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Extended to November 15, 2024 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Tr Internal Revenue Ser

	partment of the ernal Revenue S		Go to www.irs.gov/For	n990 for instructions and the latest in	formation.	Inspe
A	For the 20	23 calend	ar year, or tax year beginning	and ending		
В	Check if applicable:	C Name of	forganization		D Employer identification	on number
Г	Address	Cent	er for Neighborhood	Technology		

	Addre				
	Name Chang	ge Doing business as		36-296728	83
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)		E Telephone number	
	Final Final	1400 17 N. State Street)	773-278-4	
	termi ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	5,436,922.
	Amer returr			H(a) Is this a group re	
	Appli dion	F Name and address of principal officer: NIIIa Ideliludia		for subordinates	? Yes X No
	pend	same as C above		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🦳	527	If "No," attach a	list. See instructions
_	Vebs			H(c) Group exemption	
			Year o	f formation: 1978 N	State of legal domicile: IL
Pa	rt I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: To promo		more equita	able,
nc.		sustainable, and resilient urban communities	•		
Governance	2	Check this box if the organization discontinued its operations or disposed of r	more t	han 25% of its net ass	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			20
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			21
iviti	6	Total number of volunteers (estimate if necessary)		6	19
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,612,686.	5,015,350.
Revenue	9	Program service revenue (Part VIII, line 2g)		<u>637,812.</u> 228.	<u> </u>
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79,582.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,330,308.	<u>117,098.</u> 5,436,922.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	104,954.	350,200.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,842,438.	2,123,430.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 99,929.		1,042,430.	0.
ens	168	Total fundraising rees (Part IX, column (A), line 11e)		0.	0•
Expenses	47	Cther expenses (Part IX, column (b), line 25)		1,236,041.	2,165,987.
_	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,183,433.	4,639,617.
	10 19	Revenue less expenses. Subtract line 18 from line 12		146,875.	797,305.
or	19		Bea	inning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)	239	3,102,267.	4,235,827.
Assets d Balanc	20 21			622,304.	967,065.
Net / und		Net assets or fund balances. Subtract line 21 from line 20		2,479,963.	3,268,762.
Pa	rt II	Signature Block		_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5720077021

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

Sign	Signature of officer				Date		
	Nina Idemudia, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	Mel Padillo	Mel Padillo		06/18	/24 self-employed	P031720	19
Preparer	Firm's name Desmond & Ahern,	Ltd.			Firm's EIN 36-	3321958	
Use Only	Firm's address 10827 S. Western	Ave.					
	Chicago, IL 60643				Phone no. $773 -$	779-472	0
May the I	ay the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 99	0 (2023)

Form	990 (2023) Center for Neighborhood Technology	36-2967283	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		-
	Deliver innovative analysis and solutions that support		
	organizations and local governments to create neighbor		
	equitable, sustainable, and resilient. CNT works where		he
	built environment, and infrastructure of our cities in		
2	Did the organization undertake any significant program services during the year which were not listed on th		T
	prior Form 990 or 990-EZ?	Yes	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services $C_{2,2}$ and $C_{2,$		l
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	otners, the total expenses, ar	าต
40	revenue, if any, for each program service reported. (Code:) (Expenses \$3, 482, 010. including grants of \$350, 200.) ((<u> </u>	933.)
4a	The Water program promotes policies and implements pro	Revenues <u>555,</u>)
	alleviate damage from urban flooding; encourages the a		
	infrastructure to manage stormwater and improve commun		
	waste in water use; and protects regional water resour	ces.	
4b	(Code:) (Expenses \$ including grants of \$) (The Sustainable Strategies and Urban Analytics program	Revenue \$)
	evidence-based tools, analysis, and strategies to help		<u></u>
	and manage solutions that promote sustainability and e		p
	and manage solutions that promote sustainability and e	:quity•	
4.			<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (The Transportation and Community Development program p	(Revenue\$)
	creation of affordable and livable communities that mi		7
	for cars; efficient, affordable, and accessible public		
	systems; and economic development that takes full adva		<u>11</u>
	passenger and freight rail assets.		
	passenger and freight fall assets.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses3,482,010.		00
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			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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> 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		
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
D	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			_ <u></u>
Ŭ	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			
u	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	
	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		<u> </u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>_</u>	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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22 Did the organization report more than 55.000 of grants or other assistance to or for domesic individuals on Part K, colump 24, complete Schedule K, part and M M 22 X 23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, of 5, about compensation of the organization sourcet and former offices, directors, trustees, key employee, and highest compensated employees? If 'Yes,' complete Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule K / Yes,' to answer fixes 24b through 24d and completes Schedule L / Yes,' to answer fixes 24b through 24d and completes Schedule L / Yes,' to answer fixes 24b through 24d and completes Schedule L / Pert / Yes, ' complete Schedule L / Pert / Yes,' to answer fixes 24b through 24d and completes Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert / Yes,' to answer fixes 24b through 24d and Schedule L / Pert				Yes	No
23 Did the organization asswer "Yee" to Park WI, Saction A, Iina 3, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yee," complete Schedule J. 23 X 24 Did the organization have a tax-assumpt bond issue with an outstanding principal amount of more than \$100,000 as of the last dup of the year, that was issued after December 31, 2002? If "Yee," answer lines 20 through 24 and complete Schedule K. If Yee, 'to princ 25a 24a X 21 Did the organization invest may solute able to proceeds of tax-exempt bonds? 24a X 23 Did the organization and the integrated in a return ding escrow at any time during the year? 24a X 24 Did the organization and the integrated in a second solutianding at any time during the year? 24a X 25 Section 50((45), 50((46), 406)(42), and 50((29) organizations. Did the organization and prior year, and that the transaction have the integraped in an excess benefit transaction with a disclargified person in a prior year, and that the transaction have the integrate on any of the organization is prior brance. Second 1, Part I 25b X 250 Did the organization approxip and analy member of any orthese person? If "Yee," complete Schedule L, Part II 25b X 260 Did the organization approxip as unable to any orthese persons? If "Yee," completes Schedule L, Part II	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? # 'Pres, ' complete 324 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the organization invest any proceeds of lax exempt bonds beyond a temporary period exception? 24a 326 Did the organization invest any proceeds of lax exempt bonds beyond a temporary period exception? 24b 327 Did the organization invest any proceeds of lax exempt bonds beyond a temporary period exception? 24d 328 Did the organization invest any proceeds of lax exempt bonds beyond a temporary period exception? 24d 328 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dud the organization argae in a excess benefit transaction with a disqualified period in a prior year, and that the transaction have that the engaged on a period excess benefit transaction with a disqualified period in a prior year, and that the transaction have that the engaged on a period excess benefit transaction with a disqualified period in a prior year, and that the transaction have on the period as any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any office periods 21 (Pres, " complete Schedule L, Part I) 26 X 27 Did the organization provide a grant or other assistance to any complete Schedule L, Part I) 26 X 28 Did the organization receive boreflow of analy member of any of these persons? I "Yes, " complete Schedule L, Part I) 28 X 29 Did the organiz		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K if No; "go to line 25a 24a b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization mantain an escrew account other than a refuring the year? 24d 25 Section 50(2)(3), 50(1(4), 40(4), 40(4), 40(6), 40(6), 40(7	23				
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 issue dater December 31, 2002? If "Yes," answe lines 24b through 24d and complete Schedule K. If "No," or to line 25a 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 Did the organization acts as in "on behalf of" suce for bonds outstanding any time during the year 1 detection of the organization area consection that any time during the year? 24d 2 Did the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the thraneaction wate on the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the tax and on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employes, creator or founder, substantial contributor or any bisses transaction when the organization avare and a grant or the assistance to any current or former officer, director, trustes, key employes, creator or founder, or substantial contributor, or 30 25K controlled antity intervalues, being member or any of these persons? If "Yes," complete Schedule L, Part I. 26a X 2 Did the organization revel as a grant or other assistance to any c		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete 24a X Is both or eganization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b Is both or eganization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d Is both or eganization anattain an escrow account other than a refunding secrow at any time during the year? 24d 24d Is both or eganization anattain an escrow account other than a refunding secrow at any time during the year? 24d 24d Is both or eganization and at an an 'on behalf Of' issuer for bonds outstanding at any time during the year? 24d 24d Is both or eganization and at a the langead nam access benefit transaction with a disqualified person during the year? 24d 25a Is both or eganization export that it magaed nam access benefit transaction with a disqualified person during the year? 25b X Is both or eganization export that it is anged nam access benefit transaction with a disqualified person during the year? 25b X Is both or eganization export the organization account of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% conclude L, Part IV 26b X Is both organization experime than 250, doit no 2828 / frait selection contribution? /// Yes,* complete Schedule L, Part IV 26a X Is bot			23	X	<u> </u>
Schedule K, If Yon's op to line 25a 24a X Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds? 24d 24d 25a Section 501(c)(3), 801(c)(4), and 501(c)(20) organizations. Did the organization and san 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 801(c)(4), and 501(c)(20) organizations. Did the organization any taxes that 1 engaged in an excess benefit transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson or payables to a prior year. 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'reg,' complete Schedule L, Part IN 26c X 28 Was the organizati	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 246 c Did the organization markain an escow account other than a refurning tax cow at any time during the year to detease any tax-exempt bonds? 24d d Did the organization markain an escow account other than a refurning scow at any time during the year? 24d d 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), 401(c)(4), and 501(c)(2) organizations. Did the organization acging in an excess benefit transaction has not been reported on any of the organization splor Forms 980 or 980-E2? # 'Yes,' complete Schedule L, Part I 25a 25 Did the organization negots any amount on Part X, line 5 or 22, for receivables from organyables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 33% 26 X 27 Did the organization provide a grant or their assistance to any ourtent or former officer, director, truste, key employee, treator or founder, substantial contributor, or 33% 26 X 27 Did the organization approve thereof) a grant oscion consumets grant solecton complete Schedule L, Part I 28a X 28 Was the organization exerce than a sole opticy etheorol, a grant solecton complete Schedule L, Part I 28a X 29					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 601(c)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a Me organization aware that it engaged in an excess benefit transaction with a disqualified person in a piory year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-E27? If 'Yea, 'complete Schedule L, Part I 25a Did the organization provide any of these persons? If 'Yes, 'complete Schedule L, Part I 26a X 25b Did the organization provide agrant or other assistance to any current or form officer, directric, trustee, key employee, creator or founder, agrant selection committee member, or to a 356% controlled entity (including an engloyee thereof, a grant selection committee member, or to a 356% controlled entity (including an engloyee in thereof or anni) whether of a print/biology of these persons? If 'Yes, 'complete Schedule L, Part I 28a X 26 X A samy member of any individual described in line 28a? If 'Yes, 'complete Schedule L, Part IV. 28a X 27 X Was the organization provide these persons? If 'Yes, 'complete Schedule L, Part IV. 28a X </td <td></td> <td></td> <td></td> <td></td> <td><u> </u></td>					<u> </u>
any tax-exempt bonds? 24c Dd the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage 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 980 or 990-E27. If 'Yes, ' complete Schedule L, Part I 25a 25b Oth the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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 mainy member of any of these persons? If 'Yes,' complete Schedule L, Part II 26a 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, signal selection committee membry, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 27 28 Was the organization provide a grant or other assistance scentor of founder, or substantial contributor? If ''res,' complete Schedule L, Part II 28a 29 Was the organization receive more than 250,000 in noncest contributions? If 'Yes,' complete Schedule L, Part II 28a 20 Did the organization receive oritor, discove and cease operation? If 'Yes,' complete Schedule N, Part II 28a 20 Did the organization receive oritore individuals and/or organization described in line 28a o			24b		
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 Part V, line 1 34 X 35a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 35b 35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "yes," complete Schedule R, Part VI 37 37 X 38 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X <t< td=""><td>30</td><td></td><td></td><td></td><td></td></t<>	30				
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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 Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a b f" "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)? 35a X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 90 Note: All Form 990 filers are required to complete Schedule O For VI, lines 11b and 19? 38 X Part V Statements Regarding Other	31		31		X
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
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Form	990 (2023) Center for Neighborhood Technology	36-2967	283	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			37
			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		77
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			v
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0.0		
a h			9a 9b		<u> </u>
b 10			90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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: Gross income from members or shareholders	11a			
a b	Gross income from members or snarenoiders Gross income from other sources. (Do not net amounts due or paid to other sources against				
D.		11b			
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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.		100		
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			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
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	5				,

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Form 990	(2023)
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 Form 990 (2023)
 Center for Neighborhood Technology
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 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 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	
Section A. Governing Body and Management	

020	tion A. doverning body and management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	20	-		
	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	19	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t 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 S		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, 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	ar by the	e following:			
а	The governing body?			<u>8a</u>	X	
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 rea					
	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 Re	evenue	Code.)			
					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 ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	<u>11a</u>	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe		37	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	x X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х	
a L	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		:			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?			16-		x
L	, , , , , , , , , , , , , , , , , , , ,			<u>16a</u>		Δ
u	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the orga		-			
	exempt status with respect to such arrangements?		15	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, a	nd 990	-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (0)(0)(2 (11 y)	aranak	
	X Own website Another's website Upon request Other (explain	n on Sc	hedule ()			

Another's website Upon request Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the	e name,	address	s, and	l telephor	ne nu	mber	of the p	erson wh	no posse	esses the organi	ization's books	and records
	Lucy	Geg	lio	- 7	73-2	69-	403	35			-		
	4	~ .		~ .		2			~ ~ ~			<u> </u>	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos heck			ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	ı an	compensation	compensation	amount of	
	week		officer and a direct			r/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-NEO)	and related	
	below	ndividual trustee or director	Institutional trustee	5	Key employee	est col	er			organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0	
(1) Bob Dean	37.50										
Chief Strategy and Program Officer				Х				165,000.	0.	0.	
(2) Shavion Scott	37.50										
Managing Director						X		127,500.	0.	0.	
(3) Lucy Geglio	37.50										
Director of Finance						X		120,000.	0.	0.	
(4) Preeti Shankar	37.50										
Managing Director						X		110,000.	0.	0.	
(5) Peter Haas	37.50										
Chief Research Scientist						X		100,100.	0.	0.	
(6) Nina Idemudia	37.50										
Chief Executive Officer				X				60,518.	0.	0.	
(7) Margaret O'Dell	0.50										
Chair	1.00	Х		X				0.	0.	0.	
(8) Bennett Johnson III	0.50										
Vice Chair	1.00	Х		X				0.	0.	0.	
(9) Jeremy Liu	0.50										
Secretary	1.00	Х		X				0.	0.	0.	
(10) Louis Rosenthal	0.50										
Treasurer		Х		X				0.	0.	0.	
(11) Ann P. Kalayil	0.50										
Director		Х						0.	0.	0.	
(12) Bo Kemp	0.50										
Director		Х						0.	0.	0.	
(13) Ceasar McDowell	0.50										
Director		Х						0.	0.	0.	
(14) Christ Wheat	0.50										
Director		Х						0.	0.	0.	
(15) Greg Kelley	0.50										
Director		Х						0.	0.	0.	
(16) Katanya Raby	0.50	l									
Director		Х						0.	0.	0.	
(17) Katie McDonald	0.50	I									
Director		Х						0.	0.	0.	
332007 12-21-23										Form 990 (2023)	

332007 12-21-23

Form 990 (2023)

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7

Form 990 (2023) Center fo	or Neigh	ıbc	rh	.oc	bd	Те	cł	nnology	36-290	<u>572</u>	83	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do				ו than c	ne	Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss pe	rson i	is both	n an	compensation	compensation		amour	t of
	week		cer an	dad	lirecto	or/trus	tee)	from	from related		othe	
	(list any hours for	recto						the	organizations		compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	/	from t	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)		organiz	
	below	Individual trustee or director	nstitutional trustee	_	nploy	st col	5	,			organiza	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				0	
(18) Kirk Chamberlain	0.50											
Director		Х						0.).		0.
(19) Molly Rutzick	0.50											
Director		Х						0.	().		0.
(20) Ngoan Le	0.50											
Director		Х						0.	().		0.
(21) Obinna Ekwueme	0.50											•
Director		х						0.).		0.
(22) Olga Bautista	0.50											•
Director		Х				-		0.	().		0.
(23) PJ McGuire	0.50	x						0				0
Director (24) Richard Munson	0.50	^			-	+		0.).		0.
Director	0.30	х						0.	(b .		0.
(25) Rick Guzman	0.50									<u> </u>		
Director		х						0.	() .		0.
1b Subtotal	•	1						683,118.	().		0.
c Total from continuation sheets to Part VI								0.	().		0.
								683,118.	().		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												3
										_	Yes	s No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	phest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									. L	3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	ation	and	otł	ner compensation from t	he organization			
and related organizations greater than \$150	,		•							·· _	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich ,	pers	ion .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	-									nsatio	on from	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	/ith C	or wi	tnir		ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	Co	(C) mpensat	on
Fresh Coast Capital LLC								outreach, com			1	
17 N State St. #1400, Chi	cago. I	L	60	60	2			engagement,	_		600,8	363.
									g c c		,	
2 Total number of independent contractors (ir	•	ot lin	nitec	to to	_		ted	above) who received mo	bre than			
\$100,000 of compensation from the organiz	ation				1	L						

Form **990** (2023)

332008 12-21-23

	n 990 (ighborhoo	od Technolo	ogy	36-2967	283 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Gra	b						
β, An	С	Fundraising events 1c					
ilar İlar	d	J					
j, S	е		<u>656,857.</u>				
er ei	f	All other contributions, gifts, grants, and	250 402				
ĘĘ			358,493.				
out	g	Noncash contributions included in lines 1a-1f					
0	h	Total. Add lines 1a-1f		5,015,350.			
	_	Drogram income	Business Code 900099	304,435.	204 425		
ice	2 a	Program income	900099	304,435.	304,435.		
ue c	b						
u S Ven S	c						[
grai Re	d						
Program Service Revenue	e						
-	•	All other program service revenue Total. Add lines 2a-2f		304,435.			
	<u>g</u> 3	Investment income (including dividends, intere		504,455.			
	5	other similar amounts)		39.			39.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 a	01 600					
	b	Less: rental expenses					
	c	Rental income or (loss) 6c 81,600.					
	d	Net rental income or (loss)		81,600.			81,600.
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
venue	с	Gain or (loss)					
a)		Net gain or (loss)					
Other R	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory	Business Code				
sn	11 ~	Miscellaneous	900099	35,498.	35,498.		
neo	n a b			55,450.			
Miscellaneous Revenue	u c						
Be	ט א	All other revenue					
Σ		Total. Add lines 11a-11d		35,498.			
	12	Total revenue. See instructions		5,436,922.	339,933.	0.	81,639.
33200	9 12-21						Form 990 (2023)

Center for Neighborhood Technology Part IX Statement of Functional Expenses

X

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and **(B)** Program service (A) Total expenses Do not include amounts reported on lines 6b,

7b,	8b, 9b, and 10b of Part VIII.	l otal 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	350,200.	350,200.		
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	186,150.	150,720.	34,587.	843.
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,527,467.	1,247,733.	272,030.	7,704.
8	Pension plan accruals and contributions (include				.,
U	section 401(k) and 403(b) employer contributions)	151,100.	118,301.	32,403.	396.
9	Other employee benefits	94,079.	73,626.	20,208.	245.
9 10	Payroll taxes	164,634.	128,897.	35,305.	432.
11	Fees for services (nonemployees):				
	-				
	Management				
		57,767.	42,702.	12,909.	2,156.
	Accounting	57,107.	42,702.	12,909.	2,130.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1 605 254	1 1 1 0 0 0 4	402 077	00 400
	column (A), amount, list line 11g expenses on Sch 0.)	1,695,254.	1,118,884.	493,877.	<u>82,493.</u> 37.
12	Advertising and promotion	1,573.	263.	1,273.	57.
13	Office expenses	14,113.	7,193.	6,920.	1 770
14	Information technology	47,470.	35,090.	10,608.	1,772.
15	Royalties	10, 400	10.026	0.004	
16	Occupancy	12,402.	10,236.	2,094.	72.
17	Travel	16,412.	15,593.	819.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,645.	7,875.	26,498.	272.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,648.	9,097.	2,497.	54.
23	Insurance	38,775.	5,969.	32,768.	38.
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.)	107 556	105 010	21 011	633
	Operating Lease	127,556.	105,012.	21,911.	633.
b	Supplies	47,709.	33,423.	12,389.	1,897.
С	Dues & subscriptions	32,379.	21,186.	11,121.	72.
d	Bad debt	15,307.	10	15,307.	010
	All other expenses	12,977.	10.	12,154.	813.
25	Total functional expenses. Add lines 1 through 24e	4,639,617.	3,482,010.	1,057,678.	99,929.
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)				~~~
332010) 12-21-23	1.0			Form 990 (2023)

10

14090618 402354 050101

801,768.

1,678,195.

2,479,963.

3,102,267.

27

28

29

30

31

32

33

612,659. 1,048,746. 3 Pledges and grants receivable, net 103,921. 360,673. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 102,830. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,478,878. basis. Complete Part VI of Schedule D _____ 10a 1,453,511. 24,731. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 95,889. 298,986. 15 15 Other assets. See Part IV, line 11 3,102,267. 4,235,827. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 100,367. 313,341. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 521,937. 25 653,724. of Schedule D 622,304. 967,065. 26 26 Total liabilities. Add lines 17 through 25 X

Center for Neighborhood Technology

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

Cash - non-interest-bearing

Savings and temporary cash investments

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

(B)

2,000,000.

713,333.

45,474.

25,367.

869,046.

2,399,716.

3,268,762.

4,235,827.

Form 990 (2023)

End of year

(A) Beginning of year

1,554,262.

351,223.

1

2

Form <u>990 (2023)</u> Part X | Balance Sheet

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

Form	990 (2023) Center for Neighborhood Technology	36-29	67283	Pag	_{ge} 12
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	5,436	, 91	<u>22.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,639		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,479	, 9	<u>63.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	164	.,5	<u>69.</u>
7	Investment expenses	7			
8	Prior period adjustments	8	-173	, 0'	75.
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	3,268	,7	<u>62.</u>
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 on Schedule	0.			
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	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	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

SCHE	DULE A		Dublic Cha	rity Status an	d Duk	lia Cu	innart		OMB No. 1545-0047
(Form §	990)		omplete if the organ	2023					
				47(a)(1) nonexempt cha					2020
	t of the Treasury /enue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
	f the organization		Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.	Employor	identification number
Name o	r the organization		er for Neighborhood Technology						6-2967283
Part I	Beason			(All organizations must c			ee instruction		0-2907205
				For lines 1 through 12, c				5.	
1	7	-		n of churches described			1)(A)(i).		
2	7			Attach Schedule E (Forn			·//~///		
3	7			anization described in se		(b)(1)(A)(i	i).		
4		-		njunction with a hospital			-)(iii). Enter i	the hospital's name,
	city, and state	e:							
5] An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	d in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	-		omplete Part II.)						
8	- ·			(1)(A)(vi). (Complete Par					
9	•			in section 170(b)(1)(A)(•	•
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	university:	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ne membersh	in fees and	aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
	_		mplete Part III.)	(1000 00011011 011 1019 110		leee aequi			
11	.		· · · · · · · · · · · · · · · · · · ·	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	7 -	-	-	vely for the benefit of, to	•			rry out the p	ourposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	5 09(a)(3). C	heck the box on
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	/pically by g	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b _			-	or controlled in connect			-		•
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted
Г			t complete Part IV,						
c L		-		g organization operated				ly integrate	d with,
d [•	.,.	 You must complete I porting organization oper 			-	tod organiz	ation(a)
u		-	•	ation generally must sat				0	()
			•	nplete Part IV, Sections	-			anatoniv	
еſ				written determination fro				II. Type III	
				nally integrated supporti				, .,	
f Er	ter the number								
g Pr			about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)

Total

Schedule A (Form 990) 2023	Center i	for	Neighborhood	Technology	36-2967283	Page 2
Part II Support Schedule fe	or Organizat	ions	Described in Sectio	ns 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2241746.	2094445.	2262961.	2612686.	5015350.	14227188.
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	2241746.	2094445.	2262961.	2612686.	5015350.	14227188.
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)						2091783.
6	Public support. Subtract line 5 from line 4.						12135405.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2241746.	2094445.	2262961.	2612686.	5015350.	14227188.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,654.	49,709.	55,520.	75,528.	81,639.	267,050.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	19,850.	2,618.	7,641.	4,282.	35,498.	69,889.
11	Total support. Add lines 7 through 10						14564127.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,784,788.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.32 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	77.18 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

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1	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 organization's tax-exempt purpose							
3	are not an unrelated trade or bus-							
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 \dots							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
See	ction B. Total Support		-		r			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
t	 Unrelated business taxable income (less section 511 taxes) from businesses 							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	organizatio	on,
<u></u>								
	ction C. Computation of Publi		•	. (7)				
	Public support percentage for 2023 (li			.,,		15		%
	Public support percentage from 2022 ction D. Computation of Inves					16		%
	•			ing 10 agi ump (f))		17		0/
	Investment income percentage for 20 Investment income percentage from 2					18		<u>%</u>
18 19:	a 33 1/3% support tests - 2023. If the			on line 14 and line			and line 1	% 7 is not
195	more than 33 1/3%, check this box ar	-						
۲	33 1/3% support tests - 2022. If the	-	•				33 1/3% э	L
L	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
				,,,				

15

Center for Neighborhood Technology Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2019

qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in)

(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

(c) 2021

(d) 2022

(b) 2020

(f) Total

(e) 2023

Schedule A (Form 990) 2023

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1

Yes No

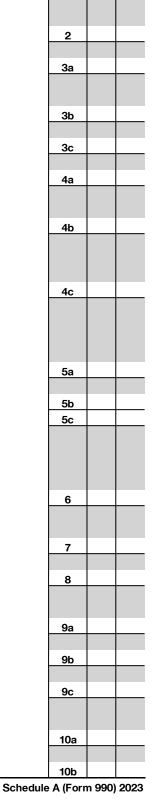
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche		190/20	з Pa	age 5
Pa	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	_{detail in} Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Port VI have an interest the second state of the second state of a second state of the			

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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the	supporting organiz	2011011.
Section C. Ty	ype II Suppor	ting Organizati	ons

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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Section D. All Type III Supporting Organizations						

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*
 Yes
 No

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2023

2067202

2

Yes No

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	dule A (Form 990) 2023 Center for Neighborhood			36-2967283 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	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		
C	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Center	for	Neighborhood	Technology	
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	V Type III Non-Functionally Integrated 509(and D - Distributions Amounts paid to supported organizations to accomplish exer		nizations _{(continu}	ied)		
1 /	Amounts paid to supported organizations to accomplish exer			-	Current Year	
0	A manuate peid to perform activity that directly furthers avament			1		
	Amounts paid to perform activity that directly furthers exempt		2			
	organizations, in excess of income from activity	a of autoparted organizations		2		
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		<u> </u>		
	Amounts paid to acquire exempt-use assets	Dort VI		4 5		
	Qualified set-aside amounts (prior IRS approval required - <u>pro</u> Other distributions (<i>describe in Part VI). See instructions.</i>	ovide details in Part VI		<u> </u>		
	Total annual distributions. Add lines 1 through 6.			7		
	Distributions to attentive supported organizations to which the	o organization is responsive				
	provide details in Part VI). See instructions.	le organization is responsive		8		
	Distributable amount for 2023 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)	10	(iii)	
Sectio	n E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	S	Distributable Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
i	able cause required - explain in Part VI). See instructions.					
	Excess distributions carryover, if any, to 2023					
	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g /	Applied to underdistributions of prior years					
h /	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	Distributions for 2023 from Section D,					
	ine 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2023, if					
;	any. Subtract lines 3g and 4a from line 2. For result greater					
t	than zero, explain in Part VI. See instructions.					
	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	Center for	Neighbor	hood Tec	hnology	36-2967283	Page
Part VI	Part IV, Section A, lines	, ines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11a Section E, lines 1	a, 11b, and 11c; c, 2a, 2b, 3a, an	d 3b; Part V, line 1;	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Par dditional information.	C, t V,
2028 12-21-2	3		20)		Schedule A (Form 9	90) 20

SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga	nization				Emplo	oyer identificatio	
		Center	for Neighborhood !	Fechnology			36-29672	283
Pa	art I-A	Complete if the org	janization is exempt under	section 501(c) o	r is a section 52	27 org	janization.	
2	Political	a description of the organiz campaign activity expendit er hours for political campai						
Pa	art I-B	Complete if the org	anization is exempt under	section 501(c)(3)	-			
1	Enter the	e amount of any excise tax	incurred by the organization under	section 4955		\$		
2	Enter the	e amount of any excise tax	incurred by organization managers	under section 4955		\$		
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?			Yes	🗌 No
4a	a Was a co	prrection made?					Yes	🗌 No
		describe in Part IV.						
Pa	art I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 5	501(c)	(3).	
1			d by the filing organization for section			\$		
2			ization's funds contributed to othe	-				
	exempt f	function activities				\$		
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,				
	line 17b					\$		
4		iling organization file Form						No No
5			mployer identification number (EIN)					
		• •	tion listed, enter the amount paid f				-	
			omptly and directly delivered to a s additional space is needed, provide			eparate	segregated fund	l or a
	political	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,				[
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	on's	(e) Amount of contributions re- promptly and delivered to a political organ If none, ent	ceived and directly separate nization.

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

_	edule C (Form 990) 2023 Cente:	r for Neighborhood Technology	y 36-2	967283 Page 2
Pa		n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).			
Α (Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B (Check if the filing organization check	ed box A and "limited control" provisions apply.	I	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	32.	
с	Total lobbying expenditures (add lines 1a and	32.		
d	Other exempt purpose expenditures	4,639,585.		
е	Total exempt purpose expenditures (add lines	4,639,617.		
f	Lobbying nontaxable amount. Enter the amount	381,981.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	95,495.	
	Subtract line 1g from line 1a. If zero or less, e		0.	
i	Subtract line 1f from line 1c. If zero or less, er		0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	-	
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		_
	(Some organizations that made a	a section 501(h) election do not have to complete all o	of the five columns be	low.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount	267,140.	271,230.	309,383.	381,981.	1,229,734.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,844,601.			
c Total lobbying expenditures		190.	1,443.	32.	1,665.			
d Grassroots nontaxable amount	66,785.	67,808.	77,346.	95,495.	307,434.			
e Grassroots ceiling amount (150% of line 2d, column (e))					461,151.			
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023 Center for Neighborhood Technology 36-29672 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		2 c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A. lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDUL	E D
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Department of the Treasury

Internal Revenue Service Name of the organization

(Form 9	9 90)
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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.



Employer identification number

36-2967283

	Center for Neighbor			36-2967283
Par	t I Organizations Maintaining Donor Advise	d Funds or Other S	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 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 v		eld in donor advised fun	ds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			-
	impermissible private benefit?		· · ·	
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part IV	', line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	-	Preservation of a hist	orically important land area
	Protection of natural habitat	, <u> </u>	-	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	<u> </u>			2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			· · · · ·
	year	, <u> </u>	, , , , , , , , , , , , , , , , , , , ,	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		tion. handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		0	5	0, 1
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservation ea	asements during the year
		0	C C	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	···· · · · · · · · · · · · · · · · · ·			•
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				•
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			-
		24		

2	4					
-		-	-	-	-	

Sche	dule D (Form 990) 2023 Center	for Neighb	orhoo	d Tec	hnology			36-29			_{age} 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	r Other	r Similaı	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant u	use of its			
	collection items (check all that apply).	,	,	,	0		0				
а	Public exhibition	c	1 🗆 I	oan or exc	hange progra	am					
b	Scholarly research	e			indinge progre						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	w furthar th	ne organizatio	n'e even	not ouroo	eo in Dort	YIII		
5	During the year, did the organization solicit of			-	-			scinnar	7.m.		
5	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arran								_		
I UI	reported an amount on Form 990, Pa		ete ii the c	organization	answered	res on i	-0111 990,	Part IV, II	ne 9, or		
-	· · · ·						in altrala al				
па	Is the organization an agent, trustee, custod									_	٦
-	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:					•		
									Amoun	τ	
	Beginning balance										
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or c	ustodial acco	unt liabili	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	Tt V Endowment Funds Complete if	f the organization and	swered "\	/es" on Fo	rm 990, Part I	V, line 10	0.				
		(a) Current year	(b) Pr	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr	ront year and balance	n (lino 1 a	column (a)) hold as:						
	Board designated or quasi-endowment		e (۱۱۱۱۰ ۲۹, ۵۷	, column (a	meiu as.						
a L		%									
D D	Permanent endowment										
С		_%									
•	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	ed for th	е			Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	e
1 a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1.47	8,878.	1.4	453,53	11.	2	5,3	67.
	Other			-, -,	,	_ / ·					
	Add lines 1a through 1e. (Column (d) must e		V 1: 10	a cale :	((م)				2	5,3	67
TULA	n Add miles ta through te. (Column (a) MUSE	<u>qual Form 990, Part</u>	<u>∧, iirie 10</u>	<u>c, coiumn</u>	(D))			<u></u>		-	

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)			
(2)			
(3)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	•	·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Right-of-use asset			298,986.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, con	<i>I. (</i> B))		298,986.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 015
(2) Operating lease			189,915.
(3) Refundable advance			463,809.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			653 701
Total. (Column (b) must equal Form 990, Part X, line 25, co			653,724.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the foothote t	o the organization's financial statements th	iai 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) 2023

332053 09-28-23

14090618 402354 050101

Center for Neighborhood Technology 36-2967283 Page 3 Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 Center for Neighborhood				2967283 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn	
	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	5,601,491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	164,569.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	164,569.
3	Subtract line 2e from line 1			3	5,436,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,436,922.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Returi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	4,804,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	164,569.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	164,569.
3	Subtract line 2e from line 1			3	4,639,617.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,639,617.
Pa	rt XIII Supplemental Information				

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

Part X, Line 2:

FIN 48 Note from Audited Financial Statements

The Center for Neighborhood Technology was granted an exemption from

federal income taxes by the Internal Revenue Service pursuant to the

provisions of the Internal Revenue Code Section 501(c)(3). The

Organization qualifies for the charitable contribution deduction under

Section 170(b)(1)(A)(vi) and has been classified as an organization that

is not a private foundation under Secrtion 509(a)(1).

The Organization's Form 990, Return of Organization Exempt from Income

Tax, is subject to examination by the IRS, generally for three years after

it has been filed.

The Organization has adopted the requirements for accounting for uncertain 332054 09-28-23 Schedule D (Form 990) 2023 27

14090618 402354 050101

Schedule D (Form 990) 2023 Cen Part XIII Supplemental Information	ter for Neighborhood Technology	36-2967283 Page 5
tax positions and		
management has determine	ed that the Organization was not re	quired to record
a liability related to a	uncertain tax positions as of Decem	ber 31, 2022.
		Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service			Attach to Form				Open to Public Inspection			
		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Employer identification number			
Name of the organization Center for Neighborhood Technology 36										
Part I General Information on Grants and Assistance										
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?					stance, and the selecti	on X Yes No			
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
recipient that received more than \$				ed.	(f) Method of	1				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
Bicycle Colorado 1525 Market Street Suite 100 Denver, CO 80202	84-1201078		10,000.	0.			1389			
Propel ATC 2870 Peachtree Rd NW #915-16719 Atlanta, GA 30305	58-1996013		10,000.	0.			1389			
National Association of Transportation Officials Inc - 120 Park Ave, 21st floor - New York, NY 10017	20-1874085		30,000.	0.			1389			
Little Village Environmental Justice Organization – 2445 S Spaulding Ave – Chicago, IL 60623	36-4259477		90,000.	0.			Misc and 1780			
Neighbors for Environmental Justice – PO Box 9363 – Chicago, IL 60609	83-2706522		45,000.	0.			Misc			
People for Community Recovery 13330 S. Corliss Chicago, IL 60827 2 Enter total number of section 501(c)(3) ar	36-3415767 nd government orga	anizations listed in the	45,000.	0.			Misc			

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

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable non-cash assistance or assistance cash grant valuation noncash (book, FMV, assistance appraisal, other) BIG NFP 6011 S. Saint Lawrence Ave Garden S Chicago, IL 60637 45-2453557 45,000. 0. Misc Southeast Environmental Task Force 13300 S Baltimore Ave Chicago, IL 60633 36-3977631 75,200. Ο. Misc and 1773

Center for Neighborhood Technology

Schedule I (Form 990)

36-2967283

Page 1

Schedule I (Form 990)

Part III	Grants ar	nd Oth

36-2967283

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00)
		Compensated Employees		20	ZJ	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization			identificatio		mber
		Center for Neighborhood Technology	36-2	296728	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
	Tax indemnific					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	he alter da sudatada 16 ar					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.				
	·	ompensation consultant Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
		ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				X
	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	et earnings of:				
						X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2023

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Bob Dean (i	165,000.	0.	0.	0.	0.	165,000.	0.
Chief Strategy and Program Officer (i		0.	0.	0.	0.	0.	0.
(i							
(i							
(1							
(i)						
(i)						
(i)						
(i)						
(i							
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Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)



36-2967283

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

Center for Neighborhood Technology

disparities by race and income.

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

Miscellaneous revenue including honorariums and expense reimbursement.

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

Prior to filing, the draft 990 is forwarded to the entire Board of

Directors via email. The Board reviews and raises any questions. The

Board then approves the draft 990 via an emailed motion.

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

The Board of Directors reaffirms the Organization's conflict of interest

policy each year during their last meeting of the year and at the same time complete and sign the policy.

Form 990, Part VI, Section B, Line 15:

An annual performance review of the CEO is performed by the independent

officers of the Board. The Chairperson uses the review to provide a written

report to the Board to substantiate compensation, duties and goals for the

coming year.

For other officers and key employees, the CEO conducts annual performance

reviews to determine compensation, duties and goals for the coming year.

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

Schedule O (Form 990) 2023

Name of the organization Center for Neighborhood Technology	Employer identification number 36-2967283
Form 990, Part VI, Section C, Line 19:	30 2907203
The Organization makes its governing documents, confli	ict of interest policy
and financial statements available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Professional/outside service:	
Program service expenses	840,377.
Management and general expenses	303,810.
Fundraising expenses	50,746.
Total expenses	1,194,933.
Contract/Consulting Services:	
Program service expenses	27,506.
Management and general expenses	8,315.
Fundraising expenses	1,389.
Total expenses	37,210.
Payroll & FSA Processing:	
Program service expenses	4,670.
Management and general expenses	1,412.
Fundraising expenses	236.
Total expenses	6,318.
Program partners:	
Program service expenses	246,331.
Management and general expenses	180,340.
Fundraising expenses	30,122.
Total expenses	
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Name of the organization Center for Neighborhood Technology	Employer identification number 36-2967283
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,695,254.
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	
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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

36-2967283

Department of the Treasury Internal Revenue Service

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

Name of the organization

Center for Neighborhood Technology

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Riverside Power & Thermal, LLC	Unfunded development				
17 N. State Street	vehicle for a prospective				Center for Neighborhood
Chicago, IL 60602	cogeneration project	Illinois			Technology
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Alternative Transportation for Chicagoland,	Advancing partnerships and						
Inc 68-0493308, 17 North State Street,	technology to improve						
Chicago, IL 60602	urban mobility	Illinois	501(C)(3)	Line 7			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

36-2967283 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	BI Gener DOX mana		Percentage ownership	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	-											
	4											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)				433013		Yes	No
CNT Consulting, Inc - 20-1315797	Consulting, research,		Center for						
17 N. State Street	education and		Neighborhood						
Chicago, IL 60602	community economic	IL	Technology	C CORP			100%		Х
	-								
	-								

Schedule R (Form 990) 2023 Center for Neighborhood Technology

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			x					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	o Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)	1d	X						
	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		Х					
g	Sale of assets to related organization(s)	1g		X					
h	Purchase of assets from related organization(s)	1h		X					
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
-									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X						
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	 o Sharing of paid employees with related organization(s) 								
q	p Reimbursement paid to related organization(s) for expenses								
	q Reimbursement paid by related organization(s) for expenses								
	······································	1q							
r	r Other transfer of cash or property to related organization(s)								
, s	s Other transfer of cash or property from related organization(s)								
2	 S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 								
	in the answer to any of the above is res, see the instruction of minimation of whe must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 Center for Neighborhood Technology

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h) Dispro tiona allocatio Yes	Code V-UBI amount in box 20 of Schedule K-1	(j) General o managing partner? Yes NO	(k) r Percentage ownership
						163			
					1				

Schedule R (Form 990) 2023

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Part VII Supplemental Inform	mation					

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

CNT Consulting, Inc

Primary Activity: Consulting, research, education and community economic

development services

Schedule R (Form 990) 2023

332165 09-28-23