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GOVERNMENT COPY

Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613

November 8, 2020

Arts & Business Council of Chicago 100 S State Street No. 4th Fl Chicago, IL 60603

Arts & Business Council of Chicago:

Enclosed are the original and one copy of the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 Illinois Form AG990-IL

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Eilts & Associates, Inc.

Barton Eilts

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Arts & Business Council of Chicago 100 S State Street No. 4th Fl Chicago, IL 60603
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service		send to the IRS. Keep for s.gov/Form8879EO for the	=		
Name of exempt organization	GO to www.ii	s.gov/Pormoo/9EO for the	iatest information.	Employer	identification number
Arts & Busine	ss Council of Chi	cago		36-3	376861
Name and title of officer				<u></u>	
Kristin Larse					
Executive Dir					
Part I Type of	Return and Return Inform	ation (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this For a, below, and the amount on that ank (do not enter -0-). But, if you e	ine for the return being filed	with this form was blank, t	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue, if	any (Form 990, Part VIII, co	olumn (A), line 12)	1b	238,159.
2a Form 990-EZ check he	ere b D total revenu	e, if any (Form 990-EZ, line	9)	2b	
3a Form 1120-POL check					
4a Form 990-PF check he			n 990-PF, Part VI, line 5)		
5a Form 8868 check here	b Balance Due (Fo	rm 8868, line 3c)		5b	
Part II Declarat	ion and Signature Authori	zation of Officer			
intermediate service provions an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a	nount in Part I above is the amount der, transmitter, or electronic return of receipt or reason for rejection of applicable, I authorize the U.S. Treat institution account indicated in the stitution to debit the entry to this a can 2 business days prior to the paic payment of taxes to receive cor a personal identification number (Felectronic funds withdrawal.	n originator (ERO) to send the transmission, (b) the reasury and its designated Fire tax preparation software account. To revoke a payment (settlement) date. I a fidential information necession	the organization's return to the ason for any delay in process ancial Agent to initiate an effor payment of the organization, I must contact the U.S. also authorize the financial instant to answer inquiries and	the IRS and ssing the relectronic fation's federation's federations treasury Fractitutions the resolve is	d to receive from the IRS return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at sinvolved in the ssues related to the
Officer's PIN: check one	box only				
X I authorize Ei	lts & Associates,	Inc.		to enter m	y PIN 36337
		ERO firm name		·	Enter five numbers, b do not enter all zeros
is being filed wit	on the organization's tax year 201 h a state agency(ies) regulating ch the return's disclosure consent so	arities as part of the IRS Fe			• •
indicated within	the organization, I will enter my PIN this return that a copy of the retur nter my PIN on the return's disclos	n is being filed with a state	•		•
Officer's signature **	*** THIS IS NOT A	FILEABLE COPY	<u>Z * * * *</u> Date ▶		
Part III Certifica	tion and Authentication				
	our six-digit electronic filing identific	eation			
•	y your five-digit self-selected PIN.	ALIGH.	36238404996 Do not enter all zeros		
•	meric entry is my PIN, which is my ng this return in accordance with the ss Returns.	_	-	-	
ERO's signature			Date >		
	ERO Must F	Retain This Form - Se	e Instructions	0 -	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Form **8879-EO**

Extended to November 16, 2020

(Rev. January 2020)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Arts & Business Council of Chicago Name change 36-3376861 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 312-372-1876 100 S State Street 4th Fl termin-ated 245,557. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Chicago, IL 60603 H(a) Is this a group return Applica-F Name and address of principal officer: Kristin Larsen Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ARTSBIZ-CHICAGO.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1985 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: Arts & Business Council of Activities & Governance Chicago's mission is to develop leadership and accelerate excellence Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) <u>350</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 343,789167,451. Contributions and grants (Part VIII, line 1h) Revenue 46,394. 25,126. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 45,582. 365. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 238,159.390,548. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 225,886. 348,639. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 226,749. 119,904. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 452,635. 468,543. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -230,384. -62,087. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 94,343. 285,397. 20 Total assets (Part X, line 16) 40,475. 79,805. 21 Total liabilities (Part X, line 26) 244,922. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Kristin Larsen, Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Barton Eilts P01327750 Paid Firm's EIN ▶ 61-1443699 Eilts & Associates, Preparer Firm's name Firm's address 3729 N. Ravenswood, Ste. Use Only Chicago, IL 60613 Phone no. 773-525-6171

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Pa	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:
	Arts & Business Council of Chicago's mission is to develop leadership and accelerate excellence in the business of arts and art of business
	organizations by building working relationships between arts
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 52,835. including grants of \$) (Revenue \$ 13,970.)
	Training individuals looking to become highly-qualified and
	sought-after leaders on boards of directors for nonprofit arts
	organizations throughout Chicago.
4b	(Code:) (Expenses \$ 27,112 • including grants of \$) (Revenue \$ 6,911 •)
	Labs which are an educational series on a variety of arts management
	topics and best practices.
4c	(Code:) (Expenses \$ 82,396 • including grants of \$) (Revenue \$ 3,750 •)
	The flagship program business volunteers for the arts (BVA) strengthens
	not for profit arts and cultural institutions' organizational capacity
	and effectiveness while enhancing business professionals' corporate
	workplace performance through skills-based volunteering.
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ 115,722 • including grants of \$) (Revenue \$ 3,109 •)
4e	Total program service expenses 278,065.
	Form 990 (2019)
	· -···· (=-·-)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Revenue Procedure 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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		Х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- <u>-</u> -
	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
20a		20a		Х
b	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

	990 (2019) Arts & Business Council of Chicago 36-3376 † IV Checklist of Required Schedules (continued)) 8 Q T	P	age 4
ı uı	The official of frequined contention (continued)		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
24a	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			٦,
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	 		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEh		x
06	Schedule L, Part I	25b		
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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 Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the flamber reported in Box 6 of Form reco. Enter 6 in flor applicable	5		
	Little and rather of the trible and add in the fall Little of in the applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

Form **990** (2019)

(gambling) winnings to prize winners?

Part 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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a					
	· · · · · · · · · · · · · · · · · · ·	account)?	4a		Х
b					
					37
5a			5a		X
b			5b		
C			5c		
6a			C -		Х
h			6a		
ь			6b		
7			OD		
и а	• , , ,	vices provided to the payor?	7a		х
b			7b		
c					
_		•	7c		Х
d					
е	·		7e		Х
f			7f		Х
g			7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		Х
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			9a		
b			9b		
10	I	1			
а					
b	•	10b			
11	· · · · · ·	ا . بد			
a		11a			
D		116			
122			12a		
			IZa		
13	· · · · · · · · · · · · · · · · · · ·	120			
			13a		
	any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes, "enter the name of the foreign country Person of Foreign Bank and Financial Accounts (FBAR); as a sine organization a party to a prohibited tax shelter transaction at any time during the tax year? Jain yat axable party notify the organization file Form 8886-17; as a party to a prohibited tax shelter transaction? Yes" to line 5a or 5b, did the organization file Form 8886-17; as a party to a prohibited tax shelter transaction? Yes" to line 5a or 5b, did the organization file Form 8886-17; as the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit yountributions that were not tax deductible as charitable contributions? Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible? genizations that may receive deductible contributions under section 170(c). If the organization selve a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282? Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year Yes," indicate the number of Forms 8282 filed during the year				
b	· · · · · · · · · · · · · · · · · · ·				
		13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b			14b		
15					
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			265	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l	- v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a		Х
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		21
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(R)s onk	ı) avail	able
.5	for public inspection. Indicate how you made these available. Check all that apply.	,,0 0111)	, avaii	4010
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.		141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Ivonne Romo - 312-372-1876			
	100 S State Street 4th Floor Chicago II. 60603			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated sn.t./trus		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Joel Farran	8.00	x		Х				0.	0.	0.
Chair (2) Robyn Wheeler	8.00	^		Λ				0.	0.	0.
Vice Chair	0.00	X		х				0.	0.	0.
(3) Melissa Elbert	2.00			21				0.	0.	•
Treasurer	2.00	x		Х				0.	0.	0.
(4) Judy Brennan	2.00									
Secretary		x		х				0.	0.	0.
(5) Kristin Larsen	40.00							-		
Executive Director		Х						96,402.	0.	0.
(6) Amanda Delheimer	2.00									
Director		Х						0.	0.	0.
(7) Roche Schulfer	2.00									
Director		Х						0.	0.	0.
(8) Evan Trent	2.00									
Director		Х						0.	0.	0.
(9) Rai Barney	2.00									
Director		Х						0.	0.	0.
(10) Jake Trussell	2.00								0	
Director		Х						0.	0.	0.
		1								

		Business								36-33	3768	61	Page 8
Part	EVII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	n	(F Estima	ated nt of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		oth compen from organiz and re organiz	sation the ation lated
c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bu	VII, Section A						<u> </u>	96,402. 0. 96,402. eceived more than \$10	,	0. 0. 0.		0. 0. 0.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the	r such individual										3 Ye	s No X
5	and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," coion B. Independent Contractors	or accrue comper	nsat	ion f	rom	any	unr	elate	ed organization or indiv			5	X
1	Complete this table for your five highest the organization. Report compensation for										pensa	tion from	1
	(A) Name and busine	ss address	NO	ONI	<u> </u>			1	(B) Description of	services	Со	(C) mpensa	tion
								$\frac{1}{2}$					

5	Did any person listed on line 1a receive or accrue compensation from any	unrelated organization or individual for service	es			
	rendered to the organization? If "Yes," complete Schedule J for such person	on		5		X
Sec	ction B. Independent Contractors					
1	Complete this table for your five highest compensated independent contra	actors that received more than \$100,000 of co	ompensa	tion f	rom	
	the organization. Report compensation for the calendar year ending with o	or within the organization's tax year.				
	(A) Name and business address NONE	(B) Description of services	Co	(C mper	;) nsatio	n
2	Total number of independent contractors (including but not limited to those	se listed above) who received more than				
	\$100,000 of compensation from the organization					

Pa	rt VII			=			
		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	[
				Total revenue	Related or exempt		Revenue excluded
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
s, G		Fundraising events 1c					
Sift.		Related organizations 1d					
imil		Government grants (contributions) 1e	40,450.				
rior S	f	All other contributions, gifts, grants, and					
ige.		similar amounts not included above 1f	127,001.				
da	g	Noncash contributions included in lines 1a-1f					
<u>a</u> C	h	Total. Add lines 1a-1f		167,451.			
		_	Business Code	05.406	25 426		
<u>5</u>	2 a	Program fees	611430	25,126.	25,126.		
er Te	b						
n S	С						
gra Re	d	·					
Program Service Revenue	е	·					
_		All other program service revenue		25,126.			
$\overline{}$	<u>g</u> 3	Investment income (including dividends, inter		25,120.			
	3	other similar amounts)	· ·				
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
nu.		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
er B		Net gain or (loss)	D				
Oth	8 а	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	50,366.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	·····	42,968.			42,968.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	1				
	b	Less: direct expenses9b					
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold10l					
\dashv	С	Net income or (loss) from sales of inventory .	Business Code				
snc	11 ~	Other income	900099	2,614.	2,614.		
nne	ii a b			2,014.	2,014.		
ella ella	C						
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d		2,614.			
	12	Total revenue. See instructions		238,159.	27,740.	0.	42,968.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	202 502	222 002	27 465	22 146
7	Other salaries and wages	283,593.	222,982.	27,465.	33,146
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	40,490.	5,551.	31,315.	3,624
9	Other employee benefits	24,556.	19,358.	2,320.	2,878
10	Payroll taxes	24,330.	19,330.	2,320.	2,070
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
С	Accounting				
	, 9				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24,898.	1,100.	9,341.	11 157
40	column (A) amount, list line 11g expenses on Sch O.)	1,300.	1,020.	75.	14,457 205
12	Advertising and promotion	12,098.	439.	10,813.	846
13	Office expenses	12,000.	1 37.	10,013.	040
14 45	Information technology				
15 16	Royalties	34,623.	19,735.	9,348.	5,540
16 47	Occupancy	6,708.	338.	6,063.	307
17 40	Travel	0,700.	330.	0,003.	307
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	7,012.	6,462.	9.	541
19 20	Conferences, conventions, and meetings	1,475.	0,402•	1,475.	741
20 21	Payments to affiliates	1,1,5		1,110	
21 22	Depreciation, depletion, and amortization	2,676.		2,676.	
22 23	· · · · · · · · · · · · · · · · · · ·	966.		966.	
23 24	Insurance Other expenses. Itemize expenses not covered	300.		500.	
4	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ArtCore expenses	22,591.		22,591.	
a h	Administrative expenses	2,403.	312.	1,971.	120
n	Board expenses	2,366.	<u> </u>	2,366.	120
d	Program supplies	788.	768.	20.	
	All other expenses	, 55•	, , , ,		
25	Total functional expenses. Add lines 1 through 24e	468,543.	278,065.	128,814.	61,664
<u>25 </u>	Joint costs. Complete this line only if the organization	= 5 5 , 5 2 5 6	= ,	===, ===	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	The same same same same same same same sam				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			102,887.		46,700.
	2	Savings and temporary cash investments			20,000.		
	3	Pledges and grants receivable, net			122,500.	3	15,700.
	4	Accounts receivable, net			16,048.	4	12,092.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			4,603.	9	3,168.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	37,575.			
	b	Less: accumulated depreciation	10b	30,342.	9,909.	10c	7,233.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ie 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,450.	15	9,450.
	16	Total assets. Add lines 1 through 15 (must e			285,397.		94,343.
	17	Accounts payable and accrued expenses			14,015.	17	6,056.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer off	icer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
jab		controlled entity or family member of any of the	hese per	sons		22	
	23	Secured mortgages and notes payable to uni	related th	nird parties		23	60,000.
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on lin	nes 17-24	1). Complete Part X	0.5 4.50		40 540
		of Schedule D			26,460.	25	13,749.
	26	Total liabilities. Add lines 17 through 25			40,475.	26	79,805.
ű		Organizations that follow FASB ASC 958, o	heck he	re ▶ 🔼			
uce		and complete lines 27, 28, 32, and 33.			110 816		20.006
ala	27	Net assets without donor restrictions			112,716.	27	-32,296.
g B	28	Net assets with donor restrictions			132,206.	28	46,834.
ڃ		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 📖			
P.F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
¥.	31	Retained earnings, endowment, accumulated			0.4.40.0.0	31	14.500
ž	32	Total net assets or fund balances			244,922.	32	14,538.
	33	Total liabilities and net assets/fund balances			285,397.	33	94,343.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	8,1	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	4,9	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	4,5	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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 compiled or reviewed	d 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 audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Arts & Business Council of Chicago 36-3376861 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 Arts & Business Council of Chicago 36-33768 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		·	·			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	497,771.	373,964.	411,639.	327,189.	127,001.	1737564.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	497,771.	373,964.	411,639.	327,189.	127,001.	1737564.
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)						870,382.
	Public support. Subtract line 5 from line 4.						867,182.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 373,964.	(c) 2017 411,639.	(d) 2018 327,189.	(e) 2019	(f) Total 1737564.
7	Amounts from line 4	497,771.	3/3,964.	411,639.	327,189.	127,001.	1/3/564.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22 045	2.4	1.0			02 007
	and income from similar sources	23,045.	24.	18.			23,087.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			8,918.	365.	2,614.	11,897.
44	assets (Explain in Part VI.)			0,910.	303.	2,014.	1772548.
11	Total support. Add lines 7 through 10	ete (eee inetweeti	-no)			12	71,520.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	· ·		d fourth or fifth to			71,3201
13	organization, check this box and stop				-	. , . ,	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (I	ine 6. column (f) d	ivided by line 11. c	olumn (f))		14	48.92 %
15	Public support percentage from 2018					15	52.75 %
16a	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2019

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

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sed	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010	(5) 2010	(0) 2017	(u) 2010	(6) 2010	(i) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
		ū			•		
Sed	tion C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2018					16	9
	tion D. Computation of Inves					<u>'</u>	
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2019. If the						
.50	more than 33 1/3%, check this box ar						., 13 1100
1-							
D	33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ii ala not check a	1 DOX ON IINE 14, 19	a. or 190. check t	nis box and see i	nstructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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		
	- Ou		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401		
0	10b 90 or 90)0 EZ	. 0010

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	non or type in eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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		
	tion D. All Type III Supporting Organizations			
000.	ion b. 7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	·			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	,		
	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	7. 7 7 7 7			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction The organization satisfied the Activities Test. Complete line 2 below.	ns).		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inatruation	-1	
C	Activities Test. Answer (a) and (b) below.	II ISU UCUON	Yes	No
			162	NO
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) 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	<u>.</u>		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	r ago o
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	.	T	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Reward credits and other related income
2017 Amount: \$ 8,918.
2018 Amount: \$ 365.
2019 Amount: \$ 2,614.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Arts & Business Council of Chicago

Employer identification number

36-3376861

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

Arts & Business Council of Chicago

36-3376861

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Alphawood Foundation 1645 W Fullerton Ave Chicago, IL 60614	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Donnelley Foundation 35 E Upper Wacker Dr #2600 Chicago, IL 60601	\$ 10,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Health Care Services Corporation 300 E. Randolph Street Chicago, IL 60601	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Joel Farran 300 E. Randolph Street Chicago, IL 60601	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Chicago Community Trust 111 E Wacker Dr #1400 Chicago, IL 60601	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Prince Charitable Trusts 303 W Madison Str #1910 Chicago, IL 60606	\$\$, 5,000.	Person X Payroll

Name of organization Employer identification number

Arts & Business Council of Chicago

36-3376861

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Evan Trent 100 S State Street 4th floor Chicago, IL 60603	\$ 5,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SIM Chicago Chapter 4210 W Irving Park Road Chicago, IL 60641	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Arts & Business Council of Chicago

36-3376861

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	

Employer identification number

Name of organization

36-3376861 Arts & Business Council of Chicago Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Arts & Business Council of Chicago

Employer identification number 36-3376861

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	~		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
Da	impermissible private benefit?			
Par		-		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			****
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year •			
4	Number of states where property subject to conservation ea	_		
5	Does the organization have a written policy regarding the per			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	aforcina conconvatio	on agraments during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.	note to the organization		its that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	n, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· · · ·
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Ti	reasures,	or Othe	r Similar A	ssets(con	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	i 🗌	Loan or exc	change progra	am				
b	Scholarly research	е	, .	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizati	on's exem	npt purpose ir	Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		□No
Pai	t IV Escrow and Custodial Arran							t IV, line 9,	or	
	reported an amount on Form 990, Par			Ü			,	, ,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	ınt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.								Ē	= •
Pai										
	· I	(a) Current year		rior year	(c) Two yea		d) Three years	back (e) Fo	ur vear	s back
1a	Beginning of year balance	(a) 5 a 5 y 5 a	(2)	y ca.	(3)	(,	(0)	<i>j</i>	
	Contributions				1					
	Net investment earnings, gains, and losses				+					
	Grants or scholarships									
	Other expenditures for facilities									
-	. '									
	and programs				+					
	Administrative expenses				+					
_	End of year balance		<u> </u>							
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a)) neid as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	·	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organizatior	1		
	by:								Yes	No
	(i) Unrelated organizations								_	
	(ii) Related organizations							3a(i	i)	
b	If "Yes" on line 3a(ii), are the related organiza				?			3b		<u> </u>
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1			1					
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	(d) Bo	ok valı	ne
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				6,765.		6,765.			0.
	Other			3	30,810.		23,577.		7,2	233.
_	. Add lines 1a through 1e. (Column (d) must e		X, colur						7,2	233.
			-					-		

Schedule D (Form 990) 2019

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2	Credit card payable	8,785.
(3		4,914.
(4	Payroll liability	50.
(5		
(6		
(7		
(8		
(9		
Total	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,749.

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

Schedule D (Form 990) 2019

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	leturn.	
		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	669,782.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments				
b		ed services and use of facilities				
С		veries of prior year grants		421 (22		
d		(Describe in Part XIII.)	2d	431,623.		421 (22
е		nes 2a through 2d			2e	431,623.
3		act line 2e from line 1			3	238,159.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a		ment expenses not included on Form 990, Part VIII, line 7b			-	
b		(Describe in Part XIII.)				0.
c		nes 4a and 4b			4c	238,159.
5 Da		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem			5 Return	
га	I L AII	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		ii Experises per	neturi	!-
_	Total				1	900,166.
1		expenses and losses per audited financial statementsnts included on line 1 but not on Form 990, Part IX, line 25:			-	500,100.
2			2a			
a b		ted services and use of facilities			-	
		/ear adjustments losses			-	
c d		losses (Describe in Part XIII.)	•	431,623.	-	
e					2e	431,623.
3		nes 2a through 2d act line 2e from line 1			3	468,543.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)			-	
		nes 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	468,543.
		Supplemental Information.				, , , , , , , , , , , , , , , , , , ,
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	4; Part X,	line 2; Part XI,
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
Pa:	rt X	I, Line 2d - Other Adjustments:				
Fui	ndra	ising Expenses				
_						
Pa:	rt X	II, Line 2d - Other Adjustments:				
_	-					
Fu	ndra	ising expenes				

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

	Business Council C			-	30-33/0	
required to complete this par	 Complete if the organization answer t. 	erea "Y	es" oi	n Form 990, Part IV,	line 17. Form 990-E2	Tilers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (incluence)	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Annua1 None (add col. (a) through Fundraiser col. (c)) (event type) (total number) (event type) 50,366. 50,366. 1 Gross receipts 2 Less: Contributions 50,366. 50,366. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 7,398. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 Arts & Business Council of Chicago 36-3	3376861	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	ciner the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
-	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	The res, effect hame and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	_		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a c m, m 100 0,	00, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	Arts	&	Business	Council	of	Chicago	36-3376861	Page 4
Part IV	Supplemental Infor	mation (d	cont	inued)					
-									

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

OMB No. 1545-0047

2019

Open to Public

Open to Public Inspection

Name of the organization

Arts & Business Council of Chicago

Employer identification number 36-3376861

Form 990, Part I, Line 1, Description of Organization Mission:

in the business of arts and art of business in Chicago. The

Organization helps strengthen non-profit arts organizations by building

working relationships between arts organizations and highly-qualified

business professionals, providing training in all aspects of management

and board function.

Form 990, Part III, Line 1, Description of Organization Mission:

organizations and highly-qualified business professionals, providing

training in all aspects of management and board function.

Form 990, Part III, Line 4d, Other Program Services:

smARTscope (trademark) is a proprietary tool that assess arts

organizations across seven management areas and provides a framework

for arts administrators and board members to conceptualize, measure,

prioritize, and evaluate these key areas of management.

ArtCore and other programs which allign with our mission

Expenses \$ 104,222. including grants of \$ 0. Revenue \$ 2,614.

including grants of \$ 0.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Organization's Finance Committee

Form 990, Part VI, Section B, Line 12c:

Policy is explained to all staff and board and is monitored.

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

Schedule O (Form 990 or 990-EZ) (2019)

Expenses \$ 11,500.

Revenue \$ 495.

Arts & Business Council of Chicago	36-3376861
Form 990, Part VI, Section B, Line 15a:	
Volunteer provided a compensation review of Executive Dir	ector and all
staff	
Form 990, Part VI, Section C, Line 19:	
Governing documents available upon written request submit	ted to the Board
990 page 12 Part XII line 2c	
The Organization has a Finance Committee that assumes res	ponsibility
for oversight of the audit of its financial statements an	d selection of
an independent accountant. This process of oversight has	not changed
during the tax year.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	cs, and trusts	
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	ridentification numb	er (TIN)
print	Arts & Business Council of	Chic	ago		36-337686	1
File by the due date for filing your return. See Tournel See Tourn						
instructions	Chicago, IL 60603	_				
Enter the	Return Code for the return that this application is for (file	e a separa	·····			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A Form 4720 (other than individual)			08
Form 990	20 (individual)	03	Form 5227			10
	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870				12		
Telepl If the	Ivonne Romo ooks are in the care of ▶ 100 S State State none No. ▶ 312-372-1876 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group, c	
1 I re	1 I request an automatic 6-month extension of time until					
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			
	y nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0
	imated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•				Λ
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$ 0070.50.6	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO ai	na ⊦orm 8879-EO fo	r payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Arts & Business Council of Chicago 100 S State Street No. 4th Fl
	Chicago, IL 60603
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613
Amount due or refund	Balance due of \$15.00
Make check payable to	Illinois Charity Bureau Fund
Mail tax return and check (if applicable) to	Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

	ice Use Only	-	E ORGANIZATION ANNU				Revised 1/19
PMT	#		I KWAME RAOUL State			01	
			ıst Bureau, 100 West Rar or, Chicago, Illinois 6060 [.]		CO		016335
			, ,				items attached:
AMT	•	Report f	or the Fiscal Period:	i		Copy of IR	
		Beningt	01 /01 /0010	Make Checks			nancial Statements
		Beginnir	$\frac{01/01/2019}{1}$	Payable to the Illinois		Copy of Fo	
INIT		9 Endin	~ 10/21/2010	Charity	_		nual Report Filing Fee
	26 2276061	& Ending	9 12/31/2019 MO DAY YR	Bureau Fund			ate Report Filing Fee
	al ID# 36-3376861	<u> </u>				MO	
Are co	ontributions to the organization t	tax deductible? X Ye	es No Da	te Organization was c	reated	: 0	7/18/1985
	LEGAL	siness Council o	f Chicago	Year-end amounts			
	MAIL MAIL	siness council o	Circago	A) ASSETS	\dashv	A) \$	94,343.
۱ ۸۲		te Street, No. 4	+h ឆា	B) LIABILITIES		B) \$	79,805
I	STATE Chicago,	= = = = = = = = = = = = = = = = = = = =		C) NET ASSETS		C) \$	14,538
	P CODE 60603			O) NET AGGET		σ, φ	11,330
I.		REVENUE ITEMS DURIN	IG THE YEAR:	PERCENTAG	E .		AMOUNT
"		RIBUTIONS & PROGRAM SERVICE		82.463		D) \$	202,493.
	E) GOVERNMENT GRANTS &		(3.13337	16.473		E) \$	40,450
	F) OTHER REVENUES			1.065		F) \$	2,614.
	,						<u> </u>
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED	(ADD D, E, & F)	100	0 %	G) \$	245,557
II.	SUMMARY OF ALL	EXPENDITURES DURIN	G THE YEAR:				
	H) OPERATING CHARITABLE	PROGRAM EXPENSE		58.468	3%	H) \$	278,271.
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE			%	l) \$	
							000 004
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H	& I)	58.468	3%	J) \$	278,271.
	LO LOURT COOTS ALL COATES	D TO DDOODAM OFDWOED (INOL II)	DED IN I)				
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLU	DED IN J): \$		\dashv		
	K) GRANTS TO OTHER CHAR	RITARI E ORGANIZATIONS			%	K) \$	
	K) GITANTO TO OTTIEN OTTAIN	ITABLE ORGANIZATIONS			-/0	к) ф	
	I) TOTAL CHARITARI F PRO	GRAM SERVICE EXPENDITURE (AI	.n.l.& K)	58.468	3% l	L) \$	278,271.
	_,	(,			<u>-</u> / Ψ	
	M) MANAGEMENT AND GENE	ERAL EXPENSE		27.009	9%	M) \$	128,545.
	N) FUNDRAISING EXPENSE			14.524	1 %	N) \$	69,125.
	0) TOTAL EXPENDITURES TI	HIS PERIOD (ADD L, M, & N)		100	0 %	0) \$	475,941.
III.	SUMMARY OF ALL P	AID FUNDRAISER AND	CONSULTANT ACTIVITI	ES:			
		rt of Individual Fundraising Campai	gn- Form IFC. One for each PFR.)				
	PROFESSIONAL FUNDRAISER		OF DO	400	۱	P) \$	0.
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSIONAL FUNDRAI	SERS	100	0 %	1 / φ	
	Q) TOTAL FUNDRAISERS FEE	ES AND EYDENSES			%	Q) \$	
	() TOTAL TONDINAISENSTEE	-5 AND EXI LINOLS			-/0	Ψ, Ψ	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)			%	R) \$	
	PROFESSIONAL FUNDRAISING	,					
		PROFESSIONAL FUNDRAISING CO	NSULTANTS			S) \$	0.
IV.			PERSONS DURING THE	YEAR:	Ī		
	T) NAME, TITLE: Ivonne	e Romo Camarena,	Director of Fina		er	T) \$	52,500.
		in Larsen, Execu				U) \$	96,402.
	, ,		or of Strategic		ips	V) \$	52,492.
٧.	CHARITABLE PROG	RAM DESCRIPTION: CH.	ARITABLE PROGRAM (3 HIGHEST BY \$ EXP DE CATEGORIES	PENDED)		List on ba	ack side of instructions
			Edoi::E0		ļ		CODE
998091 04-22-20	W) DESCRIPTION: Board					W) #	031
8091	X) DESCRIPTION: Arts		~			X) #	031
66	Y) DESCRIPTION: Corpo	orate Partnershi	ps			Y) #	031

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
0	LIAC THE ODGANIZATION OF A CURRENT DIRECTOR TRUCTER OFFICER OF EMPLOYEE THEREOF EVER REAL CONVICTER BY ANY			
۷.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
	COURT OF ANY MISDEMEANOR INVOLVING THE MISOSE OR MISAPPROPRIATION OF FUNDS OR ANY FELDINY?	۷. ا		
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
٥.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	ANTITIING OF VALUE NOT REPORTED AS CONFENSATION!	٥.		21
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
	THAN 10 % OF THE OUTSTANDING SHARES:	٦.		
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
٥.	OR ORGANIZATION?	5.		Х
	on one manner.	٠.		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
٠.	The statistical sections of the sections of the section of the sec	٠.		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALL OCATED TO FUNDRAISING \$			
	· · · · · · · · · · · · · · · · · · ·			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	Bank of America, Wilmington, DE 19850			
	Bank Of America, Wilmington, Dr. 19030			
, -	NAME AND TELEPHONE NUMBER OF CONTROL PERSON TRANSPORT BOTTON 210 270 1076			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Ivonne Romo - 312-372-1876			
ΔII	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

BE SURE TO INCLUDE ALL FEES DUE:

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

Kristin Larsen

PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE

Barton Eilts

998101 04-22-20

PREPARER (PRINT NAME)

SIGNATURE

DATE

Extended to November 16, 2020

(Rev. January 2020) Department of the Treasury

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.

OMB No. 1545-0047 Inspection

and ending A For the 2019 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: Address change Arts & Business Council of Chicago Name change 36-3376861 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 100 S State Street 4th Fl 312-372-1876 termin-ated 245,557. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 60603 Chicago, IL H(a) Is this a group return Applica-F Name and address of principal officer: Kristin Larsen Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ARTSBIZ-CHICAGO.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1985 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: Arts & Business Council of Activities & Governance Chicago's mission is to develop leadership and accelerate excellence Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) <u>350</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 343,789167,451. Contributions and grants (Part VIII, line 1h) Revenue 46,394. 25,126. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 365. 45,582. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 390,548. 238,159. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 225,886. 348,639. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 226,749 119,904. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 452,635. 468,543. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -230,384. -62,087. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 94,343. 285,397. 20 Total assets (Part X, line 16) 40,475. 79,805. 21 Total liabilities (Part X, line 26) 244,922. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Kristin Larsen, Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Barton Eilts P01327750 Paid Firm's EIN ▶ 61-1443699 Eilts & Associates, Preparer Firm's name Firm's address 3729 N. Ravenswood, Ste. Use Only Chicago, IL 60613 Phone no. 773-525-6171 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pa	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:
	Arts & Business Council of Chicago's mission is to develop leadership and accelerate excellence in the business of arts and art of business
	organizations by building working relationships between arts
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 52,835. including grants of \$) (Revenue \$ 13,970.)
	Training individuals looking to become highly-qualified and
	sought-after leaders on boards of directors for nonprofit arts
	organizations throughout Chicago.
4b	(Code:) (Expenses \$ 27,112 • including grants of \$) (Revenue \$ 6,911 •)
	Labs which are an educational series on a variety of arts management
	topics and best practices.
4c	(Code:) (Expenses \$ 82,396 • including grants of \$) (Revenue \$ 3,750 •)
	The flagship program business volunteers for the arts (BVA) strengthens
	not for profit arts and cultural institutions' organizational capacity
	and effectiveness while enhancing business professionals' corporate
	workplace performance through skills-based volunteering.
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ 115,722 • including grants of \$) (Revenue \$ 3,109 •)
46	Total program service expenses 278,065.
	Form 990 (2019)
	· -···· (=-·-)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	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			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		22
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	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 for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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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	rt IV Checklist of Required Schedules (continued)) 8 Q T	P	age ²
rai	Officerist of nequired scriedules (continued)		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	 		1
	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>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	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,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	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 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		Х
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			1
	Schedule N, Part II	32		X
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			۱
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	1
Dai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38		
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI -
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
·	2.3 3.5 5.33			

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Form **990** (2019)

(gambling) winnings to prize winners?

Part 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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A				37
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 that it was or is a party to a prohibited tax shelter transaction file.		5b		
C	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		C -		Х
h	any contributions that were not tax deductible as charitable contributions?		6a		
ь	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
7	were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).				
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g					Х
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				Х
8	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?				
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a		11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	116			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10/12	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	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	13b			
С	Enter the amount of reserves on hand	13c			
14a					Х
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				
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?					Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			265	

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

	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management						
		1 1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9				
	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	9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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 t	he direct 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		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х		
6	Did the organization have members or stockholders?		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or					
	more members of the governing body?		7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or					
	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)					
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			X			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe					
	in Schedule O how this was done		12c	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			
15	Did the process for determining compensation of the following persons include a review and approve	al by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official		15a	Х			
b	Other officers or key employees of the organization		15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a					
	taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's					
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 501(c)	3)s only	/) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.						
	• • • • • • • • • • • • • • • • • • • •	n on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd fina	ncial			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨					
	Ivonne Romo - 312-372-1876						
	100 S State Street 4th Floor, Chicago, IL 60603						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_	CCI aii	lu a u	III ecit	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(** 2/ 1033 1/1100)	organization
	organizations	trust	ıal tru		oyee	ompe		,		and related
	below	vidual	Institutional trustee	Je.	Key employee	est co	Former			organizations
	line)	Indi	Insti	Officer	Key	High	Forr			_
(1) Joel Farran	8.00								_	
Chair		Х		Х				0.	0.	0.
(2) Robyn Wheeler	8.00							_	_	_
Vice Chair		Х		Х				0.	0.	0.
(3) Melissa Elbert	2.00							_	_	_
Treasurer		Х		Х				0.	0.	0.
(4) Judy Brennan	2.00									
Secretary		Х		Х				0.	0.	0.
(5) Kristin Larsen	40.00									
Executive Director		Х						96,402.	0.	0.
(6) Amanda Delheimer	2.00									
Director		Х						0.	0.	0.
(7) Roche Schulfer	2.00									
Director		Х						0.	0.	0.
(8) Evan Trent	2.00									
Director		Х						0.	0.	0.
(9) Rai Barney	2.00									
Director		Х						0.	0.	0.
(10) Jake Trussell	2.00									
Director		Х						0.	0.	0.
		1								
										- 000

Name and title Average Average Average Average Between the part of	Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
Complete that shall be the complete than \$150,000 of compensation from the organization and other compensation from the organization and related organization is at any former officer, director, trustee, key employee, or highest compensated employee on the lat of the organization from the organization is and related on line 1a, is the sum of reportable compensation from the organization and order compensation from the organization and related on line 1a, is the sum of reportable compensation from any unrelated againstation from the organization. Section 8. Independent contractors that received more than \$100,000 of compensation from the organization from the organization. Section 8. Independent contractors that received more than \$100,000 of compensation from the organization fro		(A)	(B)			•	•			(D)	(E)		_	(F)	
Subtotal		Name and title	1		not c	heck	more	than			•				
Compensation Subtrotal S											•				Oi
1b Subtotal			(list any	ctor											tion
1b Subtotal			1	or dire				ted			(W-2/1099-MIS	SC)	fr	om the	е
1b Subtotal			1	stee (truste			beusa		(W-2/1099-MISC)			•		
1b Subtotal			1 ~	ual tru	ional		ploye	t com /ee							
1b Subtotal			1	ndivid	nstitui)fficer	ey em	Highes m plo	-orme				orga	ai iiZati	0113
total from continuation sheets to Part VII, Section A				 -	_		~	Τ θ							
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total from continuation sheets to Part VII, Section A															
total from continuation sheets to Part VII, Section A															
d Total (add lines 1b and 1c)															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 Total number of independent contractors (including but not limited to those listed above) who re												-			
compensation from the organization Ves No										l	000 of war and a				0.
Yes No	2	· -	iot iimitea to tr	iose	liste	ed ar	JOVE	e) wr	io re	eceived more than \$100	,000 of reportab	ie			0
line 1a? If "Yes," complete Schedule J for such individual Step For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4		compensation from the organization												Yes	
line 1a? If "Yes," complete Schedule J for such individual Step For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4	3	Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization													3		X
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rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C													4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the o	5	• •	•				•		elat	· ·		- 1	_		v
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) (B) (C) (Compensation) Name and business address (NONE) Description of services (Compensation) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	Sec		plete Schedul	e J f	or su	ıch	pers	son .					5		Λ
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Compensation Independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (B) (C) Compensation		<u> </u>	mnensated in	dene	ende	nt c	ontr	acto	rs t	hat received more than	\$100 000 of con	nens	ation 1	rom	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \(\bigsim 0\)												ipono.	4110111		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		(A)								(B)					
\$100,000 of compensation from the organization 0		Name and business	address	N	ONE	3				Description of s	ervices	С	ompe	nsatio	n
\$100,000 of compensation from the organization 0															
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\$100,000 of compensation from the organization 0		Total number of independent control (n alualin a le ca	O+ 1.	- 1-	4 ± -	4	06 !!		l abaya) wha wa i i	oro there				
\$100,000 of component from the organization \$	2	rotal number of independent contractors (i		IOT III	mite	u to		_	teo	above) who received m	ore trian				
	_	\$100,000 of compensation from the organi	zation 🖿				(J							

Га	rt v	Ш			a in their Dark VIII			
			Check if Schedule O contains a response	e or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
						- Tantonon Toronao		sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
<u>S</u> ra		b	Membership dues1b					
ts, (Am		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
ns,	ı		Government grants (contributions) 1e	40,450.				
ıtio er S		f	All other contributions, gifts, grants, and	405 004				
듗된			similar amounts not included above 1f	127,001.				
ont nd (_	Noncash contributions included in lines 1a-1f 1g \$		167 451			
<u>a</u> C		h	Total. Add lines 1a-1f		167,451.			
			Drogram food	Business Code 611430	25,126.	25 126		
Program Service Revenue	2		Program fees	011430	45,140.	25,126.		
Servine		b						
m S		C						
gra Re		d						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		25,126.			
	3		Investment income (including dividends, inte					
	•		other similar amounts)	,				
	4		Income from investment of tax-exempt bond					
	5		Royalties	ı				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Φ.		b	Less: cost or other basis					
ju (and sales expenses					
Revenue		С	Gain or (loss) 7c					
e. H	١.		Net gain or (loss)	>				
Othe	8	а	Gross income from fundraising events (not including \$ of					
J			including \$ of contributions reported on line 1c). See					
			Part IV, line 18	50,366.				
		h	Less: direct expenses 8					
			Net income or (loss) from fundraising events		42,968.			42,968.
			Gross income from gaming activities. See		,			,
	-		Part IV, line 19	<u> </u>				
		b	Less: direct expenses 9	5				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory					
ns			0+h i	Business Code	2 (14	2 (14		
eo ne	11		Other income	900099	2,614.	2,614.		
lar		b						
Miscellaneous Revenue		C	All all and an analysis					
Ξ			All other revenue		2,614.			
	12		Total. Add lines 11a-11d Total revenue. See instructions		238,159.	27,740.	0.	42,968.
	12		TOTAL TOTOLING. COO MIGH MUNICIPA			, ,		,

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21				
•	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	283,593.	222,982.	27,465.	33,146
8	Pension plan accruals and contributions (include	===,===	,	=: , = = =	,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,490.	5,551.	31,315.	3,624
10	Payroll taxes	24,556.	19,358.	2,320.	3,624 2,878
11	Fees for services (nonemployees):				
b					
c	[
d					
e	D (' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	24,898.	1,100.	9,341.	14,457
12	Advertising and promotion	1,300.	1,020.	75.	14,457
13	Office expenses	12,098.	439.	10,813.	846
14	Information technology	•			
15	Royalties				
16	Occupancy	34,623.	19,735.	9,348.	5,540
17	Travel	6,708.	338.	6,063.	307
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,012.	6,462.	9.	541
20	Interest	1,475.		1,475.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,676.		2,676.	
23	Insurance	966.		966.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	7	22,591.		22,591.	
b	Administrative expenses	2,403.	312.	1,971.	120
С	Board expenses	2,366.		2,366.	
d	Program supplies	788.	768.	20.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	468,543.	278,065.	128,814.	61,664
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	`	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			102,887.	1	46,700
2		Savings and temporary cash investments			20,000.	2	
3		Pledges and grants receivable, net			122,500.	3	15,700
4		Accounts receivable, net			16,048.	4	12,092
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	nese pers	ons		5	
6	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ဋ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use		8			
⋖ 9	9	Prepaid expenses and deferred charges			4,603.	9	3,168
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		37,575.			
	b	Less: accumulated depreciation	10b	30,342.	9,909.	10c	7,233
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, lir		12			
13	3	Investments - program-related. See Part IV, lin		13			
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11			9,450.	15	9,450
16	3	Total assets. Add lines 1 through 15 (must e	qual line (33)	285,397.	16	94,343
17		Accounts payable and accrued expenses			14,015.	17	6,056
18		Grants payable				18	
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
<u>စ</u> 22		Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su					
Liabilities 2		controlled entity or family member of any of t		22	60.000		
23		Secured mortgages and notes payable to un		F		23	60,000
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	26 460		12 740
	_	of Schedule D		·····	26,460. 40,475.		13,749
26	<u> </u>	Total liabilities. Add lines 17 through 25			40,475.	26	79,805
တ္ထ		Organizations that follow FASB ASC 958, o	heck her	e ▶ 🚣			
د ا د		and complete lines 27, 28, 32, and 33.			112,716.	07	-32,296
<u>e</u> 27		Net assets without donor restrictions	132,206.	27	46,834		
<u>n</u> 28		Net assets with donor restrictions			132,200.	28	40,034
בֿ		Organizations that do not follow FASB ASC					
ხ ეე		and complete lines 29 through 33.	do			20	
29		Capital stock or trust principal, or current fun				29	
30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 27 28 29 30 31 32		Retained earnings, endowment, accumulated			244,922.	31	14,538
_		Total liabilities and not assets/fund balances			285,397.	32	94,343
33		Total liabilities and net assets/fund balances		I	200,001.	33	Form 990 (201)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,5		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-23	0,3	84.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		24	4,9	22.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		1	4,5	38.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
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 compiled or reviewed	d 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 audited on a separat	e basis	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number Arts & Business Council of Chicago 36-3376861 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,	` '	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	497,771.	373,964.	411,639.	327,189.	127,001.	1737564.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	400 001	202 064	411 620	207 100	107 001	1020564
	Total. Add lines 1 through 3	497,771.	373,964.	411,639.	327,189.	127,001.	1737564.
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,						070 202
_	column (f)						870,382. 867,182.
	Public support. Subtract line 5 from line 4.						007,102.
	ndar year (or fiscal year beginning in)	(a) 201 <i>E</i>	(h) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
	Amounts from line 4	(a) 2015 497,771.	(b) 2016 373,964.	(c) 2017 411,639.	(d) 2018 327,189.	(e) 2019 127,001.	(f) Total 1737564.
	Gross income from interest,	401,1114	373,304.	411,000.	327,103.	127,001.	1/3/3011
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,045.	24.	18.			23,087.
9	Net income from unrelated business	23,0130					20,0070
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			8,918.	365.	2,614.	11,897.
11	Total support. Add lines 7 through 10						1772548.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	71,520.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I					14	48.92 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	52.75 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	00x on line 13, 16	a, ≀60, 1 ⁄a, or 17k	o, cneck this box a	ana see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	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					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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					+	
	Total. Add lines 1 through 5		-	-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	За		
	3b		
	3с		
	4a		
	- 7 a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		
~ O	90 or 90	00-E7	2010

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		,		Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	U	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		ised, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		V	Na
4	Mara	majority of the expanization's divestors by twistons during the toy year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations			
		· / · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
-		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		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.		-1	
с 2		Γhe organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i> es Test. Answer (a) and (b) below.	ructions	Yes	No
a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		opported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			70 3370001 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
Schedule A, Part II, Line 10, Explanation for Other Income:	
Reward credits and other related income	
2017 Amount: \$ 8,918.	
2018 Amount: \$ 365.	
2019 Amount: \$ 2,614.	

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Arts & Business Council of Chicago

Employer identification number 36-3376861

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	~		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
Da	impermissible private benefit?			
Par		-		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			****
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year •			
4	Number of states where property subject to conservation ea	_		
5	Does the organization have a written policy regarding the per			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	aforcina conconvatio	on agraments during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.	note to the organization		its that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	n, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			- · · · -
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			

932051 10-02-19

Schedule D (Form 990) 2019

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

3 Using the organization's acquisation, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a		t III Organizations Maintaining O	collections of A					Similar As	sets(contin		age Z
collection tems (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research College Preservation for future generations d Other Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X If Yes, explain the arrangement in Part XIII and complete the following table: 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount Te Amount Te Amount 1c Amount Te Amount Te Amount 1d Destributions during the year 1d 1e Tending balance 1f Tending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1f Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Previous the estimated percentage of the current year end balance (line 1g, column (ai) held as: 1a Beginning of year balance Yes No Yes No 2b Permanent endowment Yes Should equal 100%. 2c Term endowment Yes Should equal 100%. 2d A Describe in Part XIII the intended uses of the organizations is endowment funds. Pert	3								•		
a Public axhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 91. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 91, or Form 990, Part X, line 91, or Part Y, explain the arrangement in Part XIII and complete the following table: 1 Explain the arrangement in Part XIII and complete the following table: 2 Bodynning balance 2 Bodynning balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1 Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1 Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2 Bodynning of year balance 3 Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 4 Decomplete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 3 Board designated or quasizations 4 Decomplete if the organization is listed as required on Schedule R? 4 Decombet or Part XIII the intended uses of the organization is sendowment thurds. 2 Provide the estimated organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, P			,	,	,						
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N. Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: □ Reginning balance □ Amount □ C Beginning balance □ Additions during the year □ Distributions of year balance □ C Not Investment earnings, gains, and losses □ Distributions □ Di	а		Ь		oan or exc	change progra	ım				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? PEART IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X respiration to the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1 Ending balance Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Deart Y Endowment Funds. Complete if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1 Beginning of year balance 1 Contributions 2 Net investment earnings, gains, and losses of the companization answered "Yes" on Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasive endowment \(\bar{\text{b}} \) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment \(\bar{\text{b}} \) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Heated organizations 5 If "Yes" on line 3a(ii), are the related organizations ilsted as required on Schedule R? 4 Dissorbies in Part XIII the intended uses of the organization sendowment funds. Part Y I Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization a						mango progre					
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to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV									ait Aiii.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C	3								Voc		□ No
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		reported an amount on Form 990, Pa	rt X, line 21.						iv, iiile 9, oi		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the following table:	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets not in	cluded		_	_
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?							Yes		∟ No
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f Ending balance								1 1			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four y									Yes		No
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on F	orm 990, Part	IV, line 10	•			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		•							ck (e) Four	years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance		. ,					<u> </u>	-	
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g End of year balance	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
a Board designated or quasi-endowment ▶	_		ront voor and balanc	o (lino 1	a column (a)) bold as:					
b Permanent endowment			rent year end baland		g, coluitiii (a)) Helu as.					
Term endowment ▶			0/	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Unrelated organizations (iv) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Unrelated organizations (iv) Unrela	С		, •								
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(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings	за	•	ession of the organiza	ation tha	it are neid a	and administe	rea for the	organization	Г		T
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings		-								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings									·····		<u> </u>
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings		(ii) Related organizations							3a(ii)		<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings	b					?			3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings	4			wment f	funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings	Pai										
basis (investment) basis (other) depreciation 1a Land b Buildings						1					
b Buildings		Description of property	l ','				٠,	II.	(d) Bool	k valu	ie
	1a	Land									
c Leasenoid improvements		Leasehold improvements									
a Equipment	d	Equipment									0.
e Other 30,810. 23,577. 7,233					3	80,810.	2	23,577.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X, colun	nn (B), line	10c.)				7,2	33.

Schedule D (Form 990) 2019

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Credit card payable	8,785.
(3)		4,914.
(4)	Payroll liability	50.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,749.

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Arts & Business Council of Chicago

Employer identification number

	Business Council c	of C	nic	ago	36-3376	861	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply	•		
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees, or		
key employees listed in Form 990, P	art VII) or entity in connection with p	orofess	ional f	fundraising services?	Yes Yes	No No	
b If "Yes," list the 10 highest paid indi-		uant to	agree	ements under which	the fundraiser is to b	oe .	
compensated at least \$5,000 by the	e organization.						
		(iii)	Did		(v) Amount paid		
(i) Name and address of individual	(ii) Activity	fundr have c	aiser ustodv	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(4,7.154.115)	have c or cor contrib	trol of utions?	from activity	fundraiser listed in col. (i)	organization	
		Yes	No		.,		
Total							
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration	
or licensing.							
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Annua1 None (add col. (a) through Fundraiser col. (c)) (event type) (total number) (event type) 50,366. 50,366. 1 Gross receipts 2 Less: Contributions 50,366. 50,366. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 7,398. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2019

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Sch	edule G (Form 990 or 990-EZ) 2019 Arts & Business Council of Chicago 36-3	3376861	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	cinter the fiame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
-	of gaming revenue retained by the third party > \$		
	: If "Yes," enter name and address of the third party:		
	on Tes, entername and address of the time party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶ _		
	Gaming manager compensation > \$		
	Description of services provided		
	_		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a c m, m 100 0,	00, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.		
		<u></u>	

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	Arts	&	Business	Council	of	Chicago	36-3376861	Page 4
Part IV	Supplemental Infor	mation (con	tinued)					
-									
_									

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

2019
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Arts & Business Council of Chicago

Employer identification number 36-3376861

Form 990, Part I, Line 1, Description of Organization Mission:

in the business of arts and art of business in Chicago. The

Organization helps strengthen non-profit arts organizations by building

working relationships between arts organizations and highly-qualified

business professionals, providing training in all aspects of management

and board function.

Form 990, Part III, Line 1, Description of Organization Mission:

organizations and highly-qualified business professionals, providing

training in all aspects of management and board function.

Form 990, Part III, Line 4d, Other Program Services:

smARTscope (trademark) is a proprietary tool that assess arts

organizations across seven management areas and provides a framework

for arts administrators and board members to conceptualize, measure,

prioritize, and evaluate these key areas of management.

Expenses \$ 11,500. including grants of \$ 0. Revenue \$ 495.

ArtCore and other programs which allign with our mission

Expenses \$ 104,222. including grants of \$ 0. Revenue \$ 2,614.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Organization's Finance Committee

Form 990, Part VI, Section B, Line 12c:

Policy is explained to all staff and board and is monitored.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Arts & Business Council of Chicago	Employer identification number 36-3376861
Form 990, Part VI, Section B, Line 15a:	
Volunteer provided a compensation review of Executive Dir	ector and all
staff	
Form 990, Part VI, Section C, Line 19:	
Governing documents available upon written request submit	ted to the Board
990 page 12 Part XII line 2c	
The Organization has a Finance Committee that assumes res	ponsibility
for oversight of the audit of its financial statements an	d selection of
an independent accountant. This process of oversight has	not changed
during the tax year.	