

BREEDLOVE & CO., P.C.

CERTIFIED PUBLIC ACCOUNTANTS

17014 Seven Pines Drive
Spring, Texas 77379
(281) 379-1065
(281) 379-6322 (fax)

JILL A. HENZE, CPA
President

NICOLE BREEDLOVE HUNT, CPA
CEO

August 6, 2026

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.
10200 RICHMOND AVENUE, STE 110
HOUSTON, TX 77042

Dear Sharon,

We have prepared your 2025 Form 990 based on the information you provided. Please review the enclosed copy for ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC., then sign the IRS e-file Signature Authorization Form 8879-EO and return it to us. When we receive the signed authorization, we will e-file your return.

If you have any questions about the return(s) or about ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.'s tax situation during the year, please do not hesitate to call us at (281) 379-1065. We appreciate this opportunity to serve you.

Sincerely,



JILL A HENZE

Form 990 Comparison

2025

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.
27-5410988

		Prior Year	Current Year	Difference	%
Revenue	1a Federated campaigns	1a 0	0	0	0%
	b Membership dues	1b 8,100	7,700	-400	-5%
	c Fundraising events	1c 0	0	0	0%
	d Related organizations	1d 0	0	0	0%
	e Government grants (contributions).	1e 2,005,250	3,230,917	1,225,667	61%
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,604,273	2,745,928	141,655	5%
	g Total (add lines 1a through 1f)	1g 4,617,623	5,984,545	1,366,922	30%
	2 Program service revenue:				
	a PROFESSIONAL DEVELOPMENT	2a 1,921	1,111	-810	-42%
	b	2b 0	0	0	0%
	c	2c 0	0	0	0%
	d	2d 0	0	0	0%
	e	2e 0	0	0	0%
	f All other program service revenue	2f 0	0	0	0%
	g Total (add lines 2a through 2f).	2g 1,921	1,111	-810	-42%
	3 Investment income (including dividends, interest and other similar amounts)	3 71,501	76,722	5,221	7%
	4 Income from investment of tax-exempt bond proceeds	4 0	0	0	0%
	5 Royalties	5 0	0	0	0%
	6a Gross rents (real and personal)	6a 0	0	0	0%
	b Less: rental expenses	6b 0	0	0	0%
	c Net rental income or (loss)	6c 0	0	0	0%
	7a Gross amount from sales of assets (other than inventory)	7a 0	0	0	0%
	b Less: cost or other basis and sales expenses	7b 0	0	0	0%
	c Net gain or (loss) from sales of assets.	7c 0	0	0	0%
	8a Gross income from fundraising events	8a 0	0	0	0%
	b Less: direct expenses	8b 0	0	0	0%
	c Net income or (loss) from fundraising events	8c 0	0	0	0%
	9a Gross revenue from gaming activities	9a 0	0	0	0%
	b Less: direct expenses	9b 0	0	0	0%
	c Net income or (loss) from gaming activities	9c 0	0	0	0%
	10a Gross sales of inventory, less returns and allowances	10a 0	0	0	0%
	b Less: cost of goods sold	10b 0	0	0	0%
	c Net income or (loss) from sales of inventory	10c 0	0	0	0%
	Miscellaneous Revenue				
	11a OTHER INCOME	11a 82,027	96,604	14,577	18%
	b	11b 0	0	0	0%
	c	11c 0	0	0	0%
	d All other revenue	11d 0	0	0	0%
	e Total	11e 82,027	96,604	14,577	18%
	12 Total revenue: Add lines 1g, 2g, 3, 4, 5, 6c, 7c, 8c, 9c, 10c, and 11e	12 4,773,072	6,158,982	1,385,910	29%

			Prior Year	Current Year	Difference	%
Functional Expenses	1 Grants and other assistance to domestic - organizations and domestic governments	1	1,921,331	3,089,956	1,168,625	61%
	2 Grants and other assistance to domestic- individuals	2	0	0	0	0%
	3 Grants and other assistance to foreign - organizations, foreign governments, and foreign individuals	3	0	0	0	0%
	4 Benefits paid to or for members	4	0	0	0	0%
	5 Compensation - current officers, directors, trustees, and key employees	5	184,576	215,680	31,104	17%
	6 Compensation - not included above, to disqualified persons (as defined under sections 4958(f)(1) and (c)(3)(B))	6	0	0	0	0%
	7 Other salaries and wages	7	1,065,307	1,309,501	244,194	23%
	8 Pension plan contributions (include 401(k) and 403(b)).	8	0	0	0	0%
	9 Employee benefits	9	311,011	367,584	56,573	18%
	10 Payroll taxes	10	93,749	114,222	20,473	22%
	11 Fees for services (non-employees):					
	a Management	11a	0	0	0	0%
	b Legal fees	11b	1,645	0	-1,645	-100%
	c Accounting fees	11c	124,999	163,825	38,826	31%
	d Lobbying	11d	0	0	0	0%
	e Professional fundraising fees	11e	16,435	452	-15,983	-97%
	f Investment management fees	11f	0	0	0	0%
	g Other	11g	452,409	244,572	-207,837	-46%
	12 Advertising and promotion	12	85,196	32,016	-53,180	-62%
	13 Office expenses	13	150,762	124,918	-25,844	-17%
	14 Information technology	14	0	24,991	24,991	0%
	15 Royalties	15	0	0	0	0%
	16 Occupancy	16	53,151	68,371	15,220	29%
	17 Travel	17	49,428	35,427	-14,001	-28%
	18 Payments of travel or entertainment expenses for any federal, state, or local public officials	18	0	0	0	0%
	19 Conferences, conventions, and meetings	19	73,595	0	-73,595	-100%
	20 Interest	20	0	0	0	0%
	21 Payments to affiliates	21	0	0	0	0%
	22 Depreciation, depletion, and amortization	22	0	0	0	0%
	23 Insurance	23	10,768	12,472	1,704	16%
	24 Other expenses not covered above:					
	a FACILITIES & EQUIPMENT SERVICES	24a	20,182	11,404	-8,778	-43%
	b PROGRAM MANAGEMENT	24b	3,467	78,457	74,990	2163%
	c	24c	0	0	0	0%
	d	24d	0	0	0	0%
	e	24e	0	0	0	0%
25 Total functional expenses (add lines 1 through 24e)		25	4,618,011	5,893,848	1,275,837	28%

Balance Sheets (end of year figures)

			Prior Year	Current Year	Difference	%
Assets	1 Cash - non-interest-bearing	1	892,610	1,653,068	760,458	85%
	2 Savings and temporary cash investments	2	1,654,321	2,040,548	386,227	23%
	3 Pledges and grants receivable, net	3	0	0	0	0%
	4 Accounts receivable, net	4	608,605	125,042	-483,563	-79%
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, or other related parties	5	0	0	0	0%
	6 Loans and other receivables from other disqualified persons	6	0	0	0	0%
	7 Notes and loans receivable, net	7	0	0	0	0%
	8 Inventories for sale or use	8	0	0	0	0%
	9 Prepaid expenses and deferred charges	9	26,607	5,633	-20,974	-79%
	10 Land, buildings, and equipment, net of accum. dep.	10	0	0	0	0%
	11 Investments - publicly-traded securities	11	0	0	0	0%
	12 Investments - other securities	12	0	0	0	0%
	13 Investments - program-related	13	0	0	0	0%
	14 Intangible assets	14	0	0	0	0%
	15 Other assets	15	305,674	243,158	-62,516	-20%
	16 Total assets (add lines 1 through 15)	16	3,487,817	4,067,449	579,632	17%
Liabilities	17 Accounts payable and accrued expenses	17	379,778	138,258	-241,520	-64%
	18 Grants payable	18	764,245	444,987	-319,258	-42%
	19 Deferred revenue	19	0	0	0	0%
	20 Tax-exempt bond liabilities	20	0	0	0	0%
	21 Escrow account liability	21	0	0	0	0%
	22 Loans and other payables to current/former officers, directors, trustees, key employees, highest compensated employees, disqualified persons.	22	0	0	0	0%
	23 Secured mortgages and notes payable to unrelated 3rd parties.	23	0	0	0	0%
	24 Unsecured notes and loans payable	24	0	0	0	0%
	25 Other liabilities	25	300,661	1,175,937	875,276	291%
	26 Total liabilities (add lines 17 through 25)	26	1,444,684	1,759,182	314,498	22%
Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958):					
	27 Net assets without donor restrictions	27	1,165,694	1,340,485	174,791	15%
	28 Net assets with donor restrictions	28	877,439	967,782	90,343	10%
	Organizations that do not follow SFAS 117 (ASC 958):					
	29 Capital stock, trust principal, or current funds	29	0	0	0	0%
	30 Paid-in or capital surplus, or land, building, and equipment fund	30	0	0	0	0%
	31 Retained earnings, endowment, accum. income, or other funds.	31	0	0	0	0%
	32 Total net assets or fund balances	32	2,043,133	2,308,267	265,134	13%
	33 Total liab and net assets/fund balances (add lines 26 and 32)	33	3,487,817	4,067,449	579,632	17%

Form **8879-TE****IRS E-file Signature Authorization
for a Tax-Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20_____

Do not send to the IRS. Keep for your records.**Go to www.irs.gov/Form8879TE for the latest information.****2025**

Name of filer

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

EIN or SSN

27-5410988

Name and title of officer or person subject to tax

SHARON ZACHARY

CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,158,982
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) ALLIANCE OF COMMUNITY ASSISTANCE MINIS, (EIN) 27-5410988 and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BREEDLOVE & CO., P.C. to enter my PIN 10988 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



Date

08/18/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76278417522

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JILL A HENZE

Date

8/6/2026

ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2025) Created 5/1/25

HTA

Electronic Filing Information (990/PF/EZ/T/1120-POL)

Signature Method

☒ Option (1) - Using Practitioner PIN. Use Section (A) below.

Date return prepared

8/6/2026

☐ Option (2) - Scanned 8453-TE.

PIN Information

Enter information below

	(A) Practitioner PIN:			If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).
	PIN (5 Digits)	TP entered	ERO entered	
Taxpayer PIN:	10988	☐	☒	
ERO PIN:	17522			

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: 762784

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 7627842026120p3cgf9c

Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

ALLI

Organization Information

Please enter all taxpayer demographic data on the Main Information form.

Does the IRS have the most current Responsible Party information on file?

☒ Yes

☐ No

Officer name SHARON ZACHARY	Officer Title CHIEF EXECUTIVE OFFICER	Date return signed 08/10/2026
Officer Email address szachary@acamweb.org	Officer Phone 713-640-5192	Officer Foreign phone

ERO

(Enter data in the Preparer Manager)

ERO's name JILL A HENZE	Foreign phone number
Firm's name BREEDLOVE & CO., P.C.	

Preparer

(Enter data in the Preparer Manager)

Preparer's name JILL A HENZE	PTIN P01219181	Non-paid prep type
Firm's name BREEDLOVE & CO., P.C.		Foreign phone number

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public.

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

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning				, and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10200 RICHMOND AVENUE 110 City or town State ZIP code HOUSTON TX 77042 Foreign country name Foreign province/state/county Foreign postal code		D Employer identification number 27-5410988 E Telephone number 713-640-5192 G Gross receipts \$ 6,158,982	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number			
J Website: WWW.ACAMWEB.ORG					
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2011		M State of legal domicile: TX	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ACAM'S MISSION IS ADVANCING COLLABORATION TO CREATE COMMUNITY-WIDE SOLUTIONS FOR THRIVING NON-PROFITS, NEIGHBORHOODS, AND FAMILIES.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	32
	6	Total number of volunteers (estimate if necessary)	6	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,617,623	5,984,545
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,921	1,111
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,501	76,722
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,027	96,604
	12		4,773,072	6,158,982
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,921,331	3,089,956
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,654,643	2,006,987
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,435	452
	b	Total fundraising expenses (Part IX, column (D), line 25) 154,276		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,025,602	796,453
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,618,011	5,893,848
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	155,061	265,134
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,487,817	4,067,449
	22	Net assets or fund balances. Subtract line 21 from line 20	1,444,684	1,759,182
			2,043,133	2,308,267

Part II Signature Block

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

Sign Here	Signature of officer SHARON ZACHARY		Date 8/10/2026		
	Type or print name and title CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Preparer's name JILL A HENZE	Preparer's signature JILL A HENZE	Date 8/6/2026	Check ☐ if self-employed	PTIN P01219181
	Firm's name BREEDLOVE & CO., P.C.	Firm's EIN 76-0080978			
	Firm's address 17014 Seven Pines Dr, Spring, TX 77379	Phone no. (281) 379-1065			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☒ **X**

1	Briefly describe the organization's mission: ACAM'S VISION IS AN INNOVATIVE, CONNECTED NETWORK THAT ENSURES EVERY FAMILY CAN FIND A PATH TO STABILITY, HEALTH, AND WEALTH. ACAM FOSTERS INNOVATION AND COLLECTIVE IMPACT THROUGH A NETWORK OF OVER 70 LOCAL, STATE AND NATIONAL AGENCIES ENGAGED AT VARYING PARTNERSHIP LEVELS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,196 including grants of \$ 0) (Revenue \$ 28,482) ORGANIZATIONAL AND NETWORK DEVELOPMENT (OND) - ACAM STRENGTHENS NONPROFIT PARTNERS AND REGIONAL SERVICE INFRASTRUCTURE THROUGH ORGANIZATIONAL ASSESSMENTS, TARGETED FUNDING, TECHNICAL ASSISTANCE, AND LEADERSHIP DEVELOPMENT. ACAM EVALUATES CAPACITY USING THE PROPRIETARY NINE ELEMENTS OF ASSESSMENT TOOL (NEAT) WHICH INFORMS STRATEGIC INVESTMENTS IN PROJECTS THAT ADDRESS IDENTIFIED PRIORITIES TO STRENGTHEN GOVERNANCE, COLLABORATION, CASE MANAGEMENT, RESOURCE DEVELOPMENT, AND STAFF TRAINING. ACAM ALSO BUILDS AND COORDINATES REGIONAL DISTRIBUTION NETWORKS THAT ENABLE PARTNERS TO DELIVER FOOD, WATER, AND ESSENTIAL SUPPLIES EFFICIENTLY DURING ROUTINE OPERATIONS AND EMERGENCIES.
4b	(Code:) (Expenses \$ 122,437 including grants of \$ 0) (Revenue \$ 106,611) TRAINING AND NETWORKING (T&N) - ACAM'S T&N PROGRAM REGULARLY CONVENES CORE NETWORK PARTNERS TO PROMOTE BEST PRACTICES, FOSTER PEER LEARNING, AND FACILITATE INFORMATION EXCHANGE. GUIDED BY CAREFULLY CURATED SUBJECT MATTER EXPERTS OFFERING SPECIALIZED TRAINING AND GROUP COACHING, T&N PROVIDES ACCESS TO THE TOOLS AND RESOURCES PARTNERS CAN USE TO ADVANCE THEIR MISSION AND IMPACT. CONTENT STEMS FROM NEEDS IDENTIFIED BY ACAM'S PARTNERS, INDUSTRY BEST PRACTICE STANDARDS, AND THE NETWORK'S COMMITMENT TO THE CONTINUOUS IMPROVEMENT OF CLIENT-CENTERED PROGRAMMING.
4c	(Code:) (Expenses \$ 69,286 including grants of \$ 0) (Revenue \$ 73,164) COMMUNITY EDUCATION AND OUTREACH (COMMED) - LAST YEAR, ACAM ELEVATED THE VISIBILITY OF THE NETWORK AT 607 COMMUNITY EDUCATION & OUTREACH EVENTS FOCUSED ON NINE PRIORITY AREAS TO SHAPE STRONGER, MORE RESILIENT NONPROFITS, COMMUNITIES AND FAMILIES. THIS INCLUDED MAKING CONNECTIONS AT MEETINGS, PRESENTING AT CONFERENCES, HOSTING AND ATTENDING WORKSHOPS, COORDINATING PANEL DISCUSSIONS, AND OTHER OPPORTUNITIES. THROUGH WELL-ESTABLISHED RELATIONSHIPS WITH NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS ACROSS THE REGION, ACAM STAYS INFORMED ABOUT INDUSTRY TRENDS AND BEST PRACTICES, AND CHAMPIONS THE ISSUES THAT MATTER MOST TO OUR PARTNERS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 5,358,004 including grants of \$ 3,089,956) (Revenue \$ 5,658,860)
4e	Total program service expenses 5,563,923

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	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	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
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), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	26
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	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 income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	X
	If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8	
1b	Enter the number of voting members included on line 1a, above, who are independent.	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official.	X	
15b	Other officers or key employees of the organization.	X	
	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 arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ 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 name, address, and telephone number of the person who possesses the organization's books and records
 SHARON ZACHARY
 10200 RICHMOND AVENUE STE 110, HOUSTON, TX 77042
 713-640-5192

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON ZACHARY CEO	35.00 0.00			X	X	X		215,680	0	0
(2) ADRIANA WILSON GHOYC MANAGING DIRECTOR	35.00 0.00				X			113,921	0	0
(3) FRED ROBERTSON CHAIR	1.00 0.00	X		X						
(4) SARAH DUCKERS SECRETARY/TREASURER	1.00 0.00	X		X						
(5) CATHY MOORE DIRECTOR	1.00 0.00	X								
(6) DEYSI CRESPO DIRECTOR	1.00 0.00	X								
(7) DEBBIE S GIBSON DIRECTOR	1.00 0.00	X								
(8) GWENDOLYN J SIMS DIRECTOR	1.00 0.00	X								
(9) DR VALERIE BAHAR DIRECTOR	1.00 0.00	X								
(10) DAVID C VASQUEZ DIRECTOR	1.00 0.00	X								
(11) MICHAEL J ZARICH DIRECTOR	1.00 0.00	X								
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								329,601	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								329,601	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.*

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.*

4	X	
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.*

5		X
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Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(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	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	7,700			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	3,230,917			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,745,928			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 96,485			
	h	Total. Add lines 1a-1f		5,984,545			
	Program Service Revenue			Business Code			
2a		PROFESSIONAL DEVELOPMENT	611430	1,111	1,111		
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		Total. Add lines 2a-2f		1,111			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		76,722	76,722		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			0	0			
	b	Less: cost or other basis and sales expenses	7b	0	0		
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18					
			8a	0			
	b	Less: direct expenses	8b	0			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19					
9a			0				
b	Less: direct expenses	9b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
		10a	0				
b	Less: cost of goods sold	10b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
	11a	LUNCHEON FEES		96,604	96,604		
	b			0			
	c			0			
	d	All other revenue		0			
	e	Total. Add lines 11a-11d		96,604			
12	Total revenue. See instructions.			6,158,982	174,437	0	0

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,089,956	3,089,956		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	215,680	194,155	9,987	11,538
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,309,501	1,177,278	61,350	70,873
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	367,584	305,741	44,255	17,588
10	Payroll taxes	114,222	103,308	4,855	6,059
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	163,825	159,497	2,177	2,151
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	452			452
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	244,572	219,328	21,836	3,408
12	Advertising and promotion	32,016	24,553	2,663	4,800
13	Office expenses	124,918	101,298	14,027	9,593
14	Information technology	24,991	18,152	5,434	1,405
15	Royalties	0			
16	Occupancy	68,371	59,208	6,351	2,812
17	Travel	35,427	33,677	1,222	528
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	12,472	11,414	588	470
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	FACILITIES & EQUIPMENT SERVICES	11,404	9,105	904	1,395
b	MEMBER TRAINING / NETWORKING	78,457	57,253		21,204
c		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	5,893,848	5,563,923	175,649	154,276
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	892,610	1	1,653,068
	2 Savings and temporary cash investments	1,654,321	2	2,040,548
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	608,605	4	125,042
	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	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	26,607	9	5,633
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b Less: accumulated depreciation 10b 0	0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	305,674	15	243,158
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,487,817	16	4,067,449	
Liabilities	17 Accounts payable and accrued expenses	379,778	17	138,258
	18 Grants payable	764,245	18	444,987
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	300,661	25	1,175,937
	26 Total liabilities. Add lines 17 through 25	1,444,684	26	1,759,182
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,165,694	27	1,340,485
	28 Net assets with donor restrictions	877,439	28	967,782
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	2,043,133	32	2,308,267
33 Total liabilities and net assets/fund balances	3,487,817	33	4,067,449	

Part XI Reconciliation of Net AssetsCheck 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	6,158,982
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,893,848
3	Revenue less expenses. Subtract line 2 from line 1	3	265,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,043,133
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,308,267

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Employer identification number

27-5410988

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,363,261	4,448,026	5,399,120	4,701,571	6,082,260	23,994,238
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,363,261	4,448,026	5,399,120	4,701,571	6,082,260	23,994,238
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						23,994,238

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3,363,261	4,448,026	5,399,120	4,701,571	6,082,260	23,994,238
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30	2,351	15,783	71,501	76,722	166,387
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						24,160,625
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	99.31%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	99.56%
16a 33 1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ 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.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
b Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6 0
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8 0
9	Line 7 amount divided by line 8 amount	9 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020	0		
b From 2021	0		
c From 2022	0		
d From 2023	0		
e From 2024	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2025 distributable amount			0
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2025 from Section D, line 6: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2025 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2026. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2021	0		
b Excess from 2022	0		
c Excess from 2023	0		
d Excess from 2024	0		
e Excess from 2025	0		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Name of the organization

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Employer identification number

27-5410988

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON TX 77007 Foreign State or Province: _____ Foreign Country: _____	\$ 60,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	THE GEORGE FOUNDATION 310 MORTON STREET, PMB SUITE C RICHMOND TX 77469 Foreign State or Province: _____ Foreign Country: _____	\$ 80,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	TEXAS DEPARTMENT OF HOUSING & COMMUNITY 221 E 11TH STE 400 AUSTIN TX 78701 Foreign State or Province: _____ Foreign Country: _____	\$ 631,357	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	THE ASPEN FORUM FOR COMMUNITY SOLUTIONS 2300 N STREET, NW STE 700 WASHINGTON DC 20037 Foreign State or Province: _____ Foreign Country: _____	\$ 620,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	WELLS FARGO 1000 LOUISIANA ST, 16TH FLOOR HOUSTON TX 77002 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	HOUSTON-GALVESTON AREA COUNCIL (H-GAC) 3555 TIMMONS LN STE 100 HOUSTON TX 77027 Foreign State or Province: _____ Foreign Country: _____	\$ 1,046,873	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE WILLIAM STAMPS FARISH FUND 1100 LOUISIANA ST STE 2200 HOUSTON TX 77002 Foreign State or Province: _____ Foreign Country: _____	\$ 360,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	DURIO & KOPPAL, P.C. (IN KIND) 12250 QUEENSTON BLVD HOUSTON TX 77095 Foreign State or Province: _____ Foreign Country: _____	\$ 13,850	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9	FRED & SARA ROBERTSON 2321 PERSA STREET HOUSTON TX 77019 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	COMMUNITY HEALTH CHOICE (CHC) 4888 LOOP CENTRAL DR STE 600 HOUSTON TX 77081 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	THE JERRY C. DEARING FAMILY FOUNDATION 310 TIMBERWILDE LANE HOUSTON TX 77024 Foreign State or Province: _____ Foreign Country: _____	\$ 95,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	MAREK FAMILY 3701 PINEYWOODS DRIVE HOUSTON TX 77018 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	TEXAS STATE AFFORDABLE HOUSING CORPORA 6701 SHIRLEY AVENUE AUSTIN TX 78752 Foreign State or Province: _____ Foreign Country: _____	\$ 13,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	ALAINE ZACHARY (IN KIND) 6125 STILLMEADOW DR NASHVILLE TN 37211 Foreign State or Province: _____ Foreign Country: _____	\$ 68,700	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
15	UNION PACIFIC RAILROAD FOUNDATION 1400 DOUGLAS STREET OMAHA NE 68179 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	HOUSTON ENDOWMENT, INC 3683 WILLIA STREET HOUSTON TX 77007 Foreign State or Province: _____ Foreign Country: _____	\$ 1,100,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	JP MORGAN CHASE 270 PARK AVENUE NEW YORK NY 10017 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	HARRIS COUNTY OFFICE OF COUNTY ADMINISTR 1001 PRESTON ST 1ST FLOOR HOUSTON TX 77002 Foreign State or Province: _____ Foreign Country: _____	\$ 1,461,180	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER STE 1900 HOUSTON TX 77024 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	CITIES FOR FINANCIAL EMPOWERMENT FUND 44 WALL ST, 1050 NEW YORK NY 10005 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	CAROLYN WATSON 742 E 17TH ST HOUSTON TX 77008 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	DOVETAIL IMPACT FOUNDATION 1111 NORTH POST OAK RD HOUSTON TX 77055 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23	TEXAS MUTUAL INSURANCE COMPANY 2200 ALDRICH ST AUSTIN TX 78723 Foreign State or Province: _____ Foreign Country: _____	\$ 75,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24	TRELLIS FOUNDATION 301 SUNDANCE PKWY ROUND ROCK TX 78681 Foreign State or Province: _____ Foreign Country: _____	\$ 200,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SEAN & JULIA STEINKE CHARITABLE GIFT FUND 5510 HOLLY ST HOUSTON TX 77081 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26	TEXAS A & M UNIVERSITY 400 BIZZELL ST COLLEGE STATION TX 77843 Foreign State or Province: _____ Foreign Country: _____	\$ 5,126	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27	TEXAS WORKFORCE COMMISSION 101 E 15TH ST AUSTIN TX 78778 Foreign State or Province: _____ Foreign Country: _____	\$ 86,380	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	27-5410988

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	IN KIND ACCOUNTING SERVICES	\$ 13,850	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	IN KIND ACCOUNTING SERVICES	\$ 68,700	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country	----- ----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country	----- ----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country	----- ----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country	----- ----- ----- -----	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Employer identification number

27-5410988

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET	236,956
(2) DEPOSITS	6,202
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	243,158

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Operating Lease Liability	241,165
(3) REFUNDABLE ADVANCE	934,772
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	1,175,937

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

Part XIII Supplemental Information (continued)

[illegible]

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

27-5410988

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC CHARITIES OF THE A 10800 LOUISIANA ST. HOUSTON, TX	74-1109733		95,000				PATHWAYS PROGRAM
(2) EPIPHANY COMMUNITY HEALTH 9894 BISSONNET ST, SUITE 900 HO	76-0645238		555,275				HOUSING STABILITY & HELPING HANDS
(3) HUMBLE AREA ASSISTANCE MI 1302 1ST ST E HUMBLE, TX 77388	76-0298820		235,016				WORKFORCE & HELPING HANDS
(4) MEMORIAL ASSISTANCE MINIST 1625 BLALOCK RD HOUSTON, TX 77	76-0044172		185,000				PATHWAYS PROGRAM
(5) WESLEY COMMUNITY CENTER, 1410 LEE ST HOUSTON, TX 77009	74-1132578		291,136				PATHWAYS PROGRAM & HOUSING STABILITY
(6) WEST HOUSTON ASSISTANCE M 10501 MEADOWGLEN LANE HOUST	76-0001309		134,777				HOUSING STABILITY
(7) WORKTEXAS TRAINING CENTER 3900 ESSEX LN, STE 1200 HOUSTO	84-2049231		224,815				WORKFORCE
(8) SER-JOBS FOR PROGRESS OF 1210 TELEPHONE RD HOUSTON, TX	74-1590387		35,000				CAPACITY BUILDING
(9) CENTER FOR CAREER TRANSFO 6363 RICHMOND AVE, STE 320 HOL	81-3926366		115,000				PATHWAYS PROGRAM
(10) EAST HARRIS COUNTY EMPOW 11821 E, FWY SUITE 500 HOUSTON	27-0377576		53,481				HELPING HANDS BENEFITS
(11) NORTHWEST ASSISTANCE MINI 15555 KUYKENDAHL ROAD HOUSTO	76-0088702		45,000				PATHWAYS PROGRAM
(12) CAREER & RECOVERY RESOUR 2525 SAN JACINTO ST HOUSTON, T	74-1161942		63,983				HELPING HANDS BENEFITS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table 25

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
-----------------	--

Part III can be duplicated if additional space is needed.

Part IV can be duplicated in additional copies if needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

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Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) TARGET HUNGER INC 1260 SHOTWELL ST HOUSTON, TX 77020	31-1548849		123,756				HELPING HANDS BENEFITS ASSISTANCE
(14) COMMUNITY FAMILY CENTERS INC 7524 AVENUE E HOUSTON, TX 77012	74-1691632		214,356				HELPING HANDS BENEFITS ASSISTANCE
(15) ATTACK POVERTY PO BOX 63 RICHMOND, TX 77406	45-2401548		77,622				HELPING HANDS BENEFITS ASSISTANCE
(16) THE HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456		144,856				HELPING HANDS BENEFITS ASSISTANCE
(17) BREAD OF LIFE INC 2019 CRAWFORD ST HOUSTON, TX 77002	76-0386510		103,838				HELPING HANDS BENEFITS ASSISTANCE
(18) PEARLAND LEADERSHIP FOUNDATIO 6117 BROADWAY ST PEARLAND, TX 77581	36-4947582		75,000				CAPACITY BUILDING
(19) TEJANO CENTER FOR COMMUNITY C 2950 BROADWAY ST HOUSTON, TX 77017	76-0377101		115,000				PATHWAYS PROGRAM
(20) HARRIS COUNTY PUBLIC LIBRARY FO 5749 SOUTH LOOP E HOUSTON, TX 77033	33-2196235		9,500				CAPACITY BUILDING
(21) PX PROJECT INC 6856 BELLAIRE BLVD, BLDG 5 HOUSTON, T	85-0830039		9,500				CAPACITY BUILDING
(22) THE UNIVERSITY OF TEXAS AT AUST 110 INNER CAMPUS DR AUSTIN, TX 78712	74-6000203		9,500				CAPACITY BUILDING
(23) UNIVERSITY OF HOUSTON SYSTEM 4302 UNIVERSITY DRIVE, ROOM 316 HOUS	74-6001399		54,500				CAPACITY BUILDING
(24) YOUNG INVINCIBLES 401 BRANARD ST, NUM 116 HOUSTON, TX	46-2214021		9,500				CAPACITY BUILDING
(25) MONTROSE GRACE PLACE 2515 WAUGH DR HOUSTON, TX 77006	27-2773965		9,500				CAPACITY BUILDING
(26) -----							
(27) -----							
(28) -----							
(29) -----							

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.	Employer identification number 27-5410988
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Part III Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Employer identification number

27-5410988

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SHARON ZACHARY 1 CEO	(i)	175,680	40,000				215,680	
	(ii)						0	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

Employer identification number

27-5410988

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archaeological artifacts				
25 Other (<u>PROFESSIONAL SE</u>)	X		91,932	FAIR MARKET VALUE
26 Other (<u>OCCUPANCY</u>)	X		4,553	FAIR MARKET VALUE
27 Other (<u> </u>)				
28 Other (<u> </u>)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

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SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES, INC.

27-5410988

Form 990, Part III, Line 4d: Program Service Expenses: 2,803,860, Grants and allocations:

2,155,535, Revenue: 2,875,179 COLLABORATIVE INITIATIVES - ACAM LEADS CROSS-SECTOR INITIATIVES THAT HELP FAMILIES STRENGTHEN HEALTH, HOUSING STABILITY, AND FOOD SECURITY. THROUGH COORDINATED PARTNERSHIPS, ACAM CONNECTS FAMILIES WITH ASSISTANCE APPLYING FOR HEALTH COVERAGE AND OTHER HEALTH-RELATED PROGRAMS, ACCESSING HOUSING STABILIZATION RESOURCES, AND OBTAINING NUTRITIOUS FOOD AND ESSENTIAL SUPPORTS. BY ALIGNING NONPROFIT, PUBLIC, AND PRIVATE RESOURCES, ACAM HELPS PARTICIPATING ORGANIZATIONS DELIVER SERVICES MORE EFFICIENTLY, IMPROVE ACCESS, AND SUPPORT FAMILIES IN ACHIEVING GREATER STABILITY AND RESILIENCE.

Form 990, Part III, Line 4d: Program Service Expenses: 328,430, Grants and allocations:

188,455, Revenue: 360,549 HOUSING STABILITY SERVICES - ACAM'S HOUSING STABILITY PROGRAM ADDRESSES THE MYRIAD FACTORS AFFECTING A FAMILY'S ABILITY TO MAINTAIN STABLE HOUSING WITH RESOURCES DESIGNED TO REDUCE THE NEED FOR LONG-TERM RENTAL ASSISTANCE. ACAM WORKS WITH THE MOST VULNERABLE POPULATIONS IN THE REGION TO PROVIDE THREE LEVELS OF HOUSING STABILITY ASSISTANCE - HOMELESSNESS PREVENTION, EVICTION PREVENTION, AND RENTAL ASSISTANCE.

Form 990, Part III, Line 4d: Program Service Expenses: 971,395, Grants and allocations:

336,150, Revenue: 1,166,791 GREATER HOUSTON OPPORTUNITY YOUTH COLLABORATIVE (GHOYC) - ACAM MANAGES THE GREATER HOUSTON OPPORTUNITY YOUTH COLLABORATIVE (GHOYC), A RESPONSE TO THE 124,500 DISCONNECTED YOUTH (AGES 16 TO 24) IN OUR REGION THAT ARE NEITHER WORKING NOR IN SCHOOL, REFERRED TO AS OPPORTUNITY YOUTH (OY). GHOYC CONVENES A NETWORK OF 85+ ORGANIZATIONS, WHICH INCLUDES YOUTH SERVING PROVIDERS, TRAINING CENTERS, AND EMPLOYERS TO FIND, RECONNECT, AND NAVIGATE THESE YOUTH ALONG EDUCATION AND CAREER PATHWAYS TO LONG-TERM SUCCESS.

Form 990, Part III, Line 4d: Program Service Expenses: 1,254,319, Grants and allocations:

409,816, Revenue: 1,256,341 WORKFORCE DEVELOPMENT- QUALITY JOBS WITH LIVING WAGES ARE CRITICAL TO ENSURING EVERY FAMILY CAN FIND A PATH TO STABILITY, HEALTH, AND WEALTH. ACAM STRATEGICALLY FORGES PARTNERSHIPS TO CO-CREATE, PILOT, AND RESOURCE INNOVATIVE PATHWAYS TO EDUCATION AND CAREER SUCCESS. ACAM'S WORKFORCE DEVELOPMENT PROGRAM IS INTENTIONALLY DESIGNED TO DO TWO THINGS: TO REACH OUT TO AND HELP YOUNG ADULTS NAVIGATE RESOURCES, AND TO CONNECT THEM TO FULL-TIME EMPLOYMENT IN HIGH-WAGE, IN-DEMAND FIELDS.

Form 990, Part VI, Section B, Line 11b: AFTER ALL INPUT HAS BEEN APPROPRIATELY ADDRESSED, THE FINAL VERSION OF THE FORM 990 WITH REQUIRED SCHEDULES WILL BE DISTRIBUTED TO EVERY VOTING MEMBER OF ACAM'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE FINAL FORM MAY BE DISTRIBUTED EITHER IN PAPER OR ELECTRONIC FORM IN ANY MANNER DEEMED APPROPRIATE BY THE CHAIR OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 12c: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND REVIEWED ANNUALLY.

Form 990, Part VI, Section B, Line 15: THE BOARD OF DIRECTORS HAVE A WRITTEN REBUTTABLE PRESUMPTION PROCEDURE IN PLACE WHICH MEETS THE FOLLOWING REQUIREMENTS: 1. THE COMPENSATION ARRANGEMENT MUST BE APPROVED IN ADVANCE BY AN AUTHORIZED BODY OF THE APPLICABLE TAX-EXEMPT ORGANIZATION, WHICH IS COMPOSED OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST CONCERNING THE TRANSACTION. 2. PRIOR TO MAKING ITS DETERMINATION, THE AUTHORIZED BODY OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. 3. THE AUTHORIZED BODY ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

Form 990, Part VI, Section C, Line 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. SOME POLICIES MAY BE ON THE ACAM WEBSITE: WWW.ACAMWEB.ORG.

Form 990, Part XII, Line 2c: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY AND OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS.