# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2022	
Open to Public	ı
Inspection	ı

A FC	or the	e 2022 cai	endar year, or tax year beginning		and end	ing				
R ch	ock if a	pplicable:	C Name of organization					DE	mploye	er identification number
	cok ii a	рріюшью.	A BETTER CHICAGO							
Ш	Addres	ss change	Doing business as							99625
Ш	Name	change	Number and street (or P.O. box if m	ail is not delivered to street address)		Ro	oom/su	ite E T	elepho	ne number
	Initial r	return	200 W. MADISON ST.,	3RD FLOOR				( :	312)	674-7066
	Final re	eturn/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code				<b>G</b> G	ross re	eceipts \$
	Amend	led return	CHICAGO, IL 60606							5,535,675.
	Applica	ation pending	F Name and address of principal office	<sup>er:</sup> ELIZABETH F. SWA	NSON,	CEO		H(a) Is this a gro subordinates		for Yes X No
			200 W. MADISON ST.,	3RD FLOOR, CHICAGO,	IL 60	0606		H(b) Are all sub		included? Yes No
I T	ax-ex	empt status:	X 501(c)(3) 501(c) (	) (insert no.) 4947	(a)(1) or	527	7	If "No,"	attach a	a list. See instructions.
Jν	Vebsi	ite: AE	BETTERCHICAGO.ORG					H(c) Group exe	mption i	number
K F	orm	of organization	on: X Corporation Trust	Association Other		L Year of	format	ion: 2011 <b>N</b>	l State	e of legal domicile:
Pa	rt I	Summ	ary	· ·	'					
	1	Briefly des	scribe the organization's mission o	r most significant activities: A	BETTE	R CHIC	CAGO	IS CHAN	GING	HOW CHICAGO
e l			POVERTY BY INVESTING							
Governance			R YOUTH							
ern	2	Check this		discontinued its operations of	or dispos	ed of m	nore t	han 25% of	its	net assets.
<u>8</u>	3		f voting members of the governing	•	•				3	17
જ	4		f independent voting members of t						4	17
Activities &	5		ber of individuals employed in cale						5	20
Ξ	6		ber of volunteers (estimate if neces						6	130
Act			elated business revenue from Part V	,,					7a	130
			ated business taxable income from						7b	
$\overline{}$		INGL UIII GIZ	ated business taxable income from	Tomi 990-1, Fait i, line 11	<u> </u>			Prior Year	110	Current Year
	8	Contributi	one and grants (Part VIII line 1h)						0.1	5,064,335.
ne			ons and grants (Part VIII, line 1h)					14,729,4		
Revenue	9		service revenue (Part VIII, line 2g)						NONE	
	10		nt income (Part VIII, column (A), line					-2,0		15,711.
	11		enue (Part VIII, column (A), lines 5,						NONE	
-	12		nue - add lines 8 through 11 (must	•				14,727,4		5,080,046.
	13			column (A), lines 1-3)				5,606,9		5,179,375.
	14		aid to or for members (Part IX, colu					NONE		
Ses	15		other compensation, employee bene					2,160,8		2,180,358.
Expenses			nal fundraising fees (Part IX, column	n (A), line 11e)				]	NONE	NONE
Ϋ́	b		Iraising expenses (Part IX, column (	· · · —						
_	17		enses (Part IX, column (A), lines 11					739,6		868,040.
	18		enses. Add lines 13-17 (must equal					8,507,4		8,227,773.
	19	Revenue I	ess expenses. Subtract line 18 fron	n line 12				6,220,0		-3,147,727.
s or							Begin	ning of Curren		End of Year
sset	20		ts (Part X, line 16)					21,342,7		15,380,399.
Net Assets or Fund Balances	21	Total liabil	lities (Part X, line 26)					4,197,4	43.	1,380,956.
S₽ :	22	Net assets	s or fund balances. Subtract line 21	from line 20	<u></u>			17,145,2	75.	13,999,443.
Par	t II	Signat	ture Block							
Unde	er pei	nalties of pe	rjury, I declare that I have examined th plete. Declaration of preparer (other thar	is return, including accompanying	schedules a	and statem	nents, a	and to the best	of my	knowledge and belief, it is
-tiuo,		ot, and com	piete. Decidration of preparer (other than	Tomeer) is based on an imormation	or willon p	reparer ria	3 arry Ki	lowicage.		
C:										
Sign		Signature of	of officer					Date		
Here	е									
		Type or prir	nt name and title							
D-··		Print/Type	preparer's name	Preparer's signature		Date		Check	if	PTIN
Paid		ROBIN	BARTOLO	ROBIN BARTOLO				self-emple	oyed	P01315661
Prepa		Firm's nam	ne MILLER, COOPER &	CO., LTD.				Firm's EIN		6-2897372
Use (	only	Firm's add		, SUITE 400 DEERFIELD, IL 6	0015			Phone no.		347-205-5000
May	the		iss this return with the prepare	r shown above? See instruct	ions					. X Yes No
			uction Act Notice, see the separat							Form <b>990</b> (2022)

A BETTER CHICAGO 27-4499625 Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: A BETTER CHICAGO IS CHANGING HOW CHICAGO FIGHTS POVERTY BY INVESTING IN BOLD IDEAS THAT CREATE OPPORTUNITY FOR OUR YOUTH. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **4a (Code**: 611600 ) (Expenses \$ 6,437,459. including grants of \$ 5,179,375. ) (Revenue \$ IN LINE WITH THE ORGANIZATION'S MISSION AND VALUES, A BETTER CHICAGO PROVIDED FINANCIAL GRANTS TO ORGANIZATIONS THAT ARE EQUIPPING PEOPLE WITH EDUCATION, SKILLS AND CREDENTIALS TO EMPOWER THEM TO REACH THEIR POTENTIAL. including grants of \$ ) (Revenue \$ **4b** (Code:

Other program servi	ces (Describe on Sc	hedule () )		

including grants of \$\_\_\_\_\_) (Revenue \$

) (Revenue \$

**4e** Total program service expenses 6,437,459.

4c (Code: ) (Expenses \$

(Expenses \$

including grants of \$

Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	140
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	445	37	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		X
٠	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		- 21
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			_
<b>.</b> -	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		23
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	x	

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Part	V Checklist of Required Schedules (continued)		·	-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		3.7
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	gan	(2022)
2E1030	2.000	LOIM	550	(2022)

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	V Statements Departing Other IDS Filings and Tay Compliance (continued)			No.
Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 20			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
ď	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	The original control of the control			
	Enter the amount of reserves on hand	14a		X
		14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
4.0		16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
4-7	•			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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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

Sect	ion A. Governing Body and Management			• • •		
0000	ion A. Ooverning Body and management				Yes	No
4.		1a	17			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	ıα				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	1b	17			
D	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		-	2		X
_	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or ur			9		v
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to el					3.5
	one or more members of the governing body?			7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval			<b></b>		3.7
	stockholders, or persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			0-	37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		v
Socti	ion B. Policies (This Section B requests information about policies not required by the Inte			_	1	X
Seci	ion B. Folicies (This Section B requests information about policies not required by the line	illai	Nevenue	Code	·/ Yes	No
				10a		X
	Did the organization have local chapters, branches, or affiliates?			IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	IIa		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t			12b	Х	
	rise to conflicts?			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		12c	Х	
	describe on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			17	21	
15	Did the process for determining compensation of the following persons include a review an		-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	X	
b	Other officers or key employees of the organization			135		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a		r arra	ngement	16a		Х
	with a taxable entity during the year?			Tua		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure			100		
17						
	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	000	and 000 T	(000	tion 5	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 330-1	(360	aon 3	U 1 (U)
	Own website Another's website X Upon request Other (explain on Sc		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est r	olicy
19	and financial statements available to the public during the tax year.	iciito,	JOHNIGE U		υσι μ	oney,
20	State the name, address, and telephone number of the person who possesses the organization's be	nooke	and record	s		
	ELIZABETH F. SWANSON 200 W. MADISON STREET, 3RD FLOOR CHICAGO, IL					
	(312)674-7066			F	000	(2022)

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## Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f 1g					
۰۰ ر	h	Total. Add lines 1a-1f		5,064,335.			
<sub>s</sub>			Business Code				
Frogram service Revenue	2a b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends, other similar amounts)	interest, and	22,139.			22,139.
	4	Income from investment of tax-exempt bon		NONE			-
	5	Royalties		NONE			
	6a b	Gross rents 6a Less: rental expenses 6b	(ii) Personal				
	С	Rental income or (loss) 6c NON	ie none				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
Revenue	b	other than inventory 7a 449,201 Less: cost or other basis					
Ş.		and sales expenses					
	c d	Gain or (loss)	-	-6,428.			-6,428.
Other			1	0,120.			0,120.
ō	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	c 9a	Net income or (loss) from fundraising events  Gross income from gaming		NONE			
	_	activities. See Part IV, line 19 9a	NONE				
	b c	Less: direct expenses		NONE			
	10a	Gross sales of inventory, less returns and allowances		NONE			
	b c	Less: cost of goods sold	NONE	NONE			
		113. Insome of (1000) from sales of inventory.	Business Code	NONE			
scellaneous Revenue	11-		245#1000 0000				
וַבַּ בַּ	11a b						
	C						
ة قرة		All other revenue					
2	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		5,080,046.			15,711.

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## 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 respo	nse or note to any line	in this Part IX	<u> </u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,179,375.	5,179,375.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	619,751.	154,757.	333,896.	131,098.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	1,261,064.	697,100.	228,854.	335,110.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)		= 1 000		
9	Other employee benefits	143,912.	74,000.	40,460.	29,452
10	Payroll taxes	155,631.	70,488.	46,566.	38,577.
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	127,958.	36,926.	91,032.	
40	(A), amount, list line 11g expenses on Schedule O.)	316,355.	30,920.	91,032.	316,355.
	Advertising and promotion	NONE			310,333.
	Office expenses	NONE			
		NONE			
	Royalties	233,183.	119,904.	65,557.	47,722.
	Travel	8,881.	3,544.	2,792.	2,545
	Payments of travel or entertainment expenses	0,001.	3/3111	2,752.	2,313
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	15,690.	15,690.		
	Insurance	7,496.	3,855.	2,107.	1,534.
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	DUES & SUBSCRIPTIONS	5,947.	3,058.	1,672.	1,217
b	SOFTWARE	63,130.	32,462.	17,748.	12,920.
С	SUPPLIES	3,414.	1,755.	960.	699
d	BUSINESS REGISTRATION	285.	NONE	285.	NON
е	All other expenses	85,701.	44,545.	23,780.	17,376
	Total functional expenses. Add lines 1 through 24e	8,227,773.	6,437,459.	855,709.	934,605.
	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				
	following SOP 98-2 (ASC 958-720)				

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# Part X Balance Sheet

		Check if Schedule O contains a response o	r not	e to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,410,920.	1	11,486,082.
	2	Savings and temporary cash investments			NONE	2	NONE
	3	Pledges and grants receivable, net			4,804,757.	3	2,948,584.
	4	Accounts receivable, net	NONE	4	NONE		
	5	Loans and other receivables from any current o	r forn	ner officer, director,			
		trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons	NONE	5	NONE
	6	Loans and other receivables from other disqual	ified	persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			NONE	6	NONE
ţ	7	Notes and loans receivable, net		[	NONE	7	NONE
Assets	8	Inventories for sale or use			NONE	8	NONE
ĕ	9	Prepaid expenses and deferred charges SEE	SCHI	EDULE O	104,504.	9	137,323.
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	126,958.			
	b	Less: accumulated depreciation			19,711.	10c	17,923.
	11	Investments - publicly traded securities			NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11			NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11			NONE	13	NONE
	14	Intangible assets			2,826.	14	455.
	15	Other assets. See Part IV, line 11	NONE	15	790,032.		
	16	Total assets. Add lines 1 through 15 (must equal	21,342,718.	16	15,380,399.		
	17	Accounts payable and accrued expenses			292,443.	17	185,397.
	18	Grants payable	3,905,000.	18	375,000.		
	19	Deferred revenue	NONE	19	NONE		
	20	Tax-exempt bond liabilities			NONE	20	NONE
	21	Escrow or custodial account liability. Complete Pa			NONE	21	NONE
S	22	Loans and other payables to any current or		t t			
Liabilities		trustee, key employee, creator or founder, substa					
g		controlled entity or family member of any of these			NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelate		T	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated t		· ·	NONE		NONE
	25	Other liabilities (including federal income tax,		F			
		parties, and other liabilities not included on lines	•				
		of Schedule D			NONE	25	820,559.
	26	Total liabilities. Add lines 17 through 25			4,197,443.	26	1,380,956.
seo		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions			5,798,848.	27	6,148,754.
B	28	Net assets with donor restrictions			11,346,427.	28	7,850,689.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.			,,		, , , , , , , , , , , , , , , , , , , ,
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ		F		30	
SS	31	Retained earnings, endowment, accumulated inco	•			31	
χA	32	Total net assets or fund balances		<u> </u>	17,145,275.	32	13,999,443.
Š	33	Total liabilities and net assets/fund balances			21,342,718.	33	15,380,399.
_		rotar habilitios and flot associa/fulla balances, , ,	• • •		41,374,110.	JJ	Eorm <b>990</b> (2022)

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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)	5,	080,	046.			
2	Total expenses (must equal Part IX, column (A), line 25)	8,	227,	<u>773</u> .			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	17,	145,	275.			
5	Net unrealized gains (losses) on investments		1,	<u>895</u> .			
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	13,	999,	<u>443</u> .			
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain of	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:						
	Separate basis Consolidated basis 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	а					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		37				
	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 or	on					
	Schedule O.						
3 a	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?			<u>X</u>			
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.		n <b>990</b>	(2022)			
		For	11 フラリ	(2022)			

#### SCHEDULE A (Form 990)

**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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ΑE	3ET"	TER CHICAGO					27-44	499625
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	IS.
The	org	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	00).)		
3		A hospital or a cooperative		·	-		(1)(A)(iii).	
4		A medical research organiz	-	_				(iii). Enter the
		hospital's name, city, and st		,				, , , , , , , , , , , , , , , , , , , ,
5		An organization operated to		a college or universit	v owned	d or ope	erated by a governme	ntal unit described in
-		section 170(b)(1)(A)(iv). (C			,			
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v)	
7	X	An organization that norma	_			-		om the general public
•		described in section 170(b)	•	•	pport iii	om a go	vormional and or ne	om the general pash
8		A community trust describe			Part II )			
9		An agricultural research org	-		-	nnerated	Lin conjunction with a	land-grant college
,		or university or a non-land-	=			-		-
		university:	grant conege or ag	griculture (see instruct	ЮПЗ). С	iller tille i	name, dity, and state of	the college of
10		An organization that norma	lly receives (1) me	oro than 231/2% of ite	cupport	from cor	atributions momborsh	in face, and gross
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and u	functions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	1 331/3 % of its
11		An organization organized						
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1	or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1.	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving
		the supported organization	•		-			
		supporting organization.		- : : :		, ,		
b		Type II. A supporting org	•	•		with its	supported organization	on(s), by having
		control or management of	-				· · ·	
		organization(s). You must		<del>-</del>				
С		Type III functionally integ	<u>-</u>		ted in co	onnectio	n with, and functional	ly integrated with.
		its supported organization						,,
d		Type III non-functionally						ted organization(s)
_		that is not functionally into			-			
		requirement (see instruct	-		-		·	an anominono
е		Check this box if the orga	•	•				I Type III
·		functionally integrated, or						i, 1900 iii
f	Fn	ter the number of supported	• •			•		
а		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	• •	., .	, ,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(D)								
(B)								
·								
(C)								
(D)								
(D)								
/E/								
(E)								
Tota	al							

Schedule A (Form 990) 2022 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,343,080.	8,692,252.	7,011,807.	14,729,494.	5,064,335.	41,840,968.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	6,343,080.	8,692,252.	7,011,807.	14,729,494.	5,064,335.	41,840,968.
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)						15,112,789.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						26,728,179.
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
_	, , , , ,	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,343,080. 71,455.	8,692,252. 123,794.	7,011,807. 65,911.	14,729,494. 7,951.	5,064,335. 22,139.	41,840,968.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						42,132,218.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	NONE
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2022 (li		-			14	63.44 %
15	Public support percentage from 2021					15	68.62 <b>%</b>
16a	331/3% support test - 2022. If the org						
	box and <b>stop here.</b> The organization quality to the stop here.						
b	33 1/3 % support test - 2021. If the org						
170	this box and stop here. The organization	-		-			
ı / a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	_					
	Part VI how the organization meets					•	•
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
Б	15 is 10% or more, and if the organization	-	=				
	in Part VI how the organization meets					-	•
	organization			_	•		
18	Private foundation. If the organization						
. •	instructions						
_		•					

Schedule A (Form 990) 2022 Page **3** 

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
7 a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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							
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 organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000

Schedule A (Form 990) 2022 Page **4** 

#### 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

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

		Yes	No
g Dy			
	1		
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	2		
er	3a		
id ie			
	3b		
3)	3с		
If			
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	10a		
to	10b		

A BETTER CHICAGO

Schedule A (Form 990) 2022 Page **5** 

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С		44.		
Section		11c		
500111	on on the result of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the same institute and ide to each of its same and a greative by the local day of the fifth result of the		Yes	No
2	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?  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 <b>Part VI</b> how	1		
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
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 officers, directors, or trustees at all times during the tax year? If 'No' describe in Part VI how the supported organization's officers, directors, or trustees than one supported organization, describe how the powers to appoint ancitor remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint ancitor remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization's in the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  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 organization and the support organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a written notice describing the type and amount of support provided during the tax year; If year, the apport provided during the provided organization is officers, directors, or trustees either (i) appointed organization, and (iii) co		ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	2b		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizations	3			
1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.					
Section A - Adjusted Net Income	Section A - Adjusted Net Income				
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>b</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 Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supportin	g organization		
(see instructions).	, ,	, , , , , ,			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				<u> </u>
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
2	Evenes distributions community if any to 2022				

Section E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

# SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

A E	BETTER CHICAGO	27-4499625
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	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 i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt 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 land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) 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 termin	nated by the organization during the
4	tax year	
4	Number of states where property subject to conservation easement is located	on bandling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations and enforcing of violations.	
U	Stair and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
-		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 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 rev	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements.	
Pa	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 of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch 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 a	issets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part VIII, line 1	¢.
a b	Assets included in Form 990, Part VIII, line 1	

Schedule D (Form 990) 2022 A BETTER CHICAGO 27-4499625 Page **2** 

Pa	rt III Organizations Maintaini	ng Collectio	ns of	Art, Histo	rical Tre	asure	s, or	Other	Similar As	sets (c	continue	<u>d)</u>
3	Using the organization's acquisition	on, accession,	and c	ther recor	ds, checl	k any o	of the	follow	ing that mal	ke sigr	nificant us	se of its
	collection items (check all that app	ly):										
а	Public exhibition			d	Loan	or exch	ange	progra	m			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's colle	ctions	and expla	ain how t	they fui	rther	the or	ganization's	exempt	t purpose	in Part
	XIII.											
5	During the year, did the organization	on solicit or re	ceive d	lonations o	of art, hist	orical tr	easu	res, or	other similar			
	assets to be sold to raise funds rath	ner than to be	mainta	ained as pa	art of the	organiza	ation'	s collec	ction?	[	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			s" on For	m 990, F	Part IV,	line	9, or r	eported an	amour	nt on For	m
1a	Is the organization an agent, trus									s not _		
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and	l comp	olete the fo	llowing tal	ole:						
									A	mount		
С	Beginning balance											
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f				1	
	Did the organization include an am										Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Cr	eck he	ere if the e	xplanation	has be	en pr	ovided	on Part XIII .			
Pa	rt V Endowment Funds.	tion onewor	۰4 "Va	o" on For		Oort IV	lina	10				
	Complete if the organiza					(c) Tw			(-D) Thursday		(-) F	b b
		(a) Current y	ear	(b) Pric	or year	(C) IW	o year	S Dack	(d) Three year	s back	(e) Four y	ears back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	column	า (a))	held as	:			
a	Board designated or quasi-endown		— <sup>7</sup>	/o								
	Permanent endowment %	%										
С			ogual 1	1000/								
3.3	The percentages on lines 2a, 2b, and Are there endowment funds not in				ation that	are hel	d and	d admir	nietarad for th	Δ		
Ja	organization by:	trie possessic	יוו טו נו	ie organiza	ation that	are nei	u and	aumi	iistered for th	C	Y	es No
	(i) Unrelated organizations										3a(i)	- 110
	(ii) Related organizations										3a(ii)	
h	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended u	•		•							0.0	
_	rt VI Land, Buildings, and Equ	uipment.										
	Complete if the organize	ation answer	ed "Ye	es" on Fo						90, Pa	rt X, line	10.
	Description of property	(a)	Cost or (invest	other basis tment)	(b) Cost (	or other ba ther)	asis		cumulated eciation	(d	) Book valu	е
1a	Land		, 231	/		,		P1	411			
b	Buildings											
c	Leasehold improvements											
d	Equipment				]	L26,95	58.	1	09,035.		17	7,923.
e	Other					.,						· · · ·
	I. Add lines 1a through 1e. (Column		al Forn	n 990, Part	X, colum	n (B), lir	ne 10	c.)			17	7,923.

Schedule D (Form 990) 2022

Schedule D (Form	· · · · · · · · · · · · · · · · · · ·	30		7-4499625 Page
Co	vestments - Other Securities.  omplete if the organization answered	"Yes" on Form 99	0, 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 valuat Cost or end-of-year mark	
(1) Financial de	erivatives			
(2) Closely held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	15 000 D (V 1/D) ( 10 )			
	must equal Form 990, Part X, col. (B) line 12.)			
Co	vestments - Program Related.  omplete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	tot value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.			
	omplete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription		(b) Book value
(1)OPERATIN	G RIGHT-OF-USE ASSET	-		790,032.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) lin	ne 15.)		790,032.
Co	ther Liabilities.  Implete if the organization answered to 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		ion of liability		(b) Book value
	ncome taxes			(2) 2001. 10.00
	G LEASE LIABILITY			820,559.
(3)				0207337.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 25.)			820,559.
	certain tax positions. In Part XIII, provide the			nat reports the

 Schedule D (Form 990) 2022
 A BETTER CHICAGO
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 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,245,278.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	165,232.
3	Subtract line 2e from line 1	3	5,080,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,080,046.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	8,391,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	.	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	163,337.
3	Subtract line 2e from line 1	3	8,227,773.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIII.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,227,773.
Part 2	XIII Supplemental Information.		0,,,
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; FXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

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## Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

MANAGEMENT HAS ANALYZED THE TAX POSITIONS BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 AND 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

# **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. **Open to Public** Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization A BETTER CHICAGO 27-4499625 **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 No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) KIPP CHICAGO SCHOOLS 1945 S. HALSTED STREET, SUITE 101 30-0135927 501(C)(3) 280,000 COMMUNITY DEVELOPMEN (2) ONE MILLION DEGREES 262,500 226 W. JACKSON #528 CHICAGO, IL 60606 42-1710230 501(C)(3) COMMUNITY DEVELOPMEN (3) CHICAGO SCHOLARS 247 S STATE STREET STE 700 36-4117530 501(C)(3) 250,000 COMMUNITY DEVELOPMEN (4) INTRINSIC SCHOOLS 45-5454261 501(C)(3) 150,000 4517 NORTH ARTESIAN CHICAGO, IL 60625 COMMUNITY DEVELOPMEN (5) BOTTOM LINE 500 AMORY STREET, SUITE 1 04-3351427 501(C)(3) 300,000 COMMUNITY DEVELOPMEN (6) VOCEL 5058 W. JACKSON BLVD CHICAGO, IL 60644 46-2159711 501(C)(3) 200,000 COMMUNITY DEVELOPMEN (7) COLLEGE POSSIBLE 501(C)(3) 215 W. SUPERIOR 3RD FLOOR CHICAGO, IL 60654 41-1968798 200,000 COMMINITY DEVELOPMEN (8) NOBLE NETWORK OF CHARTER SCHOOLS 1 NORTH STATE STREET, FLOOR 7L 36-4241970 501(C)(3) 175,000 COMMUNITY DEVELOPMEN (9) PITCH-IN 121 W WACKER DR, STE 619 CHICAGO, IL 60601 45-1256875 501(C)(3) 100,000 COMMUNITY DEVELOPMEN (10) IMENTOR 30 BROAD STREET 9TH FLOOD 30-0105507 501(C)(3) 125,000 COMMUNITY DEVELOPMEN 11320 PARKSIDE TRAIL MAPLE GROVE, MN 55369 82-5480444 501(C)(3) 150,000 COMMUNITY DEVELOPMEN (12) BRAVEN, INC 171 N ABERDEEN ST CHICAGO, IL 60607 46-4340594 501(C)(3) 175,000 COMMUNITY DEVELOPMEN 29 NONE

# **SCHEDULE I** (Form 990)

Name of the organization

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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.

**Open to Public** Inspection

Schedule I (Form 990) 2022

Employer identification number

A BETTER CHICAGO						27-4499625	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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
(1) AUSTIN CHILDCARE PROVIDER'S NETWORK							
5701 W DIVISION ST CHICAGO, IL 60651	36-4395447	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN
(2) THE BLOC							
1345 N KARLOV AVE CHICAGO, IL 60651	81-4021362	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN
(3) MAAFA REDEMPTION PROJECT							
4301 W. WASHINGTON BLVD CHICAGO, IL 60624	83-3525168	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN
(4) RUSH UNIVERSITY MEDICAL CENTER							
2225 W HARRISON ST CHICAGO, IL 60612	36-2174823	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN
(5) THE FIREHOUSE COMMUNITY ARTS CENTER OF CHIC							
2111 S HAMLIN AVE CHICAGO, IL 60623	86-1173412	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN
(6) LEAP INNOVATIONS							
222 W MERCHANDISE MART PLAZA #2300	46-4784152	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
(7) NATIONAL LOUIS UNIVERSITY							
122 S MICHIGAN AVE CHICAGO, IL 60603	36-2167804	501(C)(3)	200,000.				COMMUNITY DEVELOPMEN
(8) LION PRIDE MENTORING							
1336 N DAMEN AVE CHICAGO, IL 60622	84-1903798	501(C)(3)	150,000.				COMMUNITY DEVELOPMEN
(9) LEADING EDUCATORS							
2150 S CANALPORT AVE, CHICAGO, IL 60608	45-1447048	501(C)(3)	125,000.				COMMUNITY DEVELOPMEN
(10) CHICAGO HOPES FOR KIDS							
688 N MILWAUKEE AVE CHICAGO, IL 60642	27-4360899	501(C)(3)	250,000.				COMMUNITY DEVELOPMEN
(11) ROOSEVELT UNIVERSITY							
430 S MICHIGAN AVE CHICAGO, IL 60605	36-2167854	501(C)(3)	600,000.				COMMUNITY DEVELOPMEN
(12) JUVENILE PROTECTIVE ASSOCIATION							
1707 N HALSTED ST CHICAGO, IL 60614	36-2167765	501(C)(3)	300,000.				COMMUNITY DEVELOPMEN

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

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number		
A BETTER CHICAGO						27-4499625			
Part I General Information on Grants a	and Assistanc	е				•			
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?									
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		
(1) ALTERNATIVES									
4730 N SHERIDAN RD CHICAGO, IL 60640	36-2720602	501(C)(3)	150,000.				COMMUNITY DEVELOPMEN		
(2) A HOUSE IN AUSTIN									
533 N PINE AVE CHICAGO, IL 60644	81-2684726	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN		
(3) DREAM ON EDUCATION									
PO BOX 409117 CHICAGO, IL 60640	45-4022940	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN		
(4) I AM ABLE									
3410 ROOSEVELT ROAD CHICAGO, IL 60624	36-3861251	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN		
(5) LOST BOYZ INC.									
1818 E 71ST STREET CHICAGO, IL 60649	26-3317656	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN		
_(6)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>									

Schedule I (Form 990) (2022) A BETTER CHICAGO 27-4499625 Page **2** 

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 non-cash assistance

(d) Amount of non-cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(f) Description of non-cash assistance

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

7

# SCHEDULE M (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Part I Types of Property

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

Name of the organization

A BETTER CHICAGO

Employer identification number
27-4499625

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o		U	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		3	449,201.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
	Other ►()							
	Other ►( )							
29	Number of Forms 8283 received				20			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
200	During the year, did the organizat	ion rossius	hy contribution only propo	rty reported in Dort I line	o 1 through		162	NO
sva	28, that it must hold for at least the				_			
	to be used for exempt purposes for	•			•	30a		Х
h	If "Yes," describe the arrangement i		olding period:			Jua		
31	Does the organization have a		cance policy that require	se the review of any i	nonetandard			
J 1	contributions?	-				31		Х
322	Does the organization hire or use					51		21
JZA	<u> </u>	•	•	· •		32a		Х
h	contributions?  If "Yes," describe in Part II.					JEa		21
33	If the organization didn't report an	amount in o	olumn (c) for a type of pro-	perty for which column (a)	is checked			
	describe in Part II.	unit iii 0	5.5 (5) 151 a type of prop	20.1, 101 minori obidinili (d)	onconod,			

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

Schedule M (Form 990) 2022

## SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A BETTER CHICAGO

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

27-4499625

#### CONFLICT OF INTEREST POLICY, PART VII - SECTION B - LINE 12

NEW BOARD MEMBERS AND EMPLOYEES RECEIVE AN ORIENTATION BOOKLET CONTAINING
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE ORGANIZATION RELIES
ON THE BOARD MEMBERS AND EMPLOYEES TO NOTIFY THE ORGANIZATION OF ANY
CONFLICTS OF INTEREST THAT MAY ARISE DURING THEIR TERM AS A BOARD MEMBER
OR EMPLOYMENT.

#### 990 REVIEW PROCESS, PART VI - SECTION B - LINE 11

THE COMPLETED 990 AND RESPECTIVE FINANCIAL STATEMENTS ARE REVIEWED BY THE BOARD PRIOR TO SUBMISSION.

#### DETERMINATION OF COMPENSATION, PART VI - SECTION B - LINE 15

COMPENSATION FOR THE ORGANIZATION'S MANAGEMENT TEAM WAS DETERMINED BY THE CEO BASED ON MARKET ANALYSIS.

#### PART VI - SECTION C. DISCLOSURE, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Page 2 Name of the organization Employer identification number A BETTER CHICAGO 27-4499625 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS \_\_\_\_\_\_ ENDING DESCRIPTION BOOK VALUE SECURITY DEPOSITS 49,019. PREPAID EXPENSES 88,304.

137,323.

==========

TOTALS

#### **SCHEDULE D** (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses
Attach to Form 1041, Form 5227, or Form 990-T. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Ivallic	of estate of trust			Linployer identii	ication	Hullibei	
	A BETTER CHICAGO			27-449	9625		
Did y	ou dispose of any investment(s) in a qualified opportun	nity fund during the ta	x year?		Y	es X	No
If "Ye	es," attach Form 8949 and see its instructions for additi	ional requirements f	or reporting your gai	n or loss.			
Note	: Form 5227 filers need to complete <b>only</b> Parts I and II.						
Pa	rt I Short-Term Capital Gains and Losses - Gen	erally Assets Hele	d 1 Year or Less (	see instructio	ns)		
See	instructions for how to figure the amounts to enter on			(g)			or (loss)
the li	nes below.	(d) Proceeds	<b>(e)</b> Cost	Adjustment to gain or loss			column (e) ımn (d) and
	form may be easier to complete if you round off cents	(sales price)	(or other basis)	Form(s) 8949, F	Part I,	combine tl	ne rèsult with mn (g)
to wh	nole dollars.			iiile 2, coluiliii	(9)	Colu	····· (9)
1a	Totals for all short-term transactions reported on Form						
	1099-B for which basis was reported to the IRS and for						
	which you have no adjustments (see instructions).						
	However, if you choose to report all these transactions						
	on Form 8949, leave this line blank and go to line 1b.						
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	449,201.	455,629.				-6,428.
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4		
5	Net short-term gain or (loss) from partnerships, S corp	porations, and other	estates or trusts		5		
6	Short-term capital loss carryover. Enter the amour	•					
	Carryover Worksheet	-			6	(	)
7	Net short-term capital gain or (loss). Combine line	s 1a through 6 in	column (h). Enter	here and on			
	Part III, line 17, column (3)				7	<u> </u>	-6,428.
Par		erally Assets Hel	d More Than 1 Ye	<b>ar</b> (see instru	ctions	s)	
	instructions for how to figure the amounts to enter on	(4)	(0)	(g) Adjustment	9		or (loss) column (e)
	nes below.	(d) Proceeds	(e) Cost	to gain or loss	from	from colu	ımn (d) and
	form may be easier to complete if you round off cents note dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column			ne result with mn (g)
8a	Totals for all long-term transactions reported on Form						
	1099-B for which basis was reported to the IRS and for						
	which you have no adjustments (see instructions).						
	However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked						
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11		
12	Net long-term gain or (loss) from partnerships, S corp				12		
13	Capital gain distributions				13		
14	Gain from Form 4797, Part I				14		
15	Long-term capital loss carryover. Enter the amount	t, if any, from line	14 of the 2021	Capital Loss			
	Carryover Worksheet				15	(	)
16	Net long-term capital gain or (loss). Combine lines						
	Part III, line 18a, column (3)				16		
	Janarwark Paduction Act Notice, see the Instructions for For						10/11 2022

2F1210 2.000

Schedule D (Form 1041) 2022 Page 2

					•
Pa	Summary of Parts I and II  Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			-6,428.
18	Net long-term gain or (loss):				
а	Total for year	18a			
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			-6,428.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

#### Part IV Capital Loss Limitation

Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:

#### Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

• • • • • • • • • • • • • • • • • • • •	(2), 10.11 (2), 10.11 (2), 10.11 (2), 10.11 (2)			
21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2)			
	but not less than zero			
23	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23			
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 25			
26	Subtract line 25 from line 24. If zero or less, enter -0	26		
27	Subtract line 26 from line 21. If zero or less, enter -0	27		
28	Enter the <b>smaller</b> of the amount on line 21 or \$2,800	28		
29	Enter the <b>smaller</b> of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0%	6	30	
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)		37	
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0	40		
41	Multiply line 40 by 20% (0.20)		41	
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and or	n Form 1041, Schedule		
	G Part I line 1a (or Form 990-T Part II line 2)		45	

Schedule D (Form 1041) 2022

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return A BETTER CHICAGO

Social security number or taxpayer identification number

27-4499625

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

for one or more of the boxes, complete as many forms with the same box checked as you need.  (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  (C) Short-term transactions not reported to you on Form 1099-B									
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).		
413 SHS VANGUARD	VARIOUS	11/22/2022	150,738.00	150,929.00			-191.00		
921 SHS ABBOTT LAB									
775 SHS MCDONALDS	VARIOUS	12/29/2022	99,498.00	100,573.00			-1,075.00		
775 SHS MCDONALDS	VARIOUS	12/30/2022	198,965.00	204,127.00			-5,162.00		
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box C a	tal here and inc re is checked), <b>lin</b>	lude on your e 2 (if Box B	449,201.	455,629.			-6,428.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022)