT LLC 341 RIO DE JAZMIN EL PASO, TX 79932	84-3406732		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
RAII PALACIOS ENTERPRICES LLC 839 W FRENCH PL SAN ANTONIO, TX 78215	84-3739111		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
TIO DAVIDS LLC 10913 LEXINGTON AVE NE ALBUQUERQUE, NM 87112	84-3962195		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ELMER FAJARDO PACHECO 3454 W. WRIGHTWOOD AVE CHICAGO, IL, IL 60647	84-4026025		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
VARGAS 3030 DUSTY OAK DR. DALLAS, TX 75227	84-4315238		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
GISELY VARELA APODACA 616 LOMAS BLVD NW ALBUQUERQUE, NM 87106	84-4780653		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOPEZ ZAVALA 908 TANAGER DR SW ALBUQUERQUE, NM 87121	84-4849459		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
PRATT SHERIDAN LLC 6764 N SHERIDAN ROAD CHICAGO, IL 60626	84-4896470		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
GOMEZ 12470 NEWBROOK DR HOUSTON, TX 77072	85-0617781		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
DE UNA CORP 25 71 FRANCIS LEWIS FLUSHING, NY 11358	85-0883295		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
ERIC SEE 1314 DEAN ST BROOKLYN, NY 11232	85-1547348		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
MELISSA GUZMAN 1598 NORTHEAST 170TH STREET NORTH MIAMI BEACH, FL 33162	85-2008033		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
TORO Y LEON INC 3460 2ND AVE LOS ANGELES, CA 90018	86-4639266		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
WOODSPOON, INC. 107 W. 9TH STREET LOS ANGELES, CA 90015	87-0781530		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES
LM BURGER CORP 7795 W FLAGLER ST MIAMI, FL 33144	99-0372806		10,000.	0.			SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUPSTARS PET CARE LLC 2337 W. LAKE STREET CHICAGO, IL 60612	02-0803055		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ENGLEWOOD HARDWARE AND PAINT 1013 W. 63RD STREET CHICAGO, IL 60621	36-3165502		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
TAPEPLAY LLC 17 E. MONROE ST STE 232 CHICAGO, IL 60603	45-5303420		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
TWO SISTERS CATERING 5046 WEST OHIO CHICAGO, IL 60644	45-5358039		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
CYNTHIA'S GUMBO EXPRESS INC 9725 S PRINCETON AVE CHICAGO, IL 60628	46-3738077		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
TUBBY'S TASTE LLC 2726 W MAYPOLE CHICAGO, IL 60612	47-2149073		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
CHILDREN LEARN AND PLAY DAYCARE II INC - 6512 S. HALSTED STREET - CHICAGO, IL 60621	77-0716834		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
AGRICULTURE INC 67 WEST CHICAGO AVE CHICAGO, IL 60654	81-3752172		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ZORA DIGITAL LLC 60 E RANDOLPH APT 504 CHICAGO, IL 60601	81-5014853		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TM CHATEAU FOOD PRODUCTS INC PO BOX 703 LA GRANGE, IL 60525	81-5144719		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
TIDY UP EXPERTS LLC 200 N HAMLIN BLVD CHICAGO, IL 60624	82-1165177		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ENGLEWOOD BRANDED 1546 W. 63RD STREET CHICAGO, IL 60636	82-1415042		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
LUX SMARTS LLC 1541 E. 65TH PLACE CHICAGO, IL 60637	82-2382821		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
OCTOBER LOTUS 4350 S PRAIRIE AVE #4 CHICAGO, IL 60653	83-0953837		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
BARTLEBY'S ICE CREAM CAKES 4332 N FRANCISCO AVE CHICAGO, IL 60618	83-2884450		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
RS COLLECTIVE INC 135 N KEDZIE AVE CHICAGO, IL 60612	83-3082836		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
MS JETSETTER 3473 S KING DRIVE #335 CHICAGO, IL 60616	83-4190605		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
JOVA COFFEE COMPANY PBC 16192 COASTAL HIGHWAY LEWES, DE 19958	84-4775758		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOPKINECT LLC 20015 S LAGRANGE ROAD FRANKFORT, IL 60423	87-1333060		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
INDUSTRIAL COUNCIL OF NEARWEST CHICAGO - 320 N DAMEN AVE STE D100 - CHICAGO, IL 60612	36-3312341	501C(6)	100,000.	0.			"SUPPORT FOR THE HATCHERY INCUBATOR AND HATCH MADE MEALS PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR HISPANIC OWNED FOOD AND BEVERAGE SMALL BUSINESSES	40	400,000.	0.		
SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES	3	60,000.	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:

GRANT EXPENSES CONSIST OF AMOUNTS DISBURSED TO BUSINESSES THAT PARTICIPATE
 IN ALLIES FOR COMMUNITY BUSINESS'S NEIGHBORHOOD ENTREPRENEURS PROGRAM, AS
 WELL AS GRANTS FOR ASSISTANCE RELATED TO THE STATE OF ILLINOIS BUSINESS
 INTERRUPTION GRANT AND BACK TO BUSINESS PROGRAMS, AS WELL AS OTHER PROGRAMS
 RELATED TO THE HATCHERY, WHICH IS A FOOD INCUBATOR ON THE WEST SIDE OF
 CHICAGO. GRANTEES FOR THE NEIGHBORHOOD ENTREPRENEURS PROGRAM ARE SELECTED
 FROM A POOL OF CANDIDATES AND MUST SATISFY PROGRAM REQUIREMENTS PRIOR TO
 DISBURSING FUNDS TO THE GRANTEES. PAYMENTS FOR ASSISTANCE WITH THE BIG

Part IV Supplemental Information

PROGRAM ARE PAID UPON INVOICES RECEIVED BASED UPON TERMS OF THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PUPSTARS PET CARE LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: ENGLEWOOD HARDWARE AND PAINT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TAPEPLAY LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TWO SISTERS CATERING

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: CYNTHIA'S GUMBO EXPRESS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TUBBY'S TASTE LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN LEARN AND PLAY DAYCARE II INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: AGRICULTURE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: ZORA DIGITAL LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TM CHATEAU FOOD PRODUCTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TIDY UP EXPERTS LLC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: ENGLEWOOD BRANDED

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: LUX SMARTS LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: OCTOBER LOTUS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: BARTLEBY'S ICE CREAM CAKES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: RS COLLECTIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MS JETSETTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: JOVA COFFEE COMPANY PBC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: HOOPKINECT LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR NEIGHBORHOOD

ENTREPRENEURS PROGRAM COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ALLIES FOR COMMUNITY BUSINESS, INC.

Employer identification number

36-3966573

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRAD MCCONNELL CHIEF EXECUTIVE OFFICER	(i)	160,038.	0.	0.	2,031.	0.	162,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY TRITSIS DIRECTOR OF COMMUNITY BUSI	(i)	123,469.	13,000.	0.	19,536.	0.	156,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ALLIES FOR COMMUNITY BUSINESS, INC.

Employer identification number

36-3966573

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

THE FEDERAL FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO
FILING THE FORM.

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

BOARD MEMBERS ARE ENCOURAGED TO DISCLOSE CONFLICTS OF INTEREST AS THEY
OCCUR.

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

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF
DIRECTORS AND IS PERFORMANCE-BASED AND COMPARABLE TO SIMILAR NONPROFIT
ORGANIZATIONS IN ILLINOIS AND INDIANA AND IN THE INDUSTRY IN WHICH ALLIES
FOR COMMUNITY BUSINESS OPERATES.

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-029,333

Report for the Fiscal Period:

Beginning 01/01/2021

& Ending 12/31/2021
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 36-3966573

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME ALLIES FOR COMMUNITY BUSINESS, INC.	Year-end amounts	
MAIL ADDRESS 135 N KEDZIE AVE	A) ASSETS	A) \$ 54,726,016.
CITY, STATE CHICAGO, IL	B) LIABILITIES	B) \$ 35,893,357.
ZIP CODE 60612	C) NET ASSETS	C) \$ 18,832,659.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	76.303%	D) \$ 9,501,744.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	23.418%	E) \$ 2,916,185.
F) OTHER REVENUES	0.278%	F) \$ 34,649.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 12,452,578.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	43.303%	H) \$ 2,899,465.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	43.303%	J) \$ 2,899,465.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	36.067%	K) \$ 2,415,000.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	79.370%	L) \$ 5,314,465.
M) MANAGEMENT AND GENERAL EXPENSE	14.496%	M) \$ 970,654.
N) FUNDRAISING EXPENSE	6.133%	N) \$ 410,676.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 6,695,795.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: BRAD MCCONNELL, CEO		T) \$ 160,038.
U) NAME, TITLE: ROWAN RICHARDS, DIRECTOR OF COACHING AND CONNECT		U) \$ 144,884.
V) NAME, TITLE: MARY TRITSIS, DIRECTOR OF COMMUNITY BUSINESS		V) \$ 149,469.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: PROVIDE CREDIT AND BUSINESS SERVICES TO SMALL		W) # 300
X) DESCRIPTION: BUSINESS OWNERS LACKING ACCESS TO TRADITIONAL		X) # 300
Y) DESCRIPTION: SOURCES OF FINANCE		Y) # 300

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

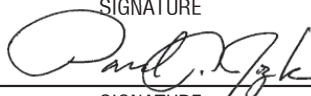
	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>FIFTH THIRD BANCORP, 800 W. MADISON, CHICAGO, IL 60607</u> <u>BYLINE BANK, 3639 NORTH BROADWAY AVENUE, CHICAGO, IL 60613</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>MARION MOORE - 312-924-2161</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
PAUL J. ROZEK		09/19/2022
_____ PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE

198101
04-01-21