Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2023 Open to Public

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

AI	For th	ne 2023 cale	endar year, or tax year beginning	and e	nding							
_			C Name of organization					D	Emplo	oyer ident	ification	number
B	Check if a	applicable:	A BETTER CHICAGO									
	Addre	ess change	Doing business as						27-4	149962	25	
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Room/su	ite			hone num		
	-	return	200 W. MADISON ST., 3	RD FLOOR					312	2)674	-7066	
	Final r	return/terminated	City or town, state or province, count						-	receipts		
	Amen	ded return	CHICAGO, IL 60606							. 9	,060,2	269
	Applic	cation pending	F Name and address of principal officer	" ELIZABETH F. SWANSON	CEO		H(a) Is this a g	roup ret		Yes	
				BRD FLOOR, CHICAGO, IL			н/ь	subordinat Are all su		os included?	Yes	Hind I.
1	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		27	11(5	-		a list. See in		
<u>-</u>	Webs) (Insert 10.) 4947 (a)(1) 01	5	21	LI/o				ou douono.	
<u>л</u>		110	BETTERCHICAGO.ORG		L Vee				· ·	on number		
		of organizatio		Association Other	L rea	ar of format	tion:	2011	IVI Sta	ate of lega		: IL
Ρ	art I	Summ	- · · · · · · · · · · · · · · · · · · ·									
	1			most significant activities: <u>A BET</u>					IGIN	NG HOV	V CHIC	AGO
Governance				IN BOLD IDEAS THAT CRI	EATE (OPPORT	UNI	TY				
rna		FOR OU	R YOUTH									
ove	2	Check this		liscontinued its operations or disp							ssets.	
	3			body (Part VI, line 1a)						3		18
s S S	4			he governing body (Part VI, line 1b)						4		18
itie	5			ndar year 2023 (Part V, line 2a)					• -	5		19
Activities &	6	Total num	ber of volunteers (estimate if necess	ary)					. 🤇	6		130
4	7a	Total unre	lated business revenue from Part VI	II, column (C), line 12					. 7	a		
	b	Net unrela	ted business taxable income from F	Form 990-T, Part I, line 11					. 7	b		
							Pr	ior Year			Current	Year
e U	8	Contributio	ons and grants (Part VIII, line 1h)				5	,064,	335		8,43	5,483.
ňué	9								NON	ΊE		NONE
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							711		24	5,728.
R	11			6d, 8c, 9c, 10c, and 11e)					NON	1E		NONE
	12			equal Part VIII, column (A), line 12)			5	,080,			8,68	1,211.
	13			Imn (A), lines 1-3)				,179,				9,065.
	14			mn (A), line 4)			-	,,	NON		_,	NONE
	15			fits (Part IX, column (A), lines 5-10)			2	,180,			2.31	5,687.
Expenses				(A), line 11e)		_		/100/	NON		2751	NONE
per			raising expenses (Part IX, column (E			•			1101	10		NONE
ы	17			a-11d, 11f-24e)				868,	040		1 0.00	9,375.
	18			Part IX, column (A), line 25)			8	,227,				5,127.
							-					
- Se	19	Revenue	ess expenses. Subtract line to from	line 12				<u>, 147 ,</u> of Curre			End of Ye	5,084.
Net Assets or Fund Balances	20	Total asso	to (Dort V line 40)									
Asse Bala	20					•		,380,		_		3,219.
nd d	21		ities (Part X, line 26)			•		<u>,380,</u>				5,894.
				from line 20		•	13	<u>,999,</u>	443	•	15,03	7,325.
	art II		ure Block			tomonto d	م ام مد				المعم معط	aliaf it ia
				s return, including accompanying schedule officer) is based on all information of which						Ty Knowle	uge and	Jellel, It is
Sig	ın	Signature o	fofficar					Date				
He		Signature o	i oncei					Dale				
		Tura	the second of the									
			nt name and title		Deta			r		DTIN		
Paie	ł	Print/Type	preparer's name	Preparer's signature	Date			Check	if			
	parer	ROBIN	BARTOLO	ROBIN BARTOLO	10/1	16/202	4	self-emp	loyed	P01	315663	<u> </u>
	only	Firm's nam	MILLER, COOPER &	CO., LTD.			Firm	n's EIN		36-28	397372	2
		Firm's addr		SUITE 400 DEERFIELD, IL 60015				ne no.			205-50	000
Ma	y the	IRS discu	ss this return with the preparer	shown above? See instructions.							Yes	No
For	Pape	erwork Red	uction Act Notice, see the separate	e instructions.							Form 99	0 (2023)
JSA												

	A BETTER CHICAGO	27-4499625
Form 990 (2 Part III		Page
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly	/ describe the organization's mission:	
-	ETTER CHICAGO IS CHANGING HOW CHICAGO FIGHTS	
POV	ERTY BY INVESTING IN BOLD IDEAS THAT CREATE OPPORTUNITY FOR OUR	
YOU	TH.	
	e organization undertake any significant program services during the year which were not lis	
	Form 990 or 990-EZ? s," describe these new services on Schedule O.	
3 Did t	he organization cease conducting, or make significant changes in how it conducts, any es?	
If "Yes	s," describe these changes on Schedule O.	
expen	ibe the organization's program service accomplishments for each of its three largest prog ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gratal expenses, and revenue, if any, for each program service reported.	
4a (Code	:611600) (Expenses \$ 5,725,919. including grants of \$ 4,319,065.) (Revenue \$	\$)
-	LINE WITH THE ORGANIZATION'S MISSION AND VALUES, A BETTER	ŕ
CHI	CAGO PROVIDED FINANCIAL GRANTS TO ORGANIZATIONS THAT ARE	
EQU	IPPING PEOPLE WITH EDUCATION, SKILLS AND CREDENTIALS TO EMPOWER	
THE	M TO REACH THEIR POTENTIAL.	
4b (Code	:) (Expenses \$ including grants of \$) (Revenue \$	\$)
4c (Code	:) (Expenses \$ including grants of \$) (Revenue \$	\$
40 (0000		Ψ/
4d Other	program services (Describe on Schedule O.)	
	nses \$ including grants of \$) (Revenue \$)
	program service expenses 5,725,919.	
JSA 3E1020 2.000		Form 990 (202

A BETTER CHICAGO

27-4499625

Form 9	90 (2023)		F	Page 3					
Part	V Checklist of Required Schedules								
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"								
-	complete Schedule A	1	X						
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х						
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X					
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x					
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,								
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х					
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		Х					
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		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"								
	complete Schedule D, Part III	8		Х					
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		X					
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		37					
	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.								
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"								
a	complete Schedule D, Part VI	11a	Х						
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- Tu	21						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х					
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more								
	of its total assets reported in Part X, line 16? 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								
	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	Х						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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								
40	"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)? <i>If "Yes," complete Schedule E</i>	13		X					
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X					
U	fundraising, business, investment, and program service activities outside the United States, or aggregate								
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			- 21					
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other								
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on								
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on								
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?								
	If "Yes," complete Schedule G, Part III	19		Х					
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X					
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х						

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Part	IV Checklist of Required Schedules (continued)		V	
			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	X	<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Ĺ
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A BETTER CHICAGO

Form	990 (2023)		F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
	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	7.		37
	and services provided to the payor?	7a 7h		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
h	required to file Form 8282?	10		<u></u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization receive any runds, directly of indirectly, to pay premiums on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12-		
	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 12b			
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		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sched				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management			1	
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	א with			
	any other officer, director, trustee, or key employee?	· · · ⊢	2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	· · · ⊢	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· · · ⊢	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	· · · ⊢	5		X
6	Did the organization have members or stockholders?	· · · ⊢	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_		
	one or more members of the governing body?	· · · ⊢	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) mer				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during			
	the year by the following:				
а	The governing body?	••• ⊢	8a	X	
b	Each committee with authority to act on behalf of the governing body?	••• H	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	hed at	9		37
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Re		-)	X
Secu	on b. Policies (This Section D requests information about policies not required by the internal Re	venue Co		/ Yes	No
40.	Did the second in the second state the stress has selected as a fill state 0	1	0a		X
	Did the organization have local chapters, branches, or affiliates?	· · · ⊢	Va		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha		0b		
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· · · · •	1a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	/m?.	10	Δ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1	2a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · · ⊢	24	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflict 2		2b	Х	
•	rise to conflicts?	· · · ⊢			
C	describe on Schedule O how this was done		2c	Х	
13	Did the organization have a written whistleblower policy?	· · · ⊢	13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
14	Did the process for determining compensation of the following persons include a review and appro	· · · ⊢			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	-			
а	The organization's CEO, Executive Director, or top management official		5a	Х	
	Other officers or key employees of the organization	· · · ⊢	5b	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	· · ·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
···u	with a taxable entity during the year?		6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua				
	organization's exempt status with respect to such arrangements?	1	6b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-T (secti	on 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				- (0)
	Own website Another's website Upon request Other (explain on Schedule O	り			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of i	intere	est p	olicv
-	and financial statements available to the public during the tax year.			· P	- ,,
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records.			
	ELIZABETH F. SWANSON 200 W. MADISON STREET, 3RD FLOOR CHICAGO, IL 60606				
10.4	(312)674-7066	F	Form S	990	(2023)
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Page 7

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ű			fed						
(1) ELIZABETH SWANSON	50.00	-										
CEO	NONE			Х					NONE			
(2) BECKY BETTS	50.00	-										
CHIEF MARKETING OFFICER	NONE					X			NONE			
(3) WALTER MCCLOSKEY	50.00	-										
CFO	NONE			Х					NONE			
(4) NATALY BARRERA	50.00											
PORTFOLIO DIRECTOR, VENTURE/CA	NONE					X			NONE			
(5) CHELSEA HUSZAR	50.00	-										
DIRECTOR OF DEVELOPMENT	NONE					X			NONE			
(6) WILLIAM V. KREHBIEL	1.00	-										
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(7) JOHN R. KELLER	1.00	-										
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(8) TAYLOR O'MALLEY	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(9) SEAN BERKOWITZ	1.00											
SECRETARY	NONE	Х						NONE	NONE	NONE		
(10) TIMOTHY SCHWERTFEGER	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(11) STEPHEN BEARD	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(12) CHRISTOPHER KEOGH	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(13) JOHN GILLIGAN	1.00											
CHAIRMAN	NONE	Х						NONE	NONE	NONE		
(14) TRACY SCHWARTZ-WARD	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
										Form 990 (2023)		

		,				anan			ed Employees (co		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	rson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anizations
15) GINGER OSTRO	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NO
16) RICARDO ESTRADA	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NO
17) JANICE JACKSON	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NO
18) ERIC CHERN	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NO
19) ARJUN AGGARWAL	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NO
20) MATT RAINO	1.00										
DIRECTOR	NONE	x						NONE	NONE		NO
21) MYETIE HAMILTON	1.00										
DIRETOR	NONE	x						NONE	NONE		NO
22) BRITTANY GRAUNKE	1.00										
DIRECTOR	NONE	x						NONE	NONE		NO
23) TIMOTHY KNOWLES	1.00										
DIRECTOR	NONE	X						NONE	NONE		NO
		-									
1b Sub-total	I	I		I	I	l			NONE		
c Total from continuation sheets to Part VII.	Section A	• • •	• •	• •	• •		5	NONE			NO
d Total (add lines 1b and 1c)							5		NONE		
 Total number of individuals (including but n reportable compensation from the organiza) 	ot limited to t					e) who	o re	ceived more than			
						-					Yes N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch.										3	
4 For any individual listed on line 1a, is the organization and related organizations	e sum of rep greater than	ortab \$15	ole c 50,0	com 00?	pen If	satior <i>"Ye</i> s	n ai s,"	nd other compens complete Schedu	sation from the <i>le J for such</i>	-	
individual			• •		• •		• •			4	Х
5 Did any person listed on line 1a receive	or accrue co	mpen	sati	on f	from	n any	un	related organizatio son			

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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rm	990	(2023)	

Part V

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

4111	Statement	of Revenue
------	-----------	------------

(A) Total revenue (B) (C) (D) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Related organizations d 1d е Government grants (contributions) . . 1e f All other contributions, gifts, grants, 8,435,483 and similar amounts not included above . 1f g Noncash contributions included in 379,249. lines 1a-1f 1g \$ Total. Add lines 1a-1f 8,435,483. h **Business Code** Program Service Revenue 2a b с d е f All other program service revenue NONE g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 245,537. 247,144 other similar amounts). NONE 4 Income from investment of tax-exempt bond proceeds . . . 5 Royalties NONE (i) Real (ii) Personal Gross rents 6a 6a 6b **b** Less: rental expenses с Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other 7a sales of assets 379,249 other than inventory 7a b Less: cost or other basis Other Revenue 7b 379,058 and sales expenses 191 c Gain or (loss) 7c 191. 191. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line NONE 1c). See Part IV, line 18 8a NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NONE 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less returns and allowances 10a NONE NONE Net income or (loss) from sales of inventory. С NONE **Business Code** Miscellaneous Revenue 11a b С d All other revenue Total. Add lines 11a-11d NONE е Total revenue. See instructions 8,681,211. 247,335 12 JSA Form 990 (2023) 3E1051 2.000

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Sec	ction 501(c)(3) and 501(c)(4) organizations must				
	Check if Schedule O contains a respo		in this Part IX		
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,319,065.	4,319,065.		
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			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	NONT			
_	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and	583,749.	98,317.	247 700	137,644
7	persons described in section 4958(c)(3)(B)	1,393,446.		347,788.	· · ·
	Other salaries and wages		826,023.	248,168.	319,255
8	Pension plan accruals and contributions (include	NONE			
_	section 401(k) and 403(b) employer contributions)	195,953.	101 107	E0 214	26 522
	Other employee benefits		101,107.	58,314.	36,532
10	Payroll taxes	143,539.	67,087.	43,266.	33,186
	Fees for services (nonemployees):	NONT			
	Management	NONE			
) Legal	NONE		04 420	
	Accounting	94,420.		94,420.	
	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	01 156	91,156.		
	(A), amount, list line 11g expenses on Schedule O.)	<u>91,156.</u> 409,067.	1,420.		407,647.
	Advertising and promotion	409,087. NONE	1,420.		407,047
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	234,485.	120,989.	69,781.	43,715
		7,146.	3,067.	2,248.	1,831
18		7,140.	5,007.	2,210.	1,051
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20		NONE			
20	Interest Payments to affiliates.	NONE			
22	Depreciation, depletion, and amortization	21,898.	21,898.		
22	Insurance	9,037.	4,663.	2,689.	1,685
23 24	Other expenses. Itemize expenses not covered	570571	1,0051	270051	1,000
27	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.)				
2	SOFTWARE	86,110.	44,431.	25,625.	16,054
	SUPPLIES	4,810.	2,482.	1,431.	897
	POSTAGE & MAILING	155.	80.	46.	29
	BANK CHARGES	13,638.	4,546.	4,546.	4,546
	All other expenses	37,453.	19,588.	10,985.	6,880
	Total functional expenses. Add lines 1 through 24e	7,645,127.	5,725,919.	909,307.	1,009,901.
	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,,25,717.		<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

following SOP 98-2 (ASC 958-720)

A BETTER CHICAGO

n 990 (:				Page 1 '
art X	Balance Sheet Check if Schedule O contains a response or note to any line in this P	art Y		
		(A) Beginning of year	<u>····</u>	(B) End of year
1	Cash - non-interest-bearing		1	10,936,057
2	Savings and temporary cash investments.		2	NON
3	Pledges and grants receivable, net		3	4,435,376
4	Accounts receivable, net	NONE		
5	Loans and other receivables from any current or former officer, director,		-	110.
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined		-	
l v	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NO
7	Notes and loans receivable, net	NONE		NO
7 8	Inventories for sale or use	NONE		NO
0	Prepaid expenses and deferred charges		9	122,75
10 a	Land, buildings, and equipment: cost or other	1377523.	J	122,15
	basis. Complete Part VI of Schedule D 10a 133,775.			
b	Less: accumulated depreciation	17,923.1	10c	12,72
11	Investments - publicly traded securities.	NONE '		NC
12	Investments - other securities. See Part IV, line 11	NONE '		NC
13	Investments - program-related. See Part IV, line 11	NONE '		NC
14	Intangible assets		14	38,31
15	Other assets. See Part IV, line 11		15	567,98
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	16,113,21
17	Accounts payable and accrued expenses.		17	244,05
18	Grants payable		18	225,00
19	Deferred revenue	NONE ·		NC
20	Tax-exempt bond liabilities	NONE		NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NC
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NC
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NC
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NC
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	820,559.	25	606,83
26	Total liabilities. Add lines 17 through 25	1,380,956.	26	1,075,89
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	6,148,754.	27	7,423,47
28	Net assets with donor restrictions.	7,850,689.	28	7,613,85
27 28 29 30 31 32 23	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		32	15,037,32
	Total liabilities and net assets/fund balances			16,113,21

Form 990 (2023)

JSA 3E1053 2.000

	A BETTER CHICAGO 27-4	14996	525			
Form 99	90 (2023)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,6	81,	<u>211</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>127</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>084</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		13,9		
5	Net unrealized gains (losses) on investments	5			1,	<u>798</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		15,0	37,	<u>325</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,"	explair	n on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compile	d 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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were a	udited of	on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversig	ht of			
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	X	
	If the organization changed either its oversight process or selection process during the tax year	, explai	n on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	-				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	<u>n audits</u>		3b		

Form **990** (2023)

SCHE	DU	LE	F
(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.

OMB No. 1545-0047

		enue Service		Go to www.irs.go	//Form990 for instructio	ns and t	he latest i	nformation.	Inspection
Name	e of the	e organization						Employer identif	cation number
ΑE	BETT	ER CHICAGO)					27-4	499625
Pa	rt I	Reason fo	r Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	IS.
The	orgar	nization is not	a private fou	ndation because it	is: (For lines 1 throug	jh 12, ch	eck only	one box.)	
1	<u> </u>	A church, conv	vention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2	<u> </u>	A school desci	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a	cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical rese	earch organiz	ation operated in	conjunction with a hos	pital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam							
5		An organizatio	on operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
	\$	section 170(b)	(1)(A)(iv). (C	complete Part II.)					
6			•	•	rnmental unit describe		•		
7	X /	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	(described in se	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		-			b)(1)(A)(vi). (Complete				
9		-	-	-	ed in section 170(b)(1		-		
			r a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10	יי פי גי	receipts from a support from g acquired by the	activities rela gross investm e organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco a)(2). (C	ceptions me (less complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11		•	•	•	usively to test for publi	•			
12		•	•	•					ry out the purposes of
		-		-					ction 509(a)(3). Check
	t	7	-		es the type of suppor			-	-
а					, supervised, or contr	-			
					regularly appoint or e		ajority of	the directors or truste	es of the
			-	-	e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control of mar	age the supported
		1		-	, Sections A and C.	tod in o	onnoctio	n with and functions	lly intograted with
С		•••			ng organization opera is). You must comple				ny megrated with,
d			-		porting organization o				ted organization(s)
u	L	•••	•		nization generally mus				• • • • •
			-		omplete Part IV, Sect	-			
е				,	a written determinatio				I. Type III
•			-		ionally integrated sup				., ., .,
f	Ente								
g	Pro	vide the follow	ing informatio	on about the suppo	orted organization(s).				
	(i) Nar	me of supported o	rganization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
-)									
(E)									
Tota	al.								
1012									

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.)

<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,692,252.	7,011,807.	14,729,494.	5,064,335.	8,435,483.	43,933,371.
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	8,692,252.	7,011,807.	14,729,494.	5,064,335.	8,435,483.	43,933,371.
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).						12,641,857.
6	Public support. Subtract line 5 from line 4						
$\frac{6}{800}$	tion B. Total Support						31,291,514.
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2019 8,692,252.	7,011,807.	14,729,494.	5,064,335.	8,435,483.	43,933,371.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,794.	65,911.	7,951.	22,139.	245,346.	43,933,371. 465,141.
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						44,398,512.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	NONE
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2023 (lir	ne 6, column (f)), divided by line	11, column (f))		14	70.48 %
15	Public support percentage from 2022	Schedule A, Pa	rt II, line 14			15	63.44 %
16a	331/3% support test - 2023. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			X
b	33 1/3% support test - 2022. If the org	anization did n	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		📖
17a	10%-facts-and-circumstances test - 2	023. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets t	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						📖
b	10%-facts-and-circumstances test - 2	022. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets th	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets	the facts-and	-circumstances t	est. The organi	ization qualifies	as a publicly su	upported
	organization						
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u></u>

Schedule A (Form 990) 2023

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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0					
	organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	ort Percenta	ge			1 1	
15	Public support percentage for 2023 (line 8,	.,	•			15	%
16	Public support percentage from 2022 Schee					16	%
Sec	tion D. Computation of Investment					1	
17	Investment income percentage for 2023 (lin						%
18	Investment income percentage from 2022 S						%
19 a	331/3% support tests - 2023. If the org	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	lid not check a	a box on line	14, 19a, or 19b	, check this bo		
JSA 3E122	1 1.000					Schedule	e A (Form 990) 2023
	8044DB 4116 10/16/2024 13	:56:00 V2	3-7.2T 010	08.0			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2023

			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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

	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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
--	---

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	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 (se	e instr	uctions	s).
-			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

1

2

³b Schedule A (Form 990) 2023

A BEITER CHICAGO Schedule A (Form 990) 2023		27	4499625 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the execution's first on a new functional		· · · · · · · · · · · · · · · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		- ago -
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8					
 	Excess from 2019 Excess from 2020				
b	Excess from 2020				
2 d	Excess from 2021				
d					
e	Excess from 2023				

Schedule A (Form 990) 2023

SCHEE	DULE	D
(Form	aau)	

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 Open to Public

OMB No. 1545-0047

Depa	artment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and	the latest inform		Inspection
	e of the organization				Employer identifica	
	BETTER CHICAG				27-44996	25
Pa		ations Maintaining Donor Adv			Accounts	
	Complete	e if the organization answered				
			(a) Donor advised fur	nds	(b) Funds and	other accounts
1	Total number at e	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 organizat	tion inform all donors and dono	r advisors in writing that th	ne assets held	in donor advised	
	funds are the orga	anization's property, subject to th	e organization's exclusive le	gal control?		Yes No
6	Did the organizat	tion inform all grantees, donors,	and donor advisors in writir	ng that grant fu	unds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	dvisor, or for a	iny other purpose	
	conferring impern	nissible private benefit?				Yes No
Pa		ation Easements				
	Complete	e if the organization answered	<u>l "Yes" on Form 990, Part</u>	IV, line 7.		
1	Purpose(s) of cor	nservation easements held by the	e organization (check all that a	apply).		
	Preservatio	on of land for public use (for example	e, recreation or education)	Preservation	of a historically im	portant land area
	Protection	of natural habitat		Preservation	of a certified histor	ric structure
	Preservatio	on of open space				
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservation	contribution in	the form of a con	servation
	easement on the	last day of the tax year.			Held at the	End of the Tax Year
а	Total number of c	conservation easements			2a	
b		stricted by conservation easement			2b	
С	-	rvation easements on a certified			2c	
d		rvation easements included on li				
		structure listed in the National Re			2d	
3		ervation easements modified, tra	-		· · · · · · · · · · · · · · · · · · ·	anization during the
-	tax year					
4	•	where property subject to conse	ervation easement is located			
5		zation have a written policy re			ion, handling of	
•	-	forcement of the conservation ea			-	Yes No
6		r hours devoted to monitoring, insp				
•		notice devoted to monitoring, mor		, and onlorong		sine during the year
7	Amount of expense	 ses incurred in monitoring, inspec	ting, handling of violations, a	and enforcing c	onservation easem	ents during the year
•	, another of oxpone					onto during the year
8	Does each conse	ervation easement reported on lir	e 2d above satisfy the requ	irements of sec	tion 170(h)(4)(B)(i)	
•		n)(4)(B)(ii)?				
9		ribe how the organization reports				
•		e, if applicable, the text of the for				
		counting for conservation easeme				, 110
Pa		ations Maintaining Collection		ures. or Othe	r Similar Assets	
		e if the organization answered				
1a	· · · ·	n elected, as permitted under F			a statement and h	alanco shoot works
Ia	of art, historical	treasures, or other similar asse	ets held for public exhibition	on, education,	or research in fu	rtherance of public
	service, provide ir	n Part XIII the text of the footnote	to its financial statements th	hat describes th	hese items.	
b		n elected, as permitted under F				
		asures, or other similar assets he ving amounts relating to these ite		ucation, or res	earch in furtherand	e of public service,
		uded on Form 990, Part VIII, line			¢	
~		ed in Form 990, Part X				
2	-	on received or held works of a			assets for financia	gain, provide the
_		s required to be reported under F			*	
a b		d on Form 990, Part VIII, line 1 n Form 990, Part X				
5	A SSELS INCIUCEU II				Φ	

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

Schee	lule D (Form 990) 2023 A BETT	FER CHICAGO						27-44	99625	Page 2
Ра	rt III Organizations Maintaining (Art, Histo	rical Tre	asures,	or Othe	r Similar As			
3	Using the organization's acquisition, a									,
	collection items (check all that apply).									
а	Public exhibition		d	Loan c	or exchar	nge progr	am			
b	Scholarly research		e	Other						
с	Preservation for future generatio	ons								
4	Provide a description of the organizat XIII.		and expla	in how t	hey furtl	her the o	rganization's	exempt	purpose	in Part
5	During the year, did the organization so	olicit or receive d	onations o	fart histo	orical tre	asures of	r other similar			
•	assets to be sold to raise funds rather th								Yes	No
Pa	rt IV Escrow and Custodial Arrar				- ganza					
	Complete if the organization	-	s" on Forr	n 990. P	Part IV. li	ine 9. or	reported an	amount	on For	m
	990, Part X, line 21.		• • • • • • •		,				••••••	
1a	Is the organization an agent, trustee,	custodian or ot	her interm	ediary fo	or contril	butions o	r other assets	s not		
	included on Form 990, Part X?			-					Yes	No
b	If "Yes," explain the arrangement in Pa									
					Γ		А	mount		
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					16 1f				
2a	Did the organization include an amoun				_		al account liabi	litv?	Yes	No
	If "Yes," explain the arrangement in Pa									
	rt V Endowment Funds			planation		ii piotido.				
ľ	Complete if the organization	n answered "Ye	s" on Fori	n 990. F	Part IV. I	ine 10.				
		(a) Current year	(b) Prio			years back	(d) Three year	rs back	(e) Four ye	ars back
10		., ,	. ,						., ,	
1a հ	Beginning of year balance Contributions									
b										
С	Net investment earnings, gains,									
Ь	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
4	Administrative expenses									
ו מ	Administrative expenses									
g	End of year balance Provide the estimated percentage of the	ha aurrant year a	nd holono	line 1a						
2 a	Board designated or quasi-endowment			e (inte ing,	column ((a)) neiu a	15.			
b	c .	%	0							
c	Term endowment %	,0								
•	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%							
3a	Are there endowment funds not in the			tion that	are held	and adm	inistered for th	e		
•••	organization by:		ie erganiza						Y	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related o								3b	
4	Describe in Part XIII the intended uses	0								
_	rt VI Land, Buildings, and Equipn Complete if the organization	nent				line 11a.	See Form 9	90, Part	X, line	10.
	Description of property	(a) Cost or	other basis	(b) Cost of	or other bas	is (c) A	ccumulated		Book value	
10	Land	(invest	ment)	(01	ther)	de	preciation			
1a հ	Land									
b	Buildings									
с d	Leasehold improvements			1	22 77	-	121 046		1 0	700
d	Equipment.			1	.33,775	· ·	121,046.		12	,729.
e Tota	Other Add lines 1a through 1e. (Column (d)	must aqual Earn	1000 Part	X line 10		n (B))			1.0	700
TULA	\mathbf{I} Add mes ta unough te. (Column (d)	musi eyuai F011	1330, Fall	л, ше 10	o, coluitti	·· (<i>□)/</i>	<u></u>		⊥Z	,729.

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities	l "Yes" on Form 99(), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) Closely (3) Other	held equity interests		
(3) Other(A)			
(F) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(C) (H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related		
		Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
	· •	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, line 15, o	col. (B))	
Part X	Other Liabilities		·
	Complete if the organization answered line 25.	l "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.		otion of liability	(b) Book value
(1) Feder	ral income taxes		
(2)OPERAT	TING LEASE LIABILITY		606,836
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, line 25, col. (B))		606,836
			the organization's financial statements that reports the
			the text of the footnote has been provided in Part XIII .

JSA 3E1270 1.000

Schedu	le D (Form 990) 2023 A BETTER CHICAGO	27-	4499625 Page 4
Part		า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,760,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	78,912.
3	Subtract line 2e from line 1	3	8,681,211.
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	8,681,211.
Part		Irn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,722,241.
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 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	77,114.
3	Subtract line 2e from line 1	3	7,645,127.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	7,645,127.
Part	XIII Supplemental Information		

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

SEE SUPPLEMENTAL PAGE

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, 2023 AND 2022, 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.

			Assistance f ndividuals in	•	•		OMB No. 1545-0047
Cor	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
A BETTER CHICAGO						27-4499625	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proce Part II Grants and Other Assistance to 	nts or assistand edures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient		-					es on ronn 990,
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) KIPP CHICAGO SCHOOLS							
1945 S. HALSTED STREET, SUITE 101	30-0135927	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
(2) ONE MILLION DEGREES							
226 W. JACKSON #528 CHICAGO, IL 60606	42-1710230	501(C)(3)	250,000.				COMMUNITY DEVELOPMEN
(3) CHICAGO SCHOLARS							
247 S STATE STREET STE 700	36-4117530	501(C)(3)	250,000.				COMMUNITY DEVELOPMEN
(4) INTRINSIC SCHOOLS							
4517 NORTH ARTESIAN CHICAGO, IL 60625	45-5454261	501(C)(3)	150,000.				COMMUNITY DEVELOPMEN
(5) BOTTOM LINE							
500 AMORY STREET, SUITE 1	04-3351427	501(C)(3)	300,000.				COMMUNITY DEVELOPMEN
(6) COLLEGE POSSIBLE							
215 W. SUPERIOR 3RD FLOOR CHICAGO, IL 60654	41-1968798	501(C)(3)	200,000.				COMMUNITY DEVELOPMEN
(7) NOBLE NETWORK OF CHARTER SCHOOLS							
1 NORTH STATE STREET, FLOOR 7L	36-4241970	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
(8) PITCH-IN							
121 W WACKER DR, STE 619 CHICAGO, IL 60601	45-1256875	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN
(9) IMENTOR							
30 BROAD STREET 9TH FLOOD	30-0105507	501(C)(3)	125,000.				COMMUNITY DEVELOPMEN
(10) BARR							
11320 PARKSIDE TRAIL MAPLE GROVE, MN 55369	82-5480444	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
(11) BRAVEN, INC							
171 N ABERDEEN ST CHICAGO, IL 60607	46-4340594	501(C)(3)	175,000.				COMMUNITY DEVELOPMEN
(12) AUSTIN CHILDCARE PROVIDER'S NETWORK							
5701 W DIVISION ST CHICAGO, IL 60651	36-4395447		100,000.				COMMUNITY DEVELOPMEN
2 Enter total number of section 501(c)(3) and							26
3 Enter total number of other organizations li	sted in the line	1 table					NONE

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

Schedule I (Form 990) 2023

	Bovernme	nts, and Ir	Assistance t Idividuals in Wered "Yes" on F	n the United	d States		OMB No. 1545-0047
Department of the Treasury	Gat		tach to Form 990.	tast information			Inspection
Internal Revenue Service Name of the organization	601	0 www.irs.gov/	Form990 for the la	lest mormation.		Employer identificat	-
, and the second s							onnumber
A BETTER CHICAGO Part I General Information on Grants a	and Assistanc	A				27-4499625	
			aranta ar agaiata	noo the grantage	l aligibility for the grant	a ar aggistance, and	
 Does the organization maintain records to the selection criteria used to award the grader 			-	-			Yes No
2 Describe in Part IV the organization's prod							
			-				
Part II Grants and Other Assistance to		-					es" on Form 990,
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can b	be duplicated if a	•	leeded.	
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) THE BLOC							
1345 N KARLOV AVE CHICAGO, IL 60651	81-4021362	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN
(2) MAAFA REDEMPTION PROJECT							
4301 W. WASHINGTON BLVD CHICAGO, IL 60624	83-3525168	501(C)(3)	100,000.				COMMUNITY DEVELOPMEN
(3) THE FIREHOUSE COMMUNITY ARTS CENTER OF CHI	С						
2111 S HAMLIN AVE CHICAGO, IL 60623	86-1173412	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN
(4) VOCEL VIEWING OUR CHILDREN AS EMERGING LEA	D						
5317 W CHICAGO AVE CHICAGO, IL 60651	46-2159711	501(C)(3)	225,000.				COMMUNITY DEVELOPMEN
(5) NATIONAL LOUIS UNIVERSITY							
122 S MICHIGAN AVE CHICAGO, IL 60603	36-2167804	501(C)(3)	200,000.				COMMUNITY DEVELOPMEN
(6) LION'S PRIDE MENTORING							
1336 N DAMEN AVE CHICAGO, IL 60622	84-1903798	501(C)(3)	150,000.				COMMUNITY DEVELOPMEN
(7) LEADING EDUCATORS							
2150 S CANALPORT AVE, CHICAGO, IL 60608	45-1447048	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
(8) CHICAGO HOPES FOR KIDS							
688 N MILWAUKEE AVE CHICAGO, IL 60642	27-4360899	501(C)(3)	225,000.				COMMUNITY DEVELOPMEN
(9) ROOSEVELT UNIVERSITY							
430 S MICHIGAN AVE CHICAGO, IL 60605	36-2167854	501(C)(3)	250,000.				COMMUNITY DEVELOPMEN
(10) JUVENILE PROTECTIVE ASSOCIATION							
1707 N HALSTED ST CHICAGO, IL 60614	36-2167765	501(C)(3)	400,000.				COMMUNITY DEVELOPMEN
(11) ALTERNATIVES							
4730 N SHERIDAN RD CHICAGO, IL 60640	36-2720602	501(C)(3)	125,000.				COMMUNITY DEVELOPMEN
(12) DREAM ON EDUCATION							
PO BOX 409117 CHICAGO, IL 60640	45-4022940	501(C)(3)	50,000.				COMMUNITY DEVELOPMEN
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							

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

SCHEDULE I (Form 990)	G	overnmei	n ts, and Ir ganization ans	Assistance t Idividuals in wered "Yes" on F tach to Form 990.	n the United	d States		0MB No. 1545-0047 2023 Open to Public
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	on number
A BETTER CHICAGO							27-4499625	
	ormation on Grants ar							
the selection criter	tion maintain records to s ria used to award the grar / the organization's proce	nts or assistanc	e?			• • •		Yes No
Part II Grants and	Other Assistance to I	Domestic Org	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form 990,
Part IV, line	e 21, for any recipient	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is n	eeded.	
	address of organization	(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) I AM ABLE								
3410 ROOSEVELT ROAD CHI	CAGO, IL 60624	36-3861251	501(C)(3)	20,000.				COMMUNITY DEVELOPMEN
(2) LOST BOYZ INC.								
1818 E 71ST STREET CHIC	AGO, IL 60649	26-3317656	501(C)(3)	75,000.				COMMUNITY DEVELOPMEN
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	r of section 501(c)(3) and r of other organizations lis							<u> </u>

A BETTER CHICAGO

27-4499625

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
L					
i					
art IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

Page **2**

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2023

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

A BETTER CHICAGO

27-4499625

Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont				
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		8	379,249.	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 ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received								
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29				
							Yes	No	
30a	During the year, did the organizat				-				
	28, that it must hold for at least 3								
	used for exempt purposes for the e	-	period?			30a		Х	
	If "Yes," describe the arrangement								
31	Does the organization have a					24		v	
20-	contributions?		31		Х				
s∠a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell contributions?							v	
L.						32a		X	
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	column (c) for a type of are	norty for which column (a)) is checked				
33	describe in Part II.		orunni (c) for a type of pro	perty for which column (a,	is checked,				
For Pa									
For Pa	r Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023								

JSA

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

Department of the Treasury Internal Revenue Service

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

A BETTER CHICAGO

Employer identification number

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.

Schedule O (Form 990 or 990-EZ) 2023	Page 2
Name of the organization	Employer identification number
A BETTER CHICAGO	27-4499625
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING

	DINDING
DESCRIPTION	BOOK VALUE
SECURITY DEPOSITS	49,019.
PREPAID EXPENSES	73,737.

TOTALS

122,756. _____