

990

EXTENDED TO NOVEMBER 15, 2024
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

Form 990 header section including: C Name of organization (ALLIES FOR COMMUNITY BUSINESS, INC.), D Employer identification number (36-3966573), E Telephone number (312-924-2180), G Gross receipts (\$9,347,693), I Tax-exempt status (501(c)(3)), J Website (A4CB.ORG), K Form of organization (Corporation), L Year of formation (1994), M State of legal domicile (IL).

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block section including: Declaration of preparer, Signature of officer (PAUL J. ROZEK), Preparer's signature, Date (07/10/24), PTIN (P00542258), Firm's name (SELDEN FOX, LTD.), Firm's address (ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181), Firm's EIN (36-2985770), Phone no. (630-954-1400).

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 \$ 7,595,298. including grants of \$ 952,540.) (Revenue \$ 1,938,034.) ALLIES FOR COMMUNITY BUSINESS (A4CB) SUPPORTS SMALL BUSINESSES THAT STRENGTHEN THEIR COMMUNITIES. THEY PROVIDE THE CAPITAL, COACHING, AND CONNECTIONS ENTREPRENEURS NEED TO GROW GREAT BUSINESSES THAT CREATE JOBS AND WEALTH THEIR COMMUNITIES. AS A NONPROFIT LOCATED ON CHICAGO'S WEST SIDE, A4CB PRIORITIZES BLACK, HISPANIC/LATINX, WOMEN, AND LOW-INCOME ENTREPRENEURS THROUGHOUT THE CHICAGOLAND AREA AND BEYOND. THEY OFFER LOANS BETWEEN \$500 AND \$100,000 TO EARLY, EMERGING, AND ESTABLISHED BUSINESSES AT FAIR PRICES. IN ADDITION, THEY PROVIDE FREE COACHING TO ANYONE WHO WANTS TO START OR GROW A BUSINESS, AND THEY CONNECT ENTREPRENEURS TO TRUSTED PARTNERS THAT CAN HELP FURTHER.

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 7,595,298.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
[X] Own website [] 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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			217,337.	0.	7,039.	
(2) MARY TRITSIS DIRECTOR OF COMMUNITY BUSI	40.00				X		168,842.	0.	17,688.	
(3) ROWAN RICHARDS DIRECTOR OF COACHING AND C	40.00				X		178,478.	0.	5,352.	
(4) JENNIE MOTTO MESTERHARM CHIEF OF STAFF	40.00				X		140,481.	0.	21,589.	
(5) MARY RILEY DIRECTOR OF COMMUNITY RELA	40.00				X		142,208.	0.	10,385.	
(6) JILL KOZELUH DIRECTOR OF DEVELOPMENT	40.00				X		146,399.	0.	4,658.	
(7) S. MICHAEL MCCRACKEN CHAIR, PORTFOLIO AND CREDIT COMMITTE	2.25	X		X			0.	0.	0.	
(8) MICHELLE T THOM CHAIR	2.25	X		X			0.	0.	0.	
(9) JOE NERI SECRETARY AND TREASURER	2.25	X		X			0.	0.	0.	
(10) BEN BOCHNOWSKI DIRECTOR	2.25	X					0.	0.	0.	
(11) DARLENE HIGHTOWER CHAIR, OUTREACH	2.25	X					0.	0.	0.	
(12) OSCAR JOHNSON DIRECTOR	2.25	X					0.	0.	0.	
(13) BERNITA JOHNSON-GABRIEL DIRECTOR	2.25	X					0.	0.	0.	
(14) HORACIO MENDEZ DIRECTOR	2.25	X					0.	0.	0.	
(15) CLEMENTE NICADO DIRECTOR	2.25	X					0.	0.	0.	
(16) JUAN ORTIZ DIRECTOR	2.25	X					0.	0.	0.	
(17) ADRIANNE SPIVEY 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			
(18) SHANDRA RICHARDSON DIRECTOR	2.25	X						0.	0.	0.
(19) ANTHONY WALLER DIRECTOR	2.25	X						0.	0.	0.
1b Subtotal								993,745.	0.	66,711.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								993,745.	0.	66,711.

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 10

	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	74,068.					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	1,962,771.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,103,861.					
	g	Noncash contributions included in lines 1a-1f	1g	\$					
	h	Total. Add lines 1a-1f		7,140,700.					
	Program Service Revenue	2 a	LOAN INTEREST	Business Code	900099	1,270,119.	1,270,119.		
b		LOAN FEES	Business Code	900099	663,175.	663,175.			
c		PARTICIPATION INCOME	Business Code	900099	4,740.	4,740.			
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f			1,938,034.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			79,460.		79,460.		
	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				
				b	Less: cost or other basis and sales expenses	7b		189,499.	
				c	Gain or (loss)	7c		0.	
	d	Net gain or (loss)				0.			
	8 a	Gross income from fundraising events (not including \$ 74,068. of contributions reported on line 1c). See Part IV, line 18	8a						
				b	Less: direct expenses	8b		18,997.	
				c	Net income or (loss) from fundraising events			-18,997.	
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				9,139,197.	1,938,034.	0.		
							60,463.		

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	901,833.	901,833.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,707.	50,707.		
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	235,930.	202,074.	18,544.	15,312.
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	2,910,706.	2,250,467.	356,749.	303,490.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,363.	58,746.	9,981.	7,636.
9 Other employee benefits	281,487.	216,548.	36,790.	28,149.
10 Payroll taxes	254,397.	197,849.	30,830.	25,718.
11 Fees for services (nonemployees):				
a Management				
b Legal	562.	480.	82.	
c Accounting	128,007.	104,114.	17,689.	6,204.
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.)	288,397.	258,789.	29,608.	
12 Advertising and promotion	22,536.	19,002.	1,039.	2,495.
13 Office expenses	83,161.	64,420.	10,378.	8,363.
14 Information technology	350,931.	276,288.	42,288.	32,355.
15 Royalties				
16 Occupancy	652,155.	501,703.	85,237.	65,215.
17 Travel	5,040.	4,022.	577.	441.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	957,090.	957,090.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	223,273.	171,764.	29,182.	22,327.
23 Insurance	31,169.	23,978.	4,074.	3,117.
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 PROVISION FOR LOAN LOSS	828,476.	828,476.		
b CREDIT AND COLLECTIONS	457,094.	457,021.	41.	32.
c OTHER	72,587.	22,133.	19,043.	31,411.
d TRAINING	36,717.	27,794.	4,710.	4,213.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,848,618.	7,595,298.	696,842.	556,478.
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 <input type="checkbox"/> 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	2,958,840.	1	6,281,152.
	2 Savings and temporary cash investments	11,468,202.	2	4,335,500.
	3 Pledges and grants receivable, net	407,576.	3	590,801.
	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	23,366,049.	7	15,824,898.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	230,748.	9	218,796.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,384,903.		
	b Less: accumulated depreciation	10b 1,026,115.	460,355.	10c 358,788.
	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	4,579,459.	13	4,330,956.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,808,577.	15	3,615,812.
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,279,806.	16	35,556,703.	
Liabilities	17 Accounts payable and accrued expenses	715,022.	17	364,859.
	18 Grants payable		18	
	19 Deferred revenue	10,000.	19	60,000.
	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	22,594,847.	23	16,576,071.
	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	4,106,405.	25	4,222,256.
	26 Total liabilities. Add lines 17 through 25	27,426,274.	26	21,223,186.
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	6,246,543.	27	6,772,125.
	28 Net assets with donor restrictions	13,606,989.	28	7,561,392.
	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	19,853,532.	32	14,333,517.
33 Total liabilities and net assets/fund balances	47,279,806.	33	35,556,703.	

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	9,139,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,848,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	290,579.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,853,532.
5	Net unrealized gains (losses) on investments	5	-248,503.
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	-5,562,091.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,333,517.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	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	

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

2023

Open to Public Inspection

Name of the organization <p align="center">ALLIES FOR COMMUNITY BUSINESS, INC.</p>	Employer identification number <p align="center">36-3966573</p>
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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,503,257.	16,894,624.	10,881,988.	7,235,138.	7,140,700.	47,655,707.
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	5,503,257.	16,894,624.	10,881,988.	7,235,138.	7,140,700.	47,655,707.
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)						6,211,088.
6 Public support. Subtract line 5 from line 4.						41,444,619.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,503,257.	16,894,624.	10,881,988.	7,235,138.	7,140,700.	47,655,707.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	929.	13,015.	34,649.	77,621.	79,460.	205,674.
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						47,861,381.
12 Gross receipts from related activities, etc. (see instructions)					12	6,710,803.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	86.59 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.48 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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?		
11a		
b A family member of a person described on line 11a above?		
11b		
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 .		
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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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.			
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.		Yes	No
2a			
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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

2023

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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) 2023

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 in 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.	166,649.	29,492.
d Equipment		544,774.	471,362.	73,412.
e Other		643,988.	388,104.	255,884.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				358,788.

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, line 12, col. (B))		

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	242,456.	END-OF-YEAR MARKET VALUE
(3) THE HATCHERY MASTER		
(4) TENANT LLC	4,088,500.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	4,330,956.	

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) OPERATING LEASE RIGHT-OF-USE ASSET	3,615,812.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,615,812.

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	471,204.
(3) OPERATING LEASE LIABILITY	3,751,052.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,222,256.

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	8,909,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-248,503.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	18,997.	
e	Add lines 2a through 2d	2e		-229,506.
3	Subtract line 2e from line 1	3		9,139,197.
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		9,139,197.

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	8,867,615.
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	18,997.	
e	Add lines 2a through 2d	2e		18,997.
3	Subtract line 2e from line 1	3		8,848,618.
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		8,848,618.

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 2023 OR 2022. 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 2020, 2021 AND 2022 REMAIN OPEN TO IRS EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ARE PRESENTED GROSS ON THE AUDIT REPORT AS PART 18,997. OF CONTRIBUTION REVENUE, BUT NET ON THE 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ARE PRESENTED GROSS ON THE AUDIT REPORT AS PART 18,997. OF CONTRIBUTION REVENUE, BUT NET ON THE 990

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
- 2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TASTE TO COMMUNITY BU (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	74,068.		74,068.
	2	Less: Contributions	74,068.		74,068.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	13,578.		13,578.
	8	Entertainment	1,025.		1,025.
	9	Other direct expenses	4,394.		4,394.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			18,997.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-18,997.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

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

2023

**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
AFRO JOES 1818 W. 99TH STREET CHICAGO, IL 60643	82-1805208		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
CHAZERLY DESIGNS LLC 59 S LASALLE STREET AURORA, IL 60505	30-0589229		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ESSENTIAL CREATIONS 2112 W 95TH STREET CHICAGO, IL 60643	46-5636685		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
FOOD HERO 3331 W. 26TH STREET CHICAGO, IL 60623	46-5066814		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
G & B FILLING STATION 2002 DEMPSTER STREET EVANSTON, IL 60202	88-1663458		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
GREEN GARDEN CAFE 3517 W. ARTHINGTON CHICAGO, IL 60624	47-4009059		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO

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

3 Enter total number of other organizations listed in the line 1 table **41.**

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

Schedule I (Form 990) 2023

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
GROWING BOUNDLESSLY 56 E. 47TH STREET SUITE 400C CHICAGO, IL 60653	84-2259505		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
HOLD YOUR LUGGAGE 203 N LASALLE STREET SUITE 2100 CHICAGO, IL 60601	88-3631547		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
IDA'S ARTISAN ICE CREAM 1948 S HAMLIN AVE CHICAGO, IL 60623	86-3375318		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
INSPIRE BY TYLER 4544 S. WOODLAWN AVE CHICAGO, IL 60653	85-1076386		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
KRIBI COFFEE COMPANY 536 N OAK PARK AVE OAK PARK, IL 60302	85-3795219		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
LINGUA NIGRA LLC 8641 S KING DRIVE APT 1 CHICAGO, IL 60619	84-1868434		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
MIDWEST AIRCRAFT DETAILERS CORP 28261 S KEDZIE AVE SUITE #209 MONEE, IL 60449	85-2378288		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
PILLARS FASHION CLUB 1167 W. MADISON STREET CHICAGO, IL 60607	81-3417087		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
PREXODUS ENTERPRISES 424 E OAKWOOD BLVD #10 CHICAGO, IL 60653	84-3838745		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB 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
SNACK BETTER LLC DBA CAROLYN'S KRISP - 135 N KEDZIE AVE - CHICAGO, IL 60612	86-1550223		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
STEM GENERATION LLC 200 S WACKER DRIVE STE 3100 CHICAGO, IL 60606	84-2793592		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
STITCHME LLC 329 WEST 18TH STREET- UNIT 308 CHICAGO, IL 60616	80-0539346		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
SUGA & SPICE INC 135 N KEDZIE AVE CHICAGO, IL 60612	82-2869490		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
THE PR SHOPPE 243 E. 31ST STREET #201 CHICAGO, IL 60616	46-2986192		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
TRINI'S TASTY PASTRIES LLC 3811 WEST MAYPOLE AVENUE CHICAGO, IL 60624	82-2074733		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
WEST SIDE INSURANCE 906 S HOMAN AVE STE 102 CHICAGO, IL 60624	47-2563399		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
XAYAH ENTERPRISES LLC 1505 W. MADISON STREET CHICAGO, IL 60607	82-1687271		20,510.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
BULLY BUNDLES 1649 N. CLAREMONT AVE., APT 1R CHICAGO, IL 60647	47-4077492		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB 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
FUELED BY AF 135 N KEDZIE AVE CHICAGO, IL 60612	85-2540869		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
LIFE AT HOME SENIOR CARE LLC 8300 BROADWAY STE E-1 MERRILVILLE, IN 46410	82-3903724		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
LOVE CORK SCREW 4545 S DREXEL BLVD #2E CHICAGO, IL 60653	47-3093325		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ESTHETIC HAUS 829 N. CALIFORNIA AVE CHICAGO, IL 60622	37-1836847		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
ONIGIRI KORORIN 135 N KEDZIE AVE CHICAGO, IL 60612	87-4445798		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
PRESENT TENSE BAR LLC 4019 N. SOUTHPORT CHICAGO, IL 60613	85-2397734		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
FUSION NATURAL HAIR & BRAID ACADEMY - 1224 PULLMAN RD - ROMEDEVILLE, IL 60446	88-3736724		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
DILLY DALLY PROVISIONS 135 N KEDZIE AVE CHICAGO, IL 60612	85-2915138		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
HERAY SPICE 9332 LANDINGS LN DES PLAINES, IL 60016	82-1092401		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB 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
TORI PRINCE BEAUTY, LLC 928 W 38TH PL CHICAGO, IL 60609	83-2063619		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
CHICAGO MONOPOLY GROUP LLC 6127 S. UNIVERSITY AVENUE SUITE 121 CHICAGO, IL 60637	61-1928410		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
UNCLE EARL'S BBQ 35 CHURN RD MATTESON, IL 60443	85-0570887		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
DAZZLE EVENTS 3029 S AVERS AVE CHICAGO, IL 60623	84-2145147		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
WINDY CITY CATERING 67 E CERMAK RD CHICAGO, IL 60616	83-1777149		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
DOPE DRIP LLC 135 N. KEDZIE CHICAGO, IL 60612	85-2895062		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
JIMENEZ FENCE CORP 2948 N KEATING AVE CHICAGO, IL 60641	82-2105060		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
I'M HOT SAUCE COMPANY 1330 CLINTON AVENUE BERWYN, IL 60402	46-4755026		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO
STEWARTS' CHEESECAKES 148 S BLOOMINGDALE RD, SUITE 112 BLOOMINGDALE, IL 60108	83-4660802		20,000.	0.			SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB 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
CROWN FAMILY FOUNDATION 30 S WELLS ST #4049 CHICAGO, IL 60606	36-3330462	501(C)(3)	50,000.	0.			TO SUPPORT THE HATCHERY PROGRAMMING

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
CASH GRANTS PAID TO HATCHERY MASTER TENANT LLC	9	9,687.	0.		EXPENSES PAID TO THE HATCHERY MASTER TENANT LLC FOR VARIOUS INDIVIDUALS' USE THE HATCHERY SPACE.
CASH GRANTS IN SUPPORT OF NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS	2	41,020.	0.		SUPPORT FOR NEIGHBORHOOD ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL BUSINESSES. TWO

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 A DONATION TO SUPPORT THE HATCHERY PROGRAMMING. GRANTEEES FOR THE NEIGHBORHOOD ENTREPRENEURS PROGRAM ARE SELECTED FROM A POOL OF CANDIDATES AND MUST SATISFY PROGRAM REQUIREMENTS PRIOR TO DISBURSING FUNDS TO THE GRANTEEES.

PART II, LINE 1, COLUMN (H):

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AFRO JOES

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: CHAZERLY DESIGNS LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: ESSENTIAL CREATIONS

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD HERO

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: G & B FILLING STATION

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: GREEN GARDEN CAFE

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL

Part IV Supplemental Information

BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: GROWING BOUNDLESSLY

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: HOLD YOUR LUGGAGE

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: IDA'S ARTISAN ICE CREAM

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: INSPIRE BY TYLER

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: KRIBI COFFEE COMPANY

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: LINGUA NIGRA LLC

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: MIDWEST AIRCRAFT DETAILERS CORP

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

NAME OF ORGANIZATION OR GOVERNMENT: PILLARS FASHION CLUB

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

NAME OF ORGANIZATION OR GOVERNMENT: PREXODUS ENTERPRISES

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

NAME OF ORGANIZATION OR GOVERNMENT: SNACK BETTER LLC DBA CAROLYN'S KRISP

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

NAME OF ORGANIZATION OR GOVERNMENT: STEM GENERATION LLC

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STITCHME LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: SUGA & SPICE INC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: THE PR SHOPPE

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TRINI\'S TASTY PASTRIES LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE INSURANCE

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: XAYAH ENTERPRISES LLC

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

Part IV Supplemental Information

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: BULLY BUNDLES

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: FUELED BY AF

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: LIFE AT HOME SENIOR CARE LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: LOVE CORK SCREW

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: ESTHETIC HAUS

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ONIGIRI KORORIN

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: PRESENT TENSE BAR LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: FUSION NATURAL HAIR & BRAID ACADEMY

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: DILLY DALLY PROVISIONS

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: HERAY SPICE

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: TORI PRINCE BEAUTY, LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL

Part IV Supplemental Information

BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO MONOPOLY GROUP LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: UNCLE EARL'S BBQ

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: DAZZLE EVENTS

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: WINDY CITY CATERING

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: DOPE DRIP LLC

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

ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT: JIMENEZ FENCE CORP

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: I'M HOT SAUCE COMPANY

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

NAME OF ORGANIZATION OR GOVERNMENT: STEWARTS' CHEESECAKES

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

(F) DESCRIPTION OF NON-CASH ASSISTANCE: SUPPORT FOR NEIGHBORHOOD
ENTREPRENEURSHIP LAB COHORTS DESIGNED TO PROVIDE ASSISTANCE TO SMALL
BUSINESSES. TWO INDIVIDUALS RECEIVED \$20,510 EACH.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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		

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

Schedule J (Form 990) 2023

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)	198,744.	18,593.	0.	7,039.	0.	224,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY TRITSIS DIRECTOR OF COMMUNITY BUSI	(i)	153,150.	15,692.	0.	5,352.	12,336.	186,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROWAN RICHARDS DIRECTOR OF COACHING AND C	(i)	162,786.	15,692.	0.	5,352.	0.	183,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIE MOTTO MESTERHARM CHIEF OF STAFF	(i)	126,996.	13,485.	0.	4,881.	16,708.	162,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY RILEY DIRECTOR OF COMMUNITY RELA	(i)	129,290.	12,918.	0.	4,403.	5,982.	152,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JILL KOZELUH DIRECTOR OF DEVELOPMENT	(i)	133,481.	12,918.	0.	4,403.	255.	151,057.	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for providing supplemental information.

**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

2023

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.

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

ADOPTION OF NEW ACCOUNTING PRONOUNCEMENT ASU 2016-13

FINANCIAL INSTRUMENTS -5,562,091.

CREDIT LOSSES (TOPIC 326) MEASUREMENT OF CREDIT LOSSES ON FINANCIAL
INSTRUMENTS

TOTAL TO FORM 990, PART XI, LINE 9 -5,562,091.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-029,333

Report for the Fiscal Period:

Beginning 01/01/2023

& Ending 12/31/2023

Make Checks Payable to Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # 36-3966573

MO DAY YR

Date organization was created:

Are contributions to the organization tax deductible?

Yes No

MO DAY YR

Legal Name: ALLIES FOR COMMUNITY BUSINESS, INC.	YEAR-END AMOUNTS	
Mail Address: 135 N KEDZIE AVE	A) ASSETS	A) \$ 35,556,703.
City, State: CHICAGO, IL	B) LIABILITIES	B) \$ 21,223,186.
Zip Code: 60612	C) NET ASSETS	C) \$ 14,333,517.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	77.701%	D) \$ 7,115,963.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	21.432%	E) \$ 1,962,771.
F) OTHER REVENUES	0.868%	F) \$ 79,460.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 9,158,194.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	74.910%	H) \$ 6,642,758.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	74.910%	J) \$ 6,642,758.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	10.742%	K) \$ 952,540.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.652%	L) \$ 7,595,298.
M) MANAGEMENT AND GENERAL EXPENSE	7.858%	M) \$ 696,842.
N) FUNDRAISING EXPENSE	6.490%	N) \$ 575,475.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 8,867,615.
III. SUMMARY OF ALL PAID FUNDRAISER & 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) \$ 217,337.
U) NAME, TITLE: ROWAN RICHARDS, DIRECTOR OF BUSINESS COACHING		U) \$ 178,478.
V) NAME, TITLE: MARY TRITSIS, CHIEF LENDING OFFICER		V) \$ 168,842.
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 QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

YES	NO
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?
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?
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 PART 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?
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)
- 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?
- 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?
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:
FIFTH THIRD BANCORP, 800 W. MADISON, CHICAGO, IL 60607
BYLINE BANK, 3639 NORTH BROADWAY AVENUE, CHICAGO, IL 60613
WELLS FARGO BANK, N.A. PO BOX 63020, SAN FRANCISCO, CA 94163

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MARION MOORE - 312-924-2161

• 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.

<u>RAJMEH</u>	<u>Breadwinner</u>	<u>7/23/24</u>
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>HORACIO MENDEZ</u>	<u>H. Mendez</u>	<u>7/23/24</u>
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>PAUL J. ROZEK</u>	<u>Paul J. Rozek</u>	<u>07/10/24</u>
PREPARER (PRINT NAME)	SIGNATURE	DATE