TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

June 30, 2019

Prepared For:

AIDS Foundation Of Chicago 200 West Monroe Street, Suite 1150 Chicago, IL 60606

Prepared By:

Wipfli LLP 100 Tri-State International Ste 300 Lincolnshire, IL 60069

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

FOR FORM 990 TAXPAYERS, TWO SIGNATURES ARE REQUIRED, BUT NOTARIZATION IS NOT REQUIRED. FOR 990PF TAXPAYERS, TWO SIGNATURE ARE REQUIRED WITH NOTARIZATION.

For Office Use 0				Revised 3/
PMT#		A MADIGAN State of Illir Ireau, 100 West Randolj		# 01-016418
		nicago, Illinois 60601	J., OO	Check all items attached:
AMT	Report for the	e Fiscal Period:	X	
			Make Checks X	
	Beginning 0	7/01/2018	Payable to	Copy of Form IFC
INIT			the Illinois X	
	& Ending 0		Charity Bureau Fund	\$100.00 Late Report Filing Fee
Federal ID #		IO DAY YR		MO DAY YR
Are contribut	ions to the organization tax deductible?	No Date Org	janization was create	ed: 11/13/1985
LEGAL	-		Year-end	
NAME	AIDS FOUNDATION OF CHICAGO		amounts	
MAIL			A) ASSETS	A) \$ 14,891,441
	3 200 WEST MONROE STREET, NO. 1	.150	B) LIABILITIES	B) \$ 3,592,947
	CHICAGO, IL		C) NET ASSETS	C) \$ 11,298,494
	60606	E VEAD.	DEDOENTAGE	ANAOUNT
	MARY OF ALL REVENUE ITEMS DURING TH	, i	PERCENTAGE 14.725%	AMOUNT D) \$ 4,390,904
,	UBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (G OVERNMENT GRANTS & MEMBERSHIP DUES	iROSS AMTS.)	84.696%	D) \$ 4,390,904 E) \$ 25,255,791
_, -,	UVERNMENT GRANTS & MEMBERSHIP DUES THER REVENUES		0.579%	F) \$ 172,543
F) 0	THEN NEVEROLES		0.575%	1/ Ψ 1/2,343
G) Ti	OTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D	F & F)	100 %	G) \$ 29,819,238
	MARY OF ALL EXPENDITURES DURING THE		100 70	s, t
	PERATING CHARITABLE PROGRAM EXPENSE		23.387%	H) \$ 7,008,378
11,	TENTING OF THE THOUSE THE GROWN ENGLE			Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι
I) EI	DUCATION PROGRAM SERVICE EXPENSE		%	1) \$
,				
J) To	OTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		23.387%	J) \$ 7,008,378
J1) J(DINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN	J): <u>\$</u>		
10. 0	DANTO TO OTUED CHARITARI E ODCANIZATIONO		66 570 %	10 0E1 010
K) G	RANTS TO OTHER CHARITABLE ORGANIZATIONS		66.579%	κ ₎ \$ 19,951,818
1) T	OTAL CHARITARIE RECOGRAM CERVICE EVENINTURE (ARR. 1.0 M	^	89.965%	L) \$ 26,960,196
L) To	OTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K	·)	03.303 /6	L) \$ 20,500,150
M) M	ANAGEMENT AND GENERAL EXPENSE		5.009%	M)\$ 1,501,071
,				γ
N) Fl	JNDRAISING EXPENSE		5.025%	N) \$ 1,506,000
0) T	OTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	0) \$ 29,967,267
III. SUM	MARY OF ALL PAID FUNDRAISER AND CONS	SULTANT ACTIVITIES:		
,	h Attorney General Report of Individual Fundraising Campaign- Form	n IFC. One for each PFR.)		
	ESSIONAL FUNDRAISERS:			Δ, Φ
P) 10	OTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ 0
O) T(OTAL FUNDDAIGEDS FEES AND EVDENISES		0/	Q) \$
Q) To	OTAL FUNDRAISERS FEES AND EXPENSES		%	α) φ
R) N	ET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
,	· · · · · · · · · · · · · · · · · · ·	ι	/6	/ 〒
	<u>ESSIONAL FUNDRAISING CONSULTANTS;</u> DTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULT <i>A</i>	ANTS		s) \$ 0
	IPENSATION TO THE (3) HIGHEST PAID PER		AR:	
<u>T)</u> N.	AME, TITLE:JOHN PELLER, PRESIDENT &	CEO		T) \$ 142,546
	AME, TITLE:LAURIE WETTSTEAD, CHIEF F			U) \$ 138,611
V) N	AME, TITLE:SIMONE G. KOEHLINGER, CHI	EF PROGRAMS OFF	ICER	V) \$ 122,558
V. CHA	RITABLE PROGRAM DESCRIPTION: CHARITABLE CODE CATE	E PROGRAM (3 HIGHEST BY \$ EXPENDED GORIES)	List on back side of instructions
				CODE
1 	ESCRIPTION: HOUSING & HEALTH FOR VUL	NERABLE POPULAT:	LONS	W)# 300
<u>X)</u> D	ESCRIPTION:			X) #
(ESCRIPTION:			Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
	[
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
COURT OF ANY MICOEMICANOTHIN VOLVING THE MICOCOL OF MICAL THO HIATION OF FONDS OF ANY FLECTURE	۲. ا		
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,	- 1		
DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,	- 1		
DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE	- 1		
	3.	1	Х
ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	٥. ا		21
4 HAS THE ODGANIZATION INVESTED IN ANY CORDODATE STOCK IN WHICH ANY OFFICED DIRECTOR OR TRUSTEE OWNS MODE	- 1		
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE	۱,	I	Х
THAN 10% OF THE OUTSTANDING SHARES?	4.		^
E LO ANY PROPERTY OF THE ORGANIZATION HELD IN THE MANE OF OR COMMINCH ED WITH THE PROPERTY OF ANY OTHER DEPOCAL	- 1		
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	_ }	1	v
OR ORGANIZATION?	5.		X
	_ }	-	37
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
	- 1		
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	ŀ	Т	77
BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
	- 1		
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	- 1		
ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND	- 1		
GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$	- 1		
	_ }	ı	37
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
	- 1		
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			77
REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
	- 1		
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	ļ	-	
COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10. [X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
THREE LARGEST ACCOUNTS:			
DANK OF AMERICA CUICAGO II #5000201505 #500020072			
BANK OF AMERICA, CHICAGO, IL #5800281585, #5800399072			
DMC DANK CUTCAGO II #46 0279 0025			
PNC BANK, CHICAGO, IL #46-0278-9035			
12 NAME AND TELEPHONE NUMBER OF CONTROL DEPOSIT LETT AND ADVANCE AND A 1210 NO. 0200			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LEILANI NAVALTA - (312)922-2322			
ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

BE SURE TO INCLUDE ALL FEES DUE:

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

|--|

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

<u>X</u>

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

BEN DARCY

SIGNATURE

Bennett Darcy

5/14/2020

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

▶ 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.

Open to Public

AF	or the	2018 calendar year, or tax year beginning 00L 1, 2015 and e	enaing U	ON 30, 4019			
В с	heck if pplicable	C Name of organization		D Employer identifie	cation number		
X	Addres	AIDS FOUNDATION OF CHICAGO					
	Name change	Doing business as	36-3412054				
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) 200 WEST MONROE STREET	E Telephone number (312)922-2322				
	⊐return/ termin- ated		.150	G Gross receipts \$	29,866,051.		
	Amend	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606		-			
	∐return ∏Applica			H(a) Is this a group re			
	⊥tion pendin	SAME AS C ABOVE	for subordinates				
				H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: ► WWW.AIDSCHICAGO.ORG	r 527	1 '	list. (see instructions)		
			1 1/227	H(c) Group exemption	n number ► 1 State of legal domicile: IL		
		organization: X Corporation Trust Association Other ► Summary	L Year	or formation: 1903 N	1 State of legal domicile: 11		
		Briefly describe the organization's mission or most significant activities: THE A	TDC F	OTINDATION OF	T CHICAGO		
e		MOBILIZES COMMUNITIES TO CREATE EQUITY AND					
Activities & Governance		Check this box if the organization discontinued its operations or dispose					
err				1 - 1	31		
9					31		
જ		Number of independent voting members of the governing body (Part VI, line 1b) Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			135		
ties					325		
ţi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ac		Net unrelated business taxable income from Form 990-T, line 38			0.		
		vet differated business taxable income from Form 990-1, life 30		Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		27,451,562.	28,373,249.		
ne				1,001,354.	1,054,881.		
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		95,937.	121,646.		
Re		Other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		-111,239.	-186,240.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,437,614.	29,363,536.		
				18,345,532.	19,951,818.		
				0.	0.		
	45 (Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,700,365.	7,086,726.		
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	h.	Fotal fundraising expenses (Part IX, column (D), line 25) 1,050,29	8.	<u> </u>	3.		
EX	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,557,929.	2,473,021.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,603,826.	29,511,565.		
		Revenue less expenses. Subtract line 18 from line 12		833,788.	-148,029.		
-se		tevende less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	100	12,663,576.	14,891,441.		
Assi Bal	21	Fotal liabilities (Part X, line 26)		1,263,866.	3,592,947.		
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20		11,399,710.	11,298,494.		
Pa	rt II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of whice			,		
Sigr	ո	Signature of officer		Date			
Her	I	LAURIE WETTSTEAD, CHIEF FINANCIAL OFFIC	CER				
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN		
Paid	ļ	BEN DARCY BEN DARCY	0	5/13/20 if self-employ			
	arer	Firm's name ▶ WIPFLI LLP		Firm's EIN ▶	39-0758449		
Use		Firm's address 100 TRI-STATE INTERNATIONAL STE	300				
		LINCOLNSHIRE, IL 60069		Phone no. 84	7.941.0100		
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pai	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	TOTT MY
	THE AIDS FOUNDATION OF CHICAGO MOBILIZES COMMUNITIES TO CREATE	
	AND JUSTICE FOR PEOPLE LIVING WITH AND VULNERABLE TO HIV AND F	ELATED
	CHRONIC DISEASES.	
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	y 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 \$26,960,196. including grants of \$19,951,818.) (Revenue \$	1,054,881.)
	AIDS FOUNDATION OF CHICAGO (AFC) PROVIDES SYSTEMS-LEVEL LEADER	SHIP TO
	THE CHICAGO AREA'S HIV/AIDS SECTOR BY PROVIDING FUNDING TO AND)
	COORDINATING THE ACTIVITIES OF CHICAGO'S REGIONAL CASE MANAGEM	IENT
	SYSTEM; PROVIDING FUNDING FOR PERMANENT, SUPPORTIVE HOUSING IN	CLUDING
	RENTAL, UTILITY AND/OR FURNITURE ASSISTANCE; PROVIDING FUNDING	; TO
	COMMUNITY ORGANIZATIONS PROVIDING HIGH QUALITY HIV/AIDS PROGRA	MMING;
	AND ENGAGING IN LOCAL AND STATEWIDE ADVOCACY TO PROMOTE HIV/AI	DS
	FUNDING AND SERVICES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 26,960,196.	
		Form 990 (2018)

Form 990 (2018) AIDS FOUNDATION OF CHICAGO 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?	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
'		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		<u> </u>
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	\vdash
19	,	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
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		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

832003 12-31-18

Form 990 (2018) AIDS FOUNDATION OF Part IV | Checklist of Required Schedules (continued)

22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule I, Part I and III 2. Did the organization aware "art to Part VII, Section A, Inins 3, 4 or 5 about compensation of the organization's current and former offices, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV and III and II		continued)			Yes	No					
Part X. column (A), line 2? if "res," competes Schedule I, Parts I and III 2 22	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on		162	NO					
23 Did the organization answer "Vest to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, furstees, key employees, and highest compensated employees?" If "Yes," complete Schedule I. Part IV poly of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the size divide the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the size divided in the principal amount of more than \$100,000 as of the size divided in the part of the size of the organization maintain an escrive account of the than a returning escrive at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 25s Section \$01(5)(3), \$01(6)(4), and \$01(6)(20) organizations. Did the organization is principal and account of the organization and the size of the organization size of the organization organization and the size of the organization size of the size of the organization size of the size o				22	x						
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 24a Did the organization have a fax-exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," to to line 25a. 25b Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization have an "On behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26d Did the organization have a department of the secretary of the principal of the principal and the termination of the adjustment of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been proported on any fifth "Pres, "complete Schedule L, Part I" 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, present the present of the present of the organization provide a part or other assistance to an officer, director, tustee, key employee, substantial contributor or employee thereof, a grant assection committee mether, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27d Did the organization receive contributions of an Accordance or organization receive and presentation and the presentation of the organization receive and presentation with an officer, director, trustee, or key employee? If	23										
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. The organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O ortains a response or note to any line in this Part V The Note organization complete Schedule O contains a response or note to any line in this Part V To the organization comply with backup withholding	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member the	nereof) was an officer,								
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contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes Note. All Form 990 filers are required to complete Schedule O for Part VI II a 654 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 b Enter the number of Forms W-2	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ule M	29		X					
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If "Yes," complete Schedule R, Part V, line 2 36	36	· · · · · · · · · · · · · · · · · · ·									
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					Yes	No					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c				-							
(gambling) winnings to prize winners?			L ID	-							
	С		portable gaming	4-							
	83300				990	(2018)					

ı aı	Statements negarding other instrinings and tax compliance (continued)											
			1		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		125									
	filed for the calendar year ending with or within the year covered by this return	_2a	135		37							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х							
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			0-		X						
	· · · · · · · · · · · · · · · · · · ·			3a								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other		-	4a		х						
h	If "Yes," enter the name of the foreign country:	ccoui	11) !	'1 a								
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
_	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		X						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	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 contribution	ons or	gifts									
	were not tax deductible?			6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices p	rovided to the payor?	7a	Х	<u> </u>						
b				7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired									
	to file Form 8282?	l	I	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		37						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00	7f								
g h	If the organization received a contribution of qualified intellectual property, did the organization file Follif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11								
Ū	sponsoring organization have excess business holdings at any time during the year?	Dy til	o .	8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
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:	1	1									
а	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										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a								
	,	12b	l									
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a								
а	Note. See the instructions for additional information the organization must report on Schedule O.			13a								
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
~	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
14a				14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner											
	excess parachute payment(s) during the year?			15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X						
	If "Yes," complete Form 4720, Schedule O.				000							
				Form	990	(2018)						

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

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31								
	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 in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	, , , , , , , , , , , , , , , , , , , ,										
5											
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?			7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code.)								
			,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X						
b	Describe in 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			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶IL										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s	only) a	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.		. , , ,								
	X Own website Another's website X Upon request Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financ	ial						
	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 boo	ks and	d records								
	LEILANI NAVALTA - (312)922-2322		-								
	200 WEST MONROE STREET, NO. 1150, CHICAGO, IL 6060)6									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) (B) Name and Title Average		(do		(C	C) ition	•		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GARY BERINGER	0.50								_	
DIRECTOR		Х						0.	0.	0.
(2) GEOF BROWN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) PAULA FRIEDMAN DIRECTOR	0.50	Х						0.	0.	0.
(4) YUSEF GARCIA	0.50							•		
DIRECTOR	- 5155	х						0.	0.	0.
(5) LARRY GIDDINGS	0.50								Ţ.	
DIRECTOR		х						0.	0.	0.
(6) LANCE GLASS	1.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
(7) ABBAS HYDERI, M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KEVIN JAMES	0.50									
DIRECTOR		Х						0.	0.	0.
(9) CRAIG JOHNSON	0.50									
DIRECTOR		Х						0.	0.	0.
(10) NICOLE KAZEE	0.50									
DIRECTOR	1.50	Х						0.	0.	0.
(11) JANET LIN	0.50									
DIRECTOR		X						0.	0.	0.
(12) CONDON MCGLOTHLEN	0.50									
DIRECTOR (THRU 10/18)		Х						0.	0.	0.
(13) PARIS MULLEN	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(14) ROBERT NEUBERT	0.50									
DIRECTOR		Х						0.	0.	0.
(15) MARY POUNDER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ESTEBAN RODRIGUEZ	0.50							_	_	_
DIRECTOR	2	Х						0.	0.	0.
(17) NAN SILVA	0.50	<u>-</u>								_
DIRECTOR		X						0.	0.	0.

832007 12-31-18

	INDATION	OF	, C	:HT	CA	GO)		36-3412	054	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)	((F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	amo	mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fror organ and r	ensation m the nization related izations
(18) TOM SONDERGELD	1.00										
DIRECTOR		X						0.	0.		0.
(19) JOSEPH STOKES, PH.D.	0.50										
DIRECTOR		Х						0.	0.		0.
(20) J. BEN STRINGFELLOW	1.00										
DIRECTOR		Х						0.	0.		0.
(21) JP VALADEZ	0.50										
DIRECTOR		Х						0.	0.		0.
(22) KARRIEM WATSON	1.00										
DIRECTOR		Х						0.	0.		0.
(23) KULIVA WILLBURN	0.50										
DIRECTOR		Х						0.	0.		0.
(24) ANNA LAUBACH	1.00										
CHAIR		Х		X				0.	0.		0.
(25) ANTHONY BRUCK	1.00										
CHAIR OF POLICY & ADVOCACY		Х		Х				0.	0.		0.
(26) EDWARD W. DIFFIN, III	1.00										
CHAIR OF GOVERNANCE		X		X				0.	0.		0.
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part \	/II, Section A							725,866.	0.	168	,191.
d Total (add lines 1b and 1c)		<u></u>						725,866.	0.	168	<u>,191.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											6
										Y	'es No
3 Did the organization list any former office	r, director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for	such individual									3	X

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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.

and diganization: Hoport compensation for the calcinate year chaing with or within	in the erganization e tax year.	
(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
SPECIAL EVENTS MANAGEMENT, INC.	EVENT MANAGEMENT	
2221 WEST 43RD STREET, CHICAGO, IL 60609	SERVICES	102,000.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 AIDS FOU	NDATION	OF	' C	HI:	CA	<u>.GO</u>			36-341	2054
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				emply		organization	(W-2/1099-MISC)	from the
	hours for	or di	tee			sated		(W-2/1099-MISC)		organization and related
	related organizations	rustee	l trusi		ee	npen				organizations
	below	ndividual trustee or director	nstitutional trustee	_	Key employee	st coi	<u>~</u>			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(27) LORI KAUFMANN	1.00									
CHAIR OF FUND DEVELOPMENT		Х		Х				0.	0.	0.
(28) CHAD THOMPSON	1.00									
CHAIR OF STRATEGIC PLAN COMMITTEE	2.00	Х		Х				0.	0.	0.
(29) TERRI FRIEL	1.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(30) JEFFREY GREEN	1.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(31) ERNIE RODRIGUEZ	1.00									
SECRETARY & GRANT MAKING CHAIR		Х		Х				0.	0.	0.
(32) TONY TINTINALLI	1.00									
TREASURER & FINANCE CHAIR		Х		Х				0.	0.	0.
(33) JOHN PELLER	45.00									
PRESIDENT & CEO				Х				142,546.	0.	42,465.
(34) LAURIE WETTSTEAD	45.00									
CHIEF FINANCIAL OFFICER				Х				138,611.	0.	30,547.
(35) SIMONE G. KOEHLINGER	40.00									
CHIEF PROGRAMS OFFICER	0.50					Х		122,558.	0.	28,086.
(36) RAMON GARDENHIRE	40.00									
VP OF POLICY AND ADVOCACY						X		107,625.	0.	12,664.
(37) KATHYE GOROSH	40.00									
SENIOR VP OF STRATEGIC INITIATIVES						Х		105,040.	0.	27,911.
(38) EDWARD WAGNER	40.00								_	
CHIEF OFFICER OF EXTERNAL RELATIONS						Х		109,486.	0.	26,518.
		-								
	-									
		-								
	+					\vdash				
		1								
	+									
		1								
	+									
		1								
		1								
		1								
		1								
		•			•					
Total to Part VII, Section A, line 1c								725,866.		168,191.
										•

36-3412054

Statement of	f Revenue
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		Check if Schedule O conta	ine a reenonee	or note to any line	a in this Part VIII			
		Cricck ii Gerieddie G corita	iii a response	or flote to arry line	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function	business	sections 512 - 514
			1 1			revenue	revenue	512 - 514
nts nts		Federated campaigns						
ir our	b	Membership dues	1b					
S, C	С	Fundraising events	1c	975,246.				
ar i	d	Related organizations	1d					
s, C	е	Government grants (contribution	ons) 1e	25,255,791.				
Sign	f	All other contributions, gifts, grants	s, and					
be but		similar amounts not included abov	e 1 f	2,142,212.				
Ē	a	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			28,373,249.			
				Business Code				
4	2 a	COMMUNITY LINKS REVENUE		624100	620,144.	620,144.		
je	2 u b			624100	370,377.	370,377.		
jer ue				021200	0,0,0,,,	0,0,0,,,		
m S	C							
gra Be	d							
Program Service Revenue	e			624100	64 360	64 360		
-	•	All other program service rever	nue	 	64,360.	64,360.		
_		Total. Add lines 2a-2f			1,054,881.			
	3	Investment income (including of			106.050			105.0=0
		other similar amounts)			106,879.			106,879.
	4	Income from investment of tax	-	•				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		61,580.				
	b	Less: cost or other basis						
		and sales expenses		46,813.				
	С	Gain or (loss)		14,767.				
	d	Net gain or (loss)		<u></u>	14,767.			14,767.
ø	8 a	Gross income from fundraising	events (not					
ğ		including \$975,	246. of					
eve		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18		218,565.				
the	b	Less: direct expenses		455,702.				
0	С	Net income or (loss) from funda	raising events		-237,137.			-237,137.
	9 a	Gross income from gaming act	tivities. See					
		Part IV, line 19	á	a				
	b	Less: direct expenses		,				
		Net income or (loss) from gami						
		Gross sales of inventory, less r	_					
		and allowances	í	a				
	b	Less: cost of goods sold		,				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
•	11 a							
	b							
	c							
	d			900099	50,897.			50,897.
		Total. Add lines 11a-11d			50,897.			
	12	Total revenue. See instructions			29,363,536.	1,054,881.	0.	-64,594.

Form 990 (2018) AIDS FOUNDATION OF CHICAGO Part IX Statement of Functional Expenses

Ce = *	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Secti	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									
	·	(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising					
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	expenses					
•	and domestic governments. See Part IV, line 21	12,229,621.	12,229,621.							
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	7.722.197.	7,722,197.							
3	Grants and other assistance to foreign	, , , , , , , , , , , , , , , , , , ,	,,,==,==,							
-	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	359,630.	262,111.	58,864.	38,655.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	5,049,589.	3,680,316.	826,519.	542,754.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	225,514.	164,363.	36,912.	24,239. 111,905.					
9	Other employee benefits	1,041,127.	758,810.	170,412.	111,905.					
10	Payroll taxes	410,866.	299,453.	67,251.	44,162.					
11	Fees for services (non-employees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	20.000		22 22						
f	Investment management fees	39,237.		39,237.						
g	Other. (If line 11g amount exceeds 10% of line 25,	405 050	206 216	70 075	20 667					
	column (A) amount, list line 11g expenses on Sch O.)	485,858.	386,216.	78,975. 2,927.	20,667. 610.					
12	Advertising and promotion	7,496. 121,458.	3,959. 86,761.	7,971.	26,726.					
13	Office expenses	373,246.	266,623.	24,494.	82,129.					
14	Information technology	3/3,240.	200,023.	24,494.	02,129.					
15	Royalties	398,601.	314,610.	42,064.	41,927.					
16 17	Occupancy	272,287.	219,903.	39,627.	12,757.					
18	Travel Payments of travel or entertainment expenses	272,207.	213,303.	33,027.	12,737.					
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	180,634.	144,531.	27,473.	8,630.					
20	Interest	200,004.		_,,,,,,,,	2,030.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	99,680.	78,676.	10,519.	10,485.					
23	Insurance	32,132.	25,361.	3,391.	3,380.					
24	Other expenses. Itemize expenses not covered									
٠	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	TENANT RENT WRITE OFF	184,440.	184,440.							
b	PUBLIC EDUCATION	119,697.	106,240.		13,457.					
С	EQUIPMENT RENTAL & MAIN	32,948.	26,005.	3,477.	3,466.					
d										
е	All other expenses	125,307.		60,958.	64,349.					
25	Total functional expenses. Add lines 1 through 24e	29,511,565.	26,960,196.	1,501,071.	1,050,298.					
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)									

Form 990 (2018)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			5,191,829.	2	2,100,614.
	3	Pledges and grants receivable, net			3,506,946.	3	5,643,726.
	4	Accounts receivable, net			1,140,853.	4	1,229,013.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5			329,597.	9	479,034.
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	4,016,073.			
	b				143,189.	10c	2,308,998.
	11	Investments - publicly traded securities			2,254,956.	11	2,454,341.
	12	Investments - other securities. See Part IV, line 1	96,206.	12	74,985.		
	13	Investments - program-related. See Part IV, line			13	•	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	600,730.		
	16	Total assets. Add lines 1 through 15 (must equ			12,663,576.	16	14,891,441.
	17	Accounts payable and accrued expenses			710,136.	17	2,103,183.
	18	Grants payable	109,768.	18	15,000.		
	19	Deferred revenue			443,962.	19	474,764.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officers				
itie		key employees, highest compensated employee	s, and d	lisqualified persons.			
Liabilities						22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			0.	25	1,000,000.
	26	Total liabilities. Add lines 17 through 25			1,263,866.	26	3,592,947.
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
Se		complete lines 27 through 29, and lines 33 an					
ıncı	27	Unrestricted net assets			10,490,686.	27	10,697,095.
3ala	28	Temporarily restricted net assets			909,024.	28	601,399.
Jd E	29					29	
Fur		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			44 202 74	32	44 000 40:
Z	33	Total net assets or fund balances		L	11,399,710.	33	11,298,494.
	34	Total liabilities and net assets/fund balances			12,663,576.	34	14,891,441.

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,51		
3	Revenue less expenses. Subtract line 2 from line 1	3		-14		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	11,399,71				
5	Net unrealized gains (losses) on investments	5		4	6,8	<u>13.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	11	,29	8,4	94.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	•			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				N OF CHICAGO				36-3412054			
Pa	ırt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	\Box	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	\Box	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	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ed in			
3		section 170(b)(1)(A)(iv). (C		loge of aniversity owner	or operat	ca by a go	vornincritar ariit accorib	54 111			
6				antal unit described in	aaalian 17	70/6\/4\/A\	()				
6	T	A federal, state, or local go						10 1 9 1			
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in			
	$\overline{}$	section 170(b)(1)(A)(vi). (C									
8	\sqsubseteq	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or			
		university:									
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from			
		activities related to its exen									
		income and unrelated busin	-	•				-			
		See section 509(a)(2). (Co		(1000 00011011 011 1111/1) 110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou by the organization	2.10. 000 00, .0.0.			
11		An organization organized a	•	vely to test for public sat	fety See	section 50	19(a)(4)				
12	H	An organization organized a	•	•	-			nurnoses of one or			
12	ш	more publicly supported or	=	•	-		•				
								SHECK THE DOX III			
		lines 12a through 12d that				-					
а			· · · · · · · · · · · · · · · · · · ·	•	•	-					
		the supported organization			majority o	of the direc	tors or trustees of the s	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by ha	ving			
		control or management o			ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	•	-							
		functionally integrated, or					31 - 7 31 - 7 31				
f	Ente	er the number of supported of									
		vide the following information									
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))		-110					
								+			

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

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

Sec	ction A. Public Support	7.	•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,	` ,	,	, ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	23311628.	24578929.	25440361.	27451562.	28373249.	129155729
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23311628.	24578929.	25440361.	27451562.	28373249.	129155729
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.						129155729
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	23311628.	24578929.	25440361.	27451562.	28373249.	129155729
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	72,372.	75,817.	67,640.	71,627.	106,879.	394,335.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						129550064
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 8	,449,328.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	_
	organization, check this box and sto	p here					>
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.70 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.72 %
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
					Sche	edule A (Form 990	or 990-EZ) 2018

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,
_	check this box and stop here		-				>
	ction C. Computation of Publi					т т	
	Public support percentage for 2018 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2018. If the						/ is not
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
-		
9c		
10a		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute)	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
р	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement. Perent of Supported Organizations. Answer (a) and (b) below.	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	¹t V	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	Part VI.) See instructions. Al		
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see
	inct victions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ïed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2018 from Section C, line 6			
10		B amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
•	and 4	-			
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
е	EXCES	ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

d section 527 **2018**

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
	ne of organization	and the second s		Emp	oloyer identification number
_	AIDS FO	UNDATION OF CHICA	GO		36-3412054
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	•	. , , , ,		\$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				-1/01
	Enter the amount directly expended	anization is exempt under			***
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here and	of all section 527 polition the filing organiza separate political organ	ical organizations to whiction's funds. Also enter thization, such as a separa	\$ Yes No the filing organization a amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

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

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.				
c Total lobbying expenditures	112,501.	123,419.	127,571.	104,886.	468,377.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures	58,615.	62,615.	68,248.	46,586.	236,064.				

Schedule C (Form 990 or 990-EZ) 2018

Yes

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? P Publications, or published or broadcast statements? G Grants to other organizations for tobbying purposes? D Proct contact with legislators, their staffs, government officials, or a legislative body? P Publications, or published or broadcast statements? D Proct contact with legislators, their staffs, government officials, or a legislative body? D Proct contact with legislators, their staffs, government officials, or a legislative body? D Proct contact with legislators, speaches, lectures, or any similar means? D West contact with legislators and processes and processe	or ead	r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
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	2 [3] [3] [1	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedases the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No," OR (l	2 3, or sec b) Part 1 2a 2b 2c 3 4 5	III-A, line	e 3, is	
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	2 [] Part 1 [] 2 [] 6 [] 6 [] 6 [] 6 [] 7 []	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedases the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No," OR (l	2 3, or sec b) Part 1 2a 2b 2c 3 4 5	III-A, line	= 3, is	
	2 [] Part 1 [] 2 [] 6 [] 6 [] 6 [] 6 [] 7 []	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedases the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No," OR (l	2 3, or sec b) Part 1 2a 2b 2c 3 4 5	III-A, line	e 3, is	
	a (CC)	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedases the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No," OR (l	2 3, or sec b) Part 1 2a 2b 2c 3 4 5	III-A, line	⇒ 3, is	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ATDS FOUNDATION OF CHICAGO

Employer identification number

Pai	TIDS FOUNDATION OF CH TI Organizations Maintaining Donor Advised Fu		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		Complete if the
	organization answered Tes Off Offi 330, Fait W, life 6.	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Berief adviced failed	(a) i dilas ana sala asserna
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	or the state of th	
5	Did the organization inform all donors and donor advisors in writin	_	
	are the organization's property, subject to the organization's exclu		
6	Did the organization inform all grantees, donors, and donor advisor		-
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
Pai		-t'	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (cl		
	Preservation of land for public use (e.g., recreation or educa	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	nt 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 hold	ls?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sat	isfy 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 ea	sements in its revenue and expense	e 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.		
Pai	t III Organizations Maintaining Collections of Art	, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat	tion, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			k
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· -	> \$
b			. .

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

		UNDATION OF)than C		30-34			ıge ∠
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ar	e a signit	ticant u	ise of its c	ollection i	tems	
	(check all that apply):		□ .							
а	Public exhibition	d		hange program	S					
b	Scholarly research	е	Other							—
C	Preservation for future generations		In a constitution of continuous the				i- D-4	VIII		
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit of				sımılar as	sets		٦.,		١
Dar	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran							Yes		No
ı aı	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Ye	es" on Fo	rm 990), Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodi		on, for contribution	or other coest	o not incl	ludad				
ıa								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							_ res		NO
D	ii res, explain the analigement in Part Alli	and complete the follo	owing table.					Amount		
_	Beginning balance					1c		Amount		
	Additions during the year					1d				
	Distributions during the year					1e				
f						1f				
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•					
	rt V Endowment Funds. Complete									
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years b		Three \	ears back	(e) Four	vears t	oack
1a	Beginning of year balance	7,003,122.	6,401,122.	6,421,5			21,582.		360,5	
	Contributions		602,000.						61,0	
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs			20,4	160.					
f	Administrative expenses									
		7,003,122.	7,003,122.	6,401,1	122.	6,4	21,582.	6,	421,5	582.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment ▶ 0 0	%								
С	Temporarily restricted endowment ▶	.00%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	for the c	organiza	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere						<u> </u>			
	Description of property	(a) Cost or ot	, , ,	or other	(c) Accu			(d) Book	value	†
		basis (investm	ierit) basis	(other)	depre	ciation				
	Land									
	Buildings									
	Leasehold improvements		1 77	0 570	1 70	7 0	75	71	E 0	1.4
	Equipment			8,579.	1,70	7,0			, 50	
	Other			7,494.				2,237		
ıotal	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	(column (B) line 10	Oc.)				2,308	, 99	/ O •

Schedule D (Form 990) 2018 AIDS FOUNDA	TION OF CH	IICAGO	36	5-3412054 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 900 Part	IV line 11h See Form 0	00 Part V line 12	
(a) Description of Security or category (including name of security)	(b) Book valu		of valuation: Cost or en	id-of-year market value
(1) Financial derivatives		(7)		<u>, , , , , , , , , , , , , , , , , , , </u>
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book valu	e (c) Method	of valuation: Cost or en	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
	F 000 D1	N/ 15 44-1 O F 04	20 Dart V. Bar 45	
Complete if the organization answered "Yes"	on Form 990, Part Description	IV, line 11d. See Form 9	90, Part X, line 15.	(b) Book value
. ,	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
• •				
(8) (9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	1F \			
Part X Other Liabilities.	? [5.]			· [
Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11e or 11f. See F	orm 990, Part X, line 25	5
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) LINE OF CREDIT		1,000,00	0.	
(3)				
(4)				

(5) (6) (7) (8) 1,000,000. \triangleright Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D ((Form 990) 2018 AIDS	FOUNDATION OF	CHICAGO	36-3412054	Page 4
Part XI	Reconciliation of Reven	ue per Audited Finan	cial Statements With P	levenue per Return.	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	29,371,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	1. 46 013		
b		<u> </u>	
c			
d			
e		2e	7,576.
3	Subtract line 2e from line 1	3	29,363,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	23/303/3300
ъ			
b			
		10	1
C E	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	29,363,536.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	· iotai	•••
_		Т.	29,472,328.
1	Total expenses and losses per audited financial statements	1	29,412,320.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		_	
b	, , ,	_	
C		-	
d	, , , , , , , , , , , , , , , , , , , ,		1
е	9	2e	0.
3	Subtract line 2e from line 1	3	29,472,328.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		-	
b			20 227
С		4c	39,237.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	29,511,565.
	rt XIII Supplemental Information.		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
י ג ח			
PA	RT V, LINE 4:		
		a T a m	ANGE AND
	RT V, LINE 4: OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PR	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PR		SIST	ANCE AND
PR	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PR	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PRO	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PRO	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS	SIST	ANCE AND
PROPRIE	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE.		
PROPRIE	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS		
PRI PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN		
PRI PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE.		
PRI PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN		
PRI PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN		
PRO	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN SITIONS.		
PRO	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN		
PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN SITIONS. RT XI, LINE 2D - OTHER ADJUSTMENTS:		ERTAIN TAX
PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN SITIONS.		
PRI PAI	OVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS AS EVENTION AND ESTABLISH A FUND FOR THE FUTURE. RT X, LINE 2: NAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN SITIONS. RT XI, LINE 2D - OTHER ADJUSTMENTS:		ERTAIN TAX

Schedule D (Form 990) 2018	AIDS FOUNDATION OF CHICAGO	36-3412054 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	ormation (continued)	
2.77	(continued)	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

	UNDATION OF CHICAGO				36-3412			
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Fotal			•					
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration		

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1 AIDS RUN &	(b) Event #2 TEAM TO END	(c) Other events	(d) Total events				
			WALK	AIDS	2	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	571,622.	367,813.	254,376.	1,193,811.				
Œ	2	Less: Contributions	477,539.	351,361.	146,346.	975,246.				
	3	Gross income (line 1 minus line 2)	94,083.	16,452.	108,030.	218,565.				
	4	Cash prizes								
,,	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs		2,877.	20,420.	23,297.				
rect Ex	7	Food and beverages	3,971.	5,899.	49,071.	58,941.				
	8	Entertainment	200.		250.	450.				
	9	Other direct expenses	120 102	108,765.	61,424.	309,672.				
	10				•	392,360.				
	11	Net income summary. Subtract line 10 from l			>	-173,795.				
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Re	1	Gross revenue								
	Ė	areco revenue								
es	2									
ଞ୍ଚା	_	Cash prizes								
Expense	3	Cash prizes Noncash prizes								
Direct Expenses										
Direct Expense	3	Noncash prizes Rent/facility costs								
Direct Expense	3	Noncash prizes	Yes %	Yes %	Yes %					
Direct Expense	3 4 5	Noncash prizes Rent/facility costs	Yes % No	Yes% No	Yes % No					
Direct Expense	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No No		No No					
Direct Expense	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No ▶					
Direct Expense	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	No ▶					
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No ▶					
9	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No	Yes No				
9 a	3 4 5 6 7 8 Entire list	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No	Yes No				
9 a	3 4 5 6 7 8 Entire list	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No	YesNo				
9 a b	3 4 5 6 7 8 Entire Is to If " We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses researched.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states?	No ►					
9 a b	3 4 5 6 7 8 Entire Is to If " We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states?	No ►					

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Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 ALDS FOUNDATION OF CHICAGO 36-3	041ZU04	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Nama •		
	Name		
	Addings		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	3 3 3		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of complete annual dead		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	AIDS	FOUNDATION	OF	CHICAGO	36-3412054	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation /	(continued)				.,
	•••		continucaj				
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						 <u> </u>	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

		TO WWW.III	3.904/1 01111330 101	the latest lind lik	ation.			
Name of the organization AIDS FOUNI	FOUNDATION OF	CHICAGO					Employer identification number $36-3412054$	cation number 3412054
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the g	yrantees' eligibility i	for the grants or assis	stance, and the selectio		
criteria used to award the grants or assistance?	stance?			·			X Yes	S N N
Part II	ocedures for monit	oring the use of grant 1		States.	\" \cong \co	4.000 m2.01 no "00.	Victorial Control	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organiz 35,000. Part II can I	tations and Domestic be duplicated if additic		ompiete ii trie orga ³d.	inzation answered T	Complete ii trie organization answered Tes on Form 990, Fan IV, iine z 1, for any ded.	ıv, IIIIe∠ı, ıor arıy	
1 (a) Name and address of organization or government	(p) 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	of grant ance
AGAPE MISSIONS, NFP								
7							ASSIST AGENCY'S AIDS	S AIDS
JOLIET, IL 60435	36-3789462	501(C)(3)	189,496.	0.			RELATED PROGRAMS	MS
							מעדא מ'טימימיא חמדמיא	; ; ;
AKMITAGE AVENUE - CHICAGO, 1L 60639	36-2244895	501(C)(3)	60,750.	0.			ASSIST AGENCY S RELATED PROGRAMS	s Alds MS
ALEXIAN BROTHERS BONAVENTURE HOUSE INC - 825 WEST WELLINGTON AVENUE -	26 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -	501/0//3)	, r	c			ASSIST AGENCY'S AIDS	S AIDS
			-	0			RELATED PROGRA	Z Z
BROTHERS HEALTH COLLECTIVE 58 EAST 26TH STREET CHICAGO, IL 60616	52-1871747	501(C)(3)	40,871.	0			ASSIST AGENCY'S AIDS RELATED PROGRAMS	S AIDS MS
CATHOLIC CHARITIES 721 NORTH LASALLE STREET CHICAGO, IL 60654	36-2170821	501(C)(3)	330,119.	0.			ASSIST AGENCY'S AIDS RELATED PROGRAMS	S AIDS MS
CENTER FOR HOUSING AND HEALTH 200 WEST MONROE STREET, SUITE 1150	.000000	E01/07/07	, , , , , , , , , , , , , , , , , , ,	c			ASSIST AGENCY'S AIDS	S AIDS
CHICAGO, III COCOO III	707/07#-07	(5)(5)(7)	***************************************				rener databan	3 C
	nd government org	ganizations listed in the	e line 1 table				\ \ \	000
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					•	O

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

Schedule I (Form 990) (2018)

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Schedul	le I (Form 990)	AIDS F	AIDS FOUNDATION OF CHICAGO	OF	CHICAGO	
Part II	Continuation of	of Grants an	nd Other Assistance to	Gove	rnments and Organizations in the United States ((Schedule I (Form 990), Part II.)

(a) Name and address of c) EIN (b) EIN (c) IRC sector organization or government if applicated the contraction of government is applicated to the contraction of government in the contraction of government is applicated to the contraction of government in the contraction of government is applicated to the contraction of government in the government in the contraction of government in the contra	(d) EIN		ion (d) Amount of (e) Amou le cash grant assistar	(e) Amount of non-cash assistance ap	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY - 1925 NORTH CLYBOURN AVENUE, SUITE 401 - CHICAGO, IL 60614	36-3376432	501(C)(3)	951,533.	0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
CHILDREN'S PLACE ASSOCIATION 700 NORTH SACRAMENTO BOULEVARD CHICAGO, IL 60612	36-3641017	501(C)(3)	62,194.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
CHRISTIAN COMMUNITY HEALTH CENTER 9718 SOUTH HALSTED STREET CHICAGO, IL 60628	36-3799834	501(C)(3)	517,242.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
ERIE FAMILY HEALTH CENTER 1701 WEST SUPERIOR STREET, 3RD FLOO CHICAGO, IL 60622	36-3088628	501(C)(3)	297,003.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
FACING FORWARD TO END HOMELESSNESS 624 NORTH KEDZIE AVENUE CHICAGO, IL 60612	36-3397005	501(C)(3)	57,312.	°°			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HAYMARKET CENTER 120 NORTH SANGAMON STREET CHICAGO, IL 60607	23-7249912	501(C)(3)	73,680.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HEALTHCARE ALTERNATIVE SYSTEMS 4534 SOUTH WESTERN AVENUE CHICAGO, IL 60609	23-7432930	501(C)(3)	32,516.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HEARTLAND HEALTH OUTREACH 208 SOUTH LASALLE STREET CHICAGO, IL 60604	36-3775696	501(C)(3)	534,037.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HEARTLAND HUMAN CARE SERVICES, INC 208 SOUTH LASALLE, SUITE 1300 - CHICAGO, IL 60604	36-4053244	501(C((3)	483,980.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
							Schedule I (Form 990)

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Schedul	le I (Form 990)	AIDS	AIDS FOUNDATION OF CHICAGO	OF	CHICAGO	
Part II	Continuation of	of Grants an	nd Other Assistance t	o Gove	rnments and Organizations in the United States ((Schedule I (Form 990), Part II.)

(a) Name and address of (b) EIN (c) IRC sector organization or government	(b) EIN		ion (d) Amount of (e) Amou le cash grant assistar	(e) Amount of non-cash assistance ap	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEKTOEN INSTITUTE 1339 SOUTH WOOD STREET, SUITE G CHICAGO, IL 60608	36-2244897	501(C)(3)	2,011,767.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HOUSING OPPORTUNITIES FOR WOMEN 1607 WEST HOWARD STREET, 2ND FLOOR CHICAGO, IL 60626	36-3263818	501(C)(3)	172,407.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	206,655.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
LAKE COUNTY HEALTH DEPARTMENT 3010 GRAND AVENUE WAUKEGAN, IL 60085	36-3308953	501(C)(3)	167,994.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
LEGAL COUNCIL FOR HEALTH JUSTICE 17 NORTH STATE STREET, SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	104,604.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
MEN & WOMEN IN PRISON MINISTRIES 10 WEST 35TH STREET, 9TH FLOOR CHICAGO, IL 60616	36-3850240	501(C)(3)	38,960.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET, SUITE 185 CHICAGO, IL 60603	36-3453183	501(C)(3)	64,825.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
MICHAEL REESE RESEARCH AND EDUCATION FOUNDATION - 1339 SOUTH WOOD STREET, SUITE G - CHICAGO, IL 60608	36-3761674	501(C)(3)	182,411.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
NORTH SIDE HOUSING & SUPPORTIVE SERVICES - 4410 NORTH RAVENSWOOD, SUITE 101 - CHICAGO, IL 60640	36-3318158	501(C)(3)	48,046.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
							Schedule I (Form 990)

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Schedu	e I (Form 990)	AIDS FOUNDA	ATION OF CHICAGO	F C	HICAG	0								36-3	6-34
Part II	Continuation of	f Grants and Other Assi	stance to	o Goverr	ıments ar	ıd Orgar	izations	in the Un	zations in the United States (s (Sche	dule I (For	m 990), P), Part II.)		

(a) Name and address of (b) EIN (c) IRC sector organization or government if applicab	(b) EIN		ion (d) Amount of (e) Amou non-ca cash grant assistar	(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
OPEN DOOR CLINIC 1665 LARKIN AVENUE ELGIN, IL 60123	36-2899274	501(C)(3)	1,127,535.	0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
PEDIATRIC AIDS CHICAGO PREVENTION INITIATIVE - 200 WEST JACKSON, SUITE 2100 - CHICAGO, IL 60606	36-8769252	501(C)(3)	88,790.	0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
PROJECT VIDA 2659 SOUTH KEDVALE AVENUE CHICAGO, IL 60623	36-3008606	501(C)(3)	52,168.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
SINAI HEALTH SYSTEM 1500 SOUTH FAIRFIELD AVENUE CHICAGO, IL 60608	36-3305449	501(C)(3)	223,988.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
SOUTH SIDE HELP CENTER 10420 SOUTH HALSTED STREET CHICAGO, IL 60628	36-3532259	501(C)(3)	90,718.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
TEST POSITIVE AWARE NETWORK 5537 NORTH BROADWAY CHICAGO, IL 60640	36-2244897	501(C)(3)	502,965.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
THE BOARD OF TRUSTEES OF UNIVERSITY OF ILLINOIS - 28395 NETWORK PLACE - CHICAGO, IL 60673	37-6000511	501(C)(3)	660,066.	0.			ASSIST AGENCY'S AIDS RELATED PROGRAMS
THE BOULEVARD OF CHICAGO 3456 WEST FRANKLIN BOULEVARD CHICAGO, IL 60624	36-4075641	501(C)(3)	206,107.	0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
UNIVERSAL FAMILY CONNECTION, INC. 1350 WEST 103RD STREET CHICAGO, IL 60643	36-3091272 501(C)(3)	501(C)(3)	8,820.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
							Schedule I (Form 990)

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Schedul	e I (Form 990)	AIDS	AIDS FOUNDATION OF CHICAGO	. OF	CHICAGO	
Part II	Continuation of	of Grants an	nd Other Assistance	to Gove	rnments and Organizations in the United States $$ (\mathbb{S})	(Schedule I (Form 990), Part II.)

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of organization or government (f) Method of it applicable	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	_	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE CHICAGO, IL 60637	36-3488183	501(C)(3)	685,010.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
VIDA/SIDA PUERTO RICAN CULTURAL CENTER - 2229 WEST FULLERTON AVENUE - CHICAGO, IL 60647	23-7347778 501(C)(3)	501(C)(3)	48,130.	.0			ASSIST AGENCY'S AIDS RELATED PROGRAMS
							Schedule I (Form 990)

36-3412054

Schedule I (Form 990) (2018) AIDS FOUNDATION OF CHICAGO

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT CLIENT SUPPORT	1624	7,722,197.	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS DETAILED) RECORDS	OF ALL GRANTS		AWARDED AND	
MONITORS AGENCIES' USE OF GRANT FUNDS	BY	REQUIRING DE	DETAILED REP	REPORTS AND	
SUBSTANTIATION.					
THE ORGANIZATION MONITORS THE USE C	OF GRANT	FUNDS THRO	THROUGH COMPLIANCE WITH	ANCE WITH	
FUNDING SOURCE REGULATIONS.					

SCHEDULE J (Form 990)

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

Department of the Treasury

Part I

Employer identification number AIDS FOUNDATION OF CHICAGO 36-3412054 **Questions Regarding Compensation**

			Yes	No
1 a	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	1b		
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?	2		
3	Indicate which, if any, of the following the filing 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			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:	F-		X
	The organization?	5a		X
a	Any related organization?	5b		
6	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:			
_		6a		X
	The organization?	6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD		
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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
Ü	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958.6/c/2	9		

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denems	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) JOHN PELLER	Ξ	140,10	0	2,437.	15,292.	27,173.	185,011.	0
S	⊞	,	0	0				0
(2) LAURIE WETTSTEAD	Ξ	137,81	0	793.	14,122.	16,425.	169,158.	0
떮	⊞	,	0	0				0
(3) SIMONE G. KOEHLINGER	Ξ	122,065.	0	493.	12,	15,569.	150,644.	0
CHIEF PROGRAMS OFFICER	(II)		0	0	• 0	0	0	0
	Ξ							
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Schedule J (Form 990) 2018

36-3412054

Schedule J (Form 990) 2018 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.

832113 10-26-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AIDS FOUNDATION OF CHICAGO

Employer identification number 36-3412054

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH AND VULNERABLE TO HIV AND RELATED CHRONIC DISEASES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 AND A COPY OF THE FORM 990 IS

PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

NO EMPLOYEE SHALL ORIGINATE, PARTICIPATE IN OR VOTE ON ANY TRANSACTION INVOLVING AFC IN WHICH SUCH EMPLOYEE HAS A CONFLICT OF INTEREST.

AN EMPLOYEE WILL BE DEEMED TO HAVE A CONFLICT OF INTEREST IF THE EMPLOYEE

OR A RELATED PARTY HAS A MATERIAL FINANCIAL INTEREST IN OR IS AFFILIATED

WITH ANY ENTITY THAT PROPOSES TO ENTER INTO ANY TRANSACTION OR BUSINESS

WITH THE COMPANY OR SUCH EMPLOYEE WOULD OTHERWISE MATERIALLY BENEFIT,

DIRECTLY OR INDIRECTLY, FROM THE TRANSACTION. AN "ENTITY" INCLUDES SERVICE

PROVIDER COUNCIL (SPC) MEMBERS, AS WELL AS OTHER PARTNER AGENCIES OR

VENDORS.

TO EFFECTUATE THIS POLICY, EACH EMPLOYEE SHALL DISCLOSE ANY CONFLICT OF

INTEREST SUCH EMPLOYEE OR RELATED PARTY HAS REGARDING ANY TRANSACTION TO BE

CONSIDERED BY AFC. ON AN ANNUAL BASIS, EACH EMPLOYEE SHALL SUBMIT A

DISCLOSURE LIST ON WHICH THE EMPLOYEE LISTS ALL ENTITIES IN WHICH SUCH

EMPLOYEE OR A RELATED PARTY HAS A MATERIAL FINANCIAL INTEREST. WITH RESPECT

TO MEMBERS OF AN EMPLOYEE'S FAMILY LIVING OUTSIDE THE HOUSEHOLD, THE

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization AIDS FOUNDATION OF CHICAGO	Employer identification number 36-3412054
EMPLOYEE SHALL DISCLOSE SUCH CONFLICTS OF WHICH THE EMPLOY	EE HAS ACTUAL
KNOWLEDGE. IN ADDITION, ALL EMPLOYEES SHALL ANNUALLY SIGN	A STATEMENT
AFFIRMING THAT THEY HAVE READ THIS POLICY, AGREE TO COMPLY	WITH THE POLICY
AND ACKNOWLEDGES THEY ARE NOT AWARE OF ANY VIOLATIONS OR D	ISCLOSE ANY KNOWN
VIOLATIONS.	
EMPLOYEES SHALL NOT BE THE RESPONSIBLE STAFF PERSON FOR AN	Y TRANSACTION IN
WHICH THEY HAVE A CONFLICT OF INTEREST.	
AFC SHALL MAINTAIN A RECORD OF ALL TRANSACTIONS IN WHICH A	N EMPLOYEE HAS A
CONFLICT OF INTEREST AND THE PROCEDURES FOLLOWED IN EACH I	NSTANCE.
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION REQUIRES REVIEW B	Y THE EXECUTIVE
COMMITTEE, THE USE OF COMPARABLE DATA, AS WELL AS CONTEMPO	RANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST. THE
AUDITED FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE ON TH	E ORGANIZATION'S
WEBSITE.	

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2018

OMB No. 1545-0047

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

AIDS FOUNDATION OF CHICAGO

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 36-3412054Open to Public Inspection

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I Part II

(g) Section 512(b)(13) controlled ٥ entity? Yes × Direct controlling AIDS FOUNDATION entity OF CHICAGO status (if section 501(c)(3)) Public charity LINE 7 **Exempt Code** section 501(C)(3) Legal domicile (state or foreign country) ILLINOIS ASSIST HOUSING & HEALTH VULNERABLE POPULATIONS Primary activity PROGRAMS THAT SERVE CENTER FOR HOUSING AND HEALTH - 26-4287202 200 WEST MONROE STREET, SUITE 1150 Name, address, and EIN of related organization IL 60606 CHICAGO,

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 AIDS FOUNDATION OF CHICAGO

Page 2

36 - 3412054

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

(k)	General or Percentage managing ownership partner?									
(i)	eral or laging tner?	Yes No								
	Gene man part	Yes								
(!)	Code V-UBI amount in box	K-1 (Form 1065)								
	onate 1s?	No								
(y)	Disproportionate allocations?	Yes								
(6)	Share of end-of-year	dssels								
(f)	Share of total income									
(e)	Direct controlling Predominant income entity (related, unrelated,	sections 512-514)								
(p)	Direct controlling entity									
(၁)	Legal domicile (state or	foreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

ı	_ I		I					1	
(i) ction (b)(13) trolled ritty?	Š								
Se 512 con er	Yes								
(h) Section Percentage 512(b)(13) controlled entity?									
(g) Share of end-of-year	2000								
(f) Share of total income									
(e) Type of entity (C corp, S corp,	(App. 15)								
(d) Direct controlling entity									
(c) Legal domicile (state or foreign	country)								
(b) Primary activity									
(a) Name, address, and EIN of related organization									

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes	٤
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b \	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d 7	×	
e Loans or loan guarantees by related organization(s)				9		×
f Dividends from related organization(s)				1		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				*	<u> </u>	~
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
	nization(s)			1m	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n Z	×	
o Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1	<u> </u>	~
				19		×
r Other transfer of cash or property to related organization(s)				+	<u> </u>	×
s Other transfer of cash or property from related organization(s)				1s	_	×
If the answer to any of the above is "Yes," see the instructions for infor	ho must complete this	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) CENTER FOR HOUSING AND HEALTH	В	1,101,504.	FMV			
(2) CENTER FOR HOUSING AND HEALTH	D	309,203. FMV	FMV			
(3) CENTER FOR HOUSING AND HEALTH	N	92,278.	FMV			Ī
(4) CENTER FOR HOUSING AND HEALTH	0	1,262,576.	FMV			Ī
(5)						
(6)						

832163 10-02-18

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 AIDS FOUNDATION OF CHICAGO

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

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

(k) centage nership						·				·						Ĭ			2018
Perce owne																		١	066
(j) neral or naging irtner?																			(Form
20 ma -1 pa				+				-										-	le R
Code V-UBI General or Percentage amount in box 20 managing or Schedule K-1 partner? Pers (Form 1065)																			Schedule R (Form 990) 2018
Disproportionate allocations?																			
Disp alloc Xes				+														4	
(g) Share of end-of-year assets																			
(f) Share of total income																			
(e) Are all partners sec. 501(c)(3) 0rgs.? Yes No																			
partin 501 Ves				+				+					+					4	
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)																			
icile eign (
(c) Legal domicile (state or foreign country)																			
>																			
(b) Primary activity																			
(b)																			
Prir																		١	
	<u> </u>	\top		+			-	+			1	Т	+		T	-		\dashv	
(a) Name, address, and EIN of entity																			
(a addre																			
lame,																			

Financial Statements and Supplementary Information

Years Ended June 30, 2019 and 2018







Independent Auditor's Report

To the Board of Directors AIDS Foundation of Chicago Chicago, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of AIDS Foundation of Chicago, (a nonprofit organization) which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AIDS Foundation of Chicago as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.



Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of public grant activity and schedule of program expenses are presented for purposes of additional analysis and are not a required part of the financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 1, 2019, on our consideration of AIDS Foundation of Chicago's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of AIDS Foundation of Chicago's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering AIDS Foundation of Chicago's internal control over financial reporting and compliance.

Lincolnshire, Illinois

Wippei LLP

November 1, 2019

Statements of Financial Position

As of June 30,			201	9				2018	
	W	ithout Donor	With Do	onor		Without Do	nor W	ith Donor	
	F	Restrictions	Restrict	tions	Total	Restriction	is Re	strictions	Total
		Assets							
Current assets									
Cash and cash equivalents	\$	1,609,910	\$ 365	,164	\$ 1,975,074	\$ 4,577,3	87 \$	489,024	\$ 5,066,411
Certificate of deposits		125,540		-	125,540	125,4	18	-	125,418
Grants receivable		5,635,476		-	5,635,476	3,495,9	46	-	3,495,946
Other receivables		683,575	236	,235	919,810	535,9	36	420,000	955,936
Prepaid expenses and deposits		479,034		-	479,034	329,5	98	-	329,598
Due from related party		309,203		-	309,203	184,9	16	-	184,916
Promises to give, current		8,250		-	8,250	9,7	'50	-	9,750
Total current assets		8,850,988	601	,399	9,452,387	9,258,9	51	909,024	10,167,975
Property and equipment									
Furniture, fixtures & equipment		1,778,579		-	1,778,579	1,750,5	84	-	1,750,584
Construction in process		2,237,494		-	2,237,494		-	-	-
Total property and equipment		4,016,073		-	4,016,073	1,750,5	84	-	1,750,584
Less accumulated depreciation		(1,707,075)		-	(1,707,075)	(1,607,3	95)	-	(1,607,395)
Net property and equipment		2,308,998		-	2,308,998	143,1	.89		143,189
Other assets									
Investments - collateral		600,730		-	600,730		-	-	-
Promises to give, non-current		-		-	-	1,2	.50	-	1,250
Investments		2,529,326		-	2,529,326	2,351,1		-	2,351,162
Total other assets		3,130,056		-	3,130,056	2,352,4	12	-	2,352,412
Total assets	\$	14,290,042	\$ 601	,399	\$14,891,441	\$ 11,754,5	52 \$	909,024	\$12,663,576

Statements of Financial Position (Continued)

As of June 30,			2	019					201	L8	
		hout Donor	_	Donor			_	out Donor	_	Donor	
	Re	estrictions	Rest	rictions		Total	Res	trictions	Restr	ictions	Total
	Liab	ilities and N	et Asse	ets							
Current liabilities											
Grants payable	\$	15,000	\$	-	\$	15,000	\$	109,768	\$	-	\$ 109,768
Other payables		1,703,445		-	1	1,703,445		314,759		-	314,759
Line of credit		1,000,000		-	1	1,000,000		-		-	-
Deferred revenue		183,814		-		183,814		183,250		-	183,250
Accrued paid time off		387,008		-		387,008		318,856		-	318,856
Accrued interest		751		-		751		-		-	-
Deferred rent		11,979		-		11,979		76,521		-	76,521
Unearned government grants		290,950		-		290,950		260,712		-	260,712
Total liabilities		3,592,947		-	3	3,592,947	-	1,263,866		-	1,263,866
Net assets											
Without donor restrictions		3,693,973		-	3	3,693,973	3	3,487,564		-	3,487,564
Without donor restrictions - board designated		7,003,122		-		7,003,122		7,003,122		-	7,003,122
With donor restrictions		-	(501,399		601,399		-	9(09,024	909,024
Total net assets		10,697,095	(501,399	11	1,298,494	10	0,490,686	9(09,024	11,399,710
Total liabilities and net assets	\$	14,290,042	\$ 6	501,399	\$14	4,891,441	\$ 13	1,754,552	\$ 90	09,024	\$12,663,576

Statements of Activities and Changes in Net Assets

Years Ended June 30,		2019			2018	
	Without Donor	With Donor		Without	With Donor	
	Restrictions	Restrictions	Total	Donor Restrictions	Restrictions	Total
Support and revenue						
Government grants	\$ 25,255,791	\$ -	\$ 25,255,791	\$23,116,580	\$ -	\$23,116,580
Special events						
Gross proceeds	1,193,811	-	1,193,811	1,182,173	-	1,182,173
Less direct expenses	(455,702)	-	(455,702)	(460,661)	-	(460,661
Community Links revenue	620,144	-	620,144	636,125	-	636,125
Foundation and corporate grants	1,162,319	513,700	1,676,019	2,055,860	689,728	2,745,588
Individual contributions	441,964	-	441,964	505,819	-	505,819
Bequests	24,229	-	24,229	146,762	-	146,762
Management fee income	370,377	-	370,377	365,229	-	365,229
Program income	64,360	-	64,360	-	-	-
Investment income, net	129,222	-	129,222	11,426	-	11,426
Other revenue	50,897	-	50,897	104,062	-	104,062
Net assets released from restrictions	821,325	(821,325)	-	861,423	(861,423)	-
Total support and revenue and assets released from restrictions	\$ 29,678,737	\$ (307,625)	29,371,112	\$28,524,798	\$ (171,695)	\$28,353,103

Statements of Activities and Changes in Net Assets (Continued)

Years Ended June 30,		2019			2018	
	Without			Without		_
	Donor	With Donor		Donor	With Donor	
	Restrictions	Restrictions	Total	Restrictions	Restrictions	Total
Expenses						
Program services	\$ 26,960,196	\$ -	\$ 26,960,196	\$25,314,429	\$ -	\$25,314,429
Management and general	1,461,834	-	1,461,834	1,261,087	-	1,261,087
Fundraising	1,050,298	-	1,050,298	1,009,875	-	1,009,875
Total expenses	29,472,328	-	29,472,328	27,585,391	-	27,585,391
Change in net assets	206,409	(307,625)	(101,216)	939,407	(171,695)	767,712
Net assets at beginning of year	10,490,686	909,024	11,399,710	9,551,279	1,080,719	10,631,998
Net assets at end of year	\$ 10,697,095	\$ 601,399	\$ 11,298,494	\$10,490,686	\$ 909,024	\$11,399,710

Statements of Functional Expenses

Years Ended June 30,		2	2019			2	2018	
	Program	Management			Program	Management		
	Services	and General	Fundraising	Total Expenses	Services	and General	Fundraising	Total Expenses
Salaries and related expenses	\$ 5,165,052	\$ 1,159,958	\$ 761,715	\$ 7,086,725	\$ \$ 4,945,341	\$ 1,027,623	\$ 727,401	\$ 6,700,365
Occupancy	444,653	59,451	59,257	563,361	442,685	77,747	62,499	582,931
Contractual services	386,216	78,975	20,667	485,858	586,849	72,221	31,198	690,268
Office supplies and expenses	353,384	32,465	108,856	494,705	384,029	22,883	83,251	490,163
Meetings and subscriptions	368,393	70,027	21,997	460,417	347,015	38,066	19,585	404,666
Public education	106,240	-	13,457	119,697	94,321	775	10,562	105,658
Fees and other expenses	-	60,958	64,349	125,307	13,519	21,772	75,379	110,670
Grant expense	350,063	-	-	350,063	797,144	-	-	797,144
Direct client support	7,722,197	-	-	7,722,197	6,878,909	-	-	6,878,909
Tenant rent write off	184,440	-	-	184,440	155,138	-	-	155,138
Subcontractor expense	11,879,558	-	-	11,879,558	10,669,479	-	-	10,669,479
Special event expenses, direct donor benefit	-	-	455,702	455,702	-	-	460,661	460,661
Total expenses	26,960,196	1,461,834	1,506,000	29,928,030	25,314,429	1,261,087	1,470,536	28,046,052
Expenses included on the Statement of Activities								
Direct Benefit Donor Expenses	-	-	(455,702)	(455,702	-	-	(460,661)	(460,661)
Total expenses	\$26,960,196	\$ 1,461,834	1,050,298	\$ 29,472,328	\$ 25,314,429	\$ 1,261,087	\$ 1,009,875	\$ 27,585,391

Statements of Cash Flows

Years Ended June 30,		2019	2018
Cash flows from operating activities:			
Change in net assets	\$	(101,216) \$	767,712
Adjustments to reconcile change in net assets	Υ	(101,210) \$	707,712
to net cash from operating activities:			
Depreciation and amortization		99,680	112,832
Donated stock		(4,831)	-
Realized/unrealized (gain) loss on investments		(61,580)	41,767
(Increase) decrease in:		(- / /	, -
Grants and other receivables		(2,101,904)	504,785
Prepaid expenses		(149,437)	(43,480)
Security deposit		(599,480)	-
Due from related party		(124,286)	37,203
Increase (decrease) in:		, , ,	
Grants payable		(94,768)	(8,065)
Other payables		1,343,609	78,091
Deferred revenue		564	4,794
Unearned government grants		30,238	198,684
Net cash from operating activities		(1,763,411)	1,694,323
Cash flow from investing activities			
Purchase of equipment		(27,995)	(43,825)
Purchase of investments		(62,315)	(50,027)
Increase (decrease) in certificates of deposit		(122)	(129)
Increase in construction in progress		(2,237,494)	<u>-</u>
Not such forms in a skin or a skin it is		(2.227.026)	(02.001)
Net cash from investing activities		(2,327,926)	(93,981)
Cash flow from financing activities			
Borrowing on line of credit		1,000,000	_
Net cash from financing activities		1,000,000	
Change in cash		(3,091,337)	1,600,342
Cash and cash equivalents, beginning of year		5,066,411	3,466,069
Cash and cash equivalents, end of year	\$	1,975,074 \$	5,066,411

AIDS Foundation of Chicago Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies

Nature of Operations

AIDS Foundation of Chicago ("the Foundation") was incorporated on November 13, 1985, as an Illinois not-for-profit corporation and began operations on May 1, 1986. The Foundation mobilizes communities to create equity and justice for people living with and vulnerable to HIV and related chronic diseases. The Foundation brings together service providers and funders to develop systems that meet the needs of those living with HIV/AIDS and to maximize the use of scarce resources. The Foundation manages local, state, and federal funds for an array of AIDS-related services including case management, housing, prevention and advocacy. By assisting government entities in planning, distributing, and monitoring service contracts, the Foundation helps develop provider expertise and promotes uniform and high-quality delivery across the region. The Foundation aso spearheads policy initiatives to improve services for, and protect the rights of, people living with and vulnerable to HIV.

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Basis of Presentation

The Foundation is required to report information regarding its financial position and activities according to two classes of net assets. A definition of each class follows:

- Net Assets without donor restrictions: Net assets available for use in general operations and not subject to
 donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by
 the board of directors. The governing board has designated, from net assets without donor restrictions, a
 board-designated reserve.
- Net Assets with donor restrictions: Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. We report contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

The Foundation has no net assets with donor restrictions that are perpetual in nature.

AIDS Foundation of Chicago Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

The Foundation considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents. Cash and cash equivalents consist of checking and money market accounts.

Contributions and Unconditional Promises to Give

Contributions are recognized as revenue when they are received or unconditionally promised. Unconditional promises to give are recognized as assets and as revenue in the period promised. Conditional promises to give are recognized when the contributions upon which they depend are substantially met.

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award.

- Grant Awards That are Contributions Grants that qualify as contributions are recorded as invoiced to the
 funding sources. Revenue is recognized in the accounting period when the related allowable expenses are
 incurred. Amounts received in excess of expenses are reflected as unearned government grants.
- *Grant Awards That are Exchange Transactions* Exchange transactions reimburse based on a predetermined rate for services performed. Revenue is recognized in the period the service is performed.

Gifts of property and equipment are recorded as increases in net assets without donor restriction unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash and other assets that must be used to acquire long-lived assets are reported as increases to net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Accounts Receivable

Accounts receivable consist primarily of miscellaneous fees and trade receivables. Amounts are reviewed for collectability by management and an allowance for doubtful accounts is recorded as needed based on collection history. The Foundation considers these receivables to be collectible and, therefore, no allowance for uncollectible amounts has been recorded. If an account becomes uncollectible, it will be written off at that time.

Property and Equipment

Furniture, fixtures and equipment are carried at cost. All purchases in excess of \$1,000 are capitalized while lesser amounts are charged to expense. Depreciation on furniture, fixtures and equipment is calculated using the straight line method over their estimated useful lives, which range from three to five years. Gains and losses from the sale of property and equipment are included in income. Maintenance and repairs are charged to operations.

AIDS Foundation of Chicago Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Investments

Investments are carried at fair value (Note 5) and consist of money market, common stock, fixed income securities and mutual funds. All interest, dividends, and realized and unrealized gains and losses are reported in the statement of activities as increases or decreases in net assets without donor restrictions. Investment fees, including direct internal investment expenses, if any, are netted with return on the statements of activities.

Deferred Rent

The Foundation recognizes rent expense on the straight-line method over the term of its office space lease. The cumulative excess of the amounts expensed over the payments required under the lease is recorded as deferred rent. Deferred rent as of June 30, 2019 and 2018 is \$11,979 and \$76,521, respectively, and is included in liabilities on the statements of financial position.

Functional Allocation of Expenses

The costs of providing program and supporting services has been summarized on a functional basis in the statement of activities and changes in net assets. The statements of functional expenses present the natural classification detail of expenses by function based on time and effort. The Foundation charges direct program expenses directly to each program. The Foundation uses a salary allocation based on time and effort to allocate all shared costs to program, management and general or fundraising.

Rental Subsidy

The Foundation participates in a rental subsidy program partially funded by the Department of Housing and Urban Development (HUD). As part of this program, the Foundation began collecting rent directly from tenants as a pass-through to the landlords of the properties. The tenants are listed in the lease agreements and the Foundation is complying with a HUD guideline that requires the Foundation to pay the landlords 100% of the tenant's portion of the rent. As such, the tenant's portion of the rent paid to the Foundation and passed through to the landlord is considered an agency transaction and is not reported in revenues or expenses on the financial statements. The amount of passed through tenant rent was \$451,805 and \$395,005 for the years ended June 30, 2019 and 2018.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Foundation has been classified by the Internal Revenue Service as an organization exempt from income taxes (not a private foundation) under Internal Revenue Code Section 501(c) (3) and, accordingly, no provision for such

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Income Taxes (Continued)

taxes is made in the statements. The Foundation continues to operate in compliance with its tax-exempt purpose. Management does not believe its financial statements include uncertain tax positions.

Change in Accounting Policy

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Foundation has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

Recently Issued Accounting Standards

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606). This ASU, as amended, provides comprehensive guidance on the recognition of revenue from customers arising from the transfer of goods and services, guidance on accounting for certain contract costs, and new disclosures. The new standard supersedes current revenue recognition requirements in FASB ASC Topic 605, Revenue Recognition, and most industry-specific guidance. When adopted, the amendments in the ASU must be applied using one of two retrospective methods. ASU No. 2014-09 is effective for nonpublic entities for annual periods beginning after December 15, 2018. The Foundation is currently evaluating the impact of the provisions of ASC 606.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. When this standard is adopted, the primary accounting change will require lessees to recognize right of use assets and lease obligations for most operating leases as well as finance leases. This new standard based on a proposed extension, is effective for financial statements issued for annual periods beginning after December 15, 2020. The Foundation is evaluating what impact this new standard will have on its financial statements.

In June 2018, the FASB issued ASU 2018-08, Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The amendments in this update will assist entities in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions and determining whether a transaction is conditional. The amendments in this update are effective for annual financial statements issued for fiscal years beginning after December 15, 2018 for transactions in which the entity serves as a resource recipient, and for interim periods within fiscal years beginning after December 15, 2019, for transactions in which the entity serves as the resource recipient. Early application of the amendments in this update is permitted. The Foundation is still evaluating the impact of the provisions of ASU Topic 958.

Reclassification

Certain amounts as previously reported in the June 30, 2018 financial statements have been reclassified to conform to the June 30, 2019 presentation. Such reclassifications have no effect on reported amounts of net

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Reclassification (Continued)

assets or change in net assets and include the expense classifications on the statement of functional expenses.

Subsequent Events

Management has evaluated subsequent events through November 1, 2019, the date the financial statements were available to be issued.

Note 2: Liquidity and Availability of Financial Resources

Financial assets available for general expenditure, that is, without donor restrictions limiting their use, within one year of the statement of financial position date, comprise of the following:

As of June 30,	2019	2018
		_
Cash and cash equivalents	\$ 1,975,074 \$	5,066,411
Certificates of deposit	125,540	125,418
Grants receivable	5,635,476	3,495,946
Investments	2,529,326	2,351,162
Other receivables	919,810	955,936
Total financial assets	11,185,226	11,994,873
Less: grants and other payable	(1,718,445)	(1,813,213)
Board designated - reserves (Note 8)	(7,003,122)	(7,003,122)
Donor restricted - time or purpose	(601,399)	(909,024)
Financial assets available to meet general expenditures within one year	\$ 1,862,260 \$	2,269,514

The Foundation does not have a formal liquidity policy, but generally strives to maintain liquid financial assets sufficient to cover operating expenses for government grants. In the event of unanticipated liquidity needs, the Foundation could draw up to \$1,310,000 on a line of credit with Merrill Lynch. Additionally, the majority portion of the board designated reserves are for operating expenses and could be used to meet general expenditures within one year.

Note 3: Concentration of Credit Risk

The Foundation maintains bank accounts included in cash and in investments in major Chicagoland banks in excess of the Federal Deposit Insurance Corporation's \$250,000 limit. At times throughout the year bank balances exceeded FDIC insured limits. The Foundation has not experienced any loss in these accounts. The Foundation believes it is not exposed to any significant credit risk on its cash balance.

Notes to Financial Statements

Note 4: Concentration of Contributions

For the year ended June 30, 2019 approximately 78% of the Foundation's revenue was earned under various contracts from three funding sources. For the year ended June 30, 2019, the Foundation recognized revenue of \$22,978,241 from these funding sources. As of June 30, 2019, these three funding sources owed the Foundation \$5,474,535.

For the year ended June 30, 2018 approximately 75% of the Foundation's revenue was earned under various contracts from three funding sources. For the year ended June 30, 2018, the Foundation recognized revenue of \$21,235,980 from these funding sources. As of June 30, 2018, these three funding sources owed the Foundation \$3,258,476

Note 5: Summary of Investments

Investments consisted of the following as of June 30, 2019:

Description		Cost	Market
Investment money market	\$	74,985 \$	74,985
Common stock	7	1,050,766	1,119,961
Fixed income securities		368,591	387,025
Mutual funds		956,007	947,355
Total investments	\$	2,450,349 \$	2,529,326

Investments consisted of the following as of June 30, 2018:

Description		Cost	Market
Investment money market	Ś	96,206 \$	96,206
Common stock	*	962,274	956,266
Fixed income securities		330,942	332,819
Mutual funds		993,023	965,871
Total investments	\$	2,382,445 \$	2,351,162

Investment income for the years ended 2019 and 2018 are summarized as follows:

	2019	2018
Dividends and interest	\$ 106,879 \$	71,626
Unrealized gains/(losses)	46,813	(66,076)
Realized gains	14,767	24,311
Investment fees	(39,237)	(18,435)
Net investment income	\$ 129,222 \$	11,426

Notes to Financial Statements

Note 6: Fair Value Measurements

The Foundation's assets are reported at fair value, as defined by GAAP, to classify the source of the information measuring fair value.

Assets and liabilities carried at fair value are classified and disclosed in one of the following categories:

Level I - Quoted market prices in active markets for identical assets or liabilities.

Level II - Observable market-based inputs or unobservable inputs corroborated by market data.

Level III - Unobservable inputs not corroborated by market data.

The Foundation did not have any nonfinancial assets recorded at fair value on a recurring basis at June 30, 2019 and 2018.

Investment money market fund valuations are based on quoted net asset value (NAV) of shares held at year-end and are classified as Level 2 investments.

Common stock, fixed income securities and mutual funds are valued based on the closing price reported on the active market on which the securities are traded at year-end, and are classified as Level 1 investments.

Fair value measurements recorded on a recurring basis at June 30, 2019 and 2018, were as follows:

Fair Value Measurements Using

As of June 30, 2019		Total	Level 1	Level 2	Level 3
Investment money market	Ş	74,985 \$	- \$	74,985 \$	-
Common stock		1,119,961	1,119,961	-	-
Fixed income securities		387,025	387,025	-	-
Mutual funds		947,355	947,355	-	-
Total	\$	2,529,326 \$	2,454,341 \$	74,985 \$	-

Fair Value Measurements Using

As of June 30, 2018	Total	Level 1	Level 2	Level 3
Investment money market	\$ 96,206 \$	- \$	96,206 \$	-
Common stock	956,266	956,266	-	-
Fixed income securities	332,819	332,819	-	-
Mutual funds	965,871	965,871	-	
Total	\$ 2,351,162 \$	2,254,956 \$	96,206 \$	_

Notes to Financial Statements

Note 7: Line of Credit

The Foundation has an available revolving line of credit with Merrill Lynch under terms of a Loan Management Account Agreement ("LMA") that can be terminated by request of the bank. The line is collateralized by investments held at Merrill Lynch in the LMA Account. Interest is payable at a variable interest rate determined by Merrill Lynch on a monthly basis. The amount of the line of credit is determined based on the investments held by Merrill Lynch in the LMA Account.

At June 30, 2019, the Foundation had investments of \$2,472,157 at Merrill Lynch and an available line of credit of \$310,345. At June 30, 2018, the Foundation had investments of \$2,345,162 at Merrill Lynch and an available line of credit of \$1,102,282.

Two of the Foundation's largest government grants end in February and March. During the time that the contracts are being renewed, the reimbursement period is longer than the normal two to three months. This added delay in reimbursement could create a short-term cash flow issue, which the Foundation would address, if necessary, by borrowing against its securities using the Line of Credit. Amounts outstanding at June 30, 2019 and 2018 were \$1,000,000 and \$0, respectively.

Note 8: Board Designated Funds

Board designated funds at June 30, 2019 and 2018 consist of the following:

	2019	2018
Six months of core operating expenses	\$ 2,578,628 \$	2,578,628
Cash flow for public grant expenses	2,500,000	2,500,000
Service innovation and expansion	250,000	250,000
Fund for the future	1,074,494	1,074,494
Funds for new office building	250,000	250,000
Funds for new electronic client information system	350,000	350,000
Total	\$ 7,003,122 \$	7,003,122

The \$2,578,628 represents six months of the Foundation's operating expenses as a safety measure to continue operations in the event of a sudden unexpected loss of revenue from either public or private sources. The amount is considered necessary to allow the Foundation to implement a transition mechanism that will minimize the impact on the HIV/AIDS system of programs and services.

The \$2,500,000 cash flow reserve is used to cover cash flow shortages resulting from on-going delays in public grant reimbursements. The Foundation's annual public grants are approximately \$23,000,000 (\$1,920,000 monthly), and the Foundation is typically reimbursed two to three months after the expenses have been paid. The combined board designated funds and unrestricted funds allow the Foundation to fully cover the cash requirements of the public grants system throughout the year.

Notes to Financial Statements

Note 8: Board Designated Funds (Continued)

The \$250,000 reserve for Service Innovation and Expansion represents a cash reserve created for program expansion, innovation, and new initiatives.

The \$1,074,494 represents a reserve designated for the future by the board. In 2009, the Foundation initiated solicitation for a permanent endowment fund. In 2014, the Foundation obtained permission from the donors to release these funds to a new Board Designated Fund for the Future. Interest, dividends and realized gains are to be used to support operations. The funds raised and collected to date are invested in mutual funds through Merrill Lynch.

On June 22, 2018, the Board voted to designate \$250,000 for the Foundation's move to a new office building (scheduled for July or August 2019) and \$350,000 for a new electronic client information system to be implemented in FY20.

Note 9: Net Assets with Donor Restriction

At June 30, 2019 and 2018, net assets with donor restriction, which have either purpose or time restrictions, consisted of the following:

Years Ended June 30,	2019	2018
Purpose restricted:		
Better Housing & Health	\$ 182,346 \$	-
Ensuring Access to HIV Care	38,718	157,660
Getting to Zero	55,099	110,000
Outreach for Safe Senior Living	40,000	-
PrEP	141,136	-
Program SpeakUp	50,000	22,747
Research to End HIV	-	169,236
SHP Leadership	-	100,000
Support HIV & Aging	-	13,017
Syringe Exchange Programs	-	40,000
Train Case Managers	-	33,187
Women's Connection	29,953	123,177
Other Programs	64,147	-
Time Restricted	-	140,000
Total net assets with donor restrictions	\$ 601,399 \$	909,024

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors. Net assets released from restrictions due to the an event totaled \$681,325 and \$801,423, respectively, for the years ended June 30, 2019 and 2018. Net assets released from restrictions due to a passage of time totaled \$140,000 and \$60,000, for the years ended June

Notes to Financial Statements

Note 9: Net Assets with Donor Restriction (Continued)

30, 2019 and 2018, respectively.

Note 10: Commitments and Contingencies

The Foundation has entered into an amended lease agreement, classified as an operating lease, for office space. Rent expense totaled \$467,598 and \$367,515 for the years ending June 30, 2019 and 2018, respectively. The lease has a current termination date of August 30, 2019, under the terms of the lease.

Future minimum rental payments under this lease, after rent abatements, are as follows:

	Amount
2020	\$ 79,155
Total	\$ 79,155

On January 10, 2019, the Foundation entered into a new lease agreement for office space, classified as an operating lease, with an unrelated third-party, which will expire August 31, 2034.

Minimum lease commitments over the next five years are as follows:

Years Ending June 30:

2020	\$ 525,247
2021	536,530
2022	551,233
2023	629,685
2024	777,198
Thereafter	9,221,054
Total	\$ 12,240,945

Under the terms of the new lease, for the premises located at 200 W Monroe, the Foundation must have a security deposit of \$600,000. The security deposit may be in the form of a letter of credit or investments. As of June 30, 2019, the Foundation has a standby letter of credit, for the benefit of the landlord, of \$600,730 with Bank of America.

Notes to Financial Statements

Note 10: Commitments and Contingencies (Continued)

At June 30, 2019, the Foundation was committed for leasehold improvements totaling approximately \$3,235,280 to a general contractor. As of June 30, 2019, the Foundation had paid \$1,803,823 of this balance and \$2,237,494 in overall construction costs. Under the terms of the new lease the landlord will reimburse the Foundation for up to \$4,001,880 of construction costs related to the project. The reimbursement from the landlord is conditional on the completion of the construction project. The Foundation will record this reimbursement as a deferred lease benefit and will amortize it over the life of the lease.

The Foundation is involved in various legal proceedings from time-to-time in the normal course of business. It is the opinion of management that any judgement or settlement resulting from pending or threatened litigation would not have a material adverse effect on the financial position or operations of the Foundation.

Note 11: Special Events

The Foundation's largest special events include the AIDS Run and Walk held in the Fall, the Team to End AIDS activities held in connection with the Bank of America Half Marathon held in the Fall each year and Chicago Marathon run in October and A World of Chocolate held in late Fall.

The Foundation's gross proceeds from special events were as follows:

Years Ended June 30,		2019	2018
AIDS Run and Walk	ć	E71 622 ¢	598,926
Team to End AIDS	Ş	571,622 \$ 367,813	311,410
A World of Chocolate		210,405	239,201
Other Events		43,971	32,636
Total	\$	1,193,811 \$	1,182,173

Note 12: Retirement Plan

The Foundation maintains a 401(K) employee benefit plan, whereby the Foundation makes contributions of 5% of eligible salary to the plan for each employee meeting length of service requirements (six months). Eligible employees can also make voluntary contributions to the plan. The cost to the Foundation was \$255,399 and \$226,331 for the years ended June 30, 2019 and 2018, respectively.

Note 13: Related Party Transactions

The Foundation formed the Center for Housing and Health "CHH" as a supporting organization. CHH was organized to promote the coordination, research, evaluation and policy development of housing and health programs that serve vulnerable populations in the Chicago Metropolitan area. CHH and the Foundation have common board membership. The Foundation provides CHH with the use of personnel and allocates certain operating expenses. Additionally, the Foundation contributes unrestricted funds to CHH as well as pass through federal grants. Consolidated financial statements are being issued combining activity for both the Foundation and

Notes to Financial Statements

Note 13: Related Party Transactions (Continued)

CHH. They have been issued under a separate cover.

The following is a summary of activity included in the financial statements:

Included in statements of financial position

Years Ended June 30,	2019	2018
Due from Related Party	\$ 309,203 \$	184,916
Included in statements of activities		
Years Ended June 30,	2019	2018
Federal Pass Through Grants	\$ 1,101,504 \$	890,915

Note 14: Grant Award Commitments

At June 30, 2019 and 2018, the Foundation had commitments under various grants of approximately \$18,738,186 and \$19,498,614, respectively. These commitments are not recognized in the accompanying financial statements as they are conditional awards.

Supplementary Information

Schedule of Program Expenses

For the Year Ended June 30, 2019	Coor	ervice dination- ams Public	Advocacy & Public Policy	Programs - Private	Total
Salaries and related expenses	\$	3,408,151	\$ 899,441 \$	857,460 \$	5,165,052
Occupancy		284,470	77,676	82,507	444,653
Contractual services		124,973	92,817	168,426	386,216
Office supplies and expenses		239,519	56,446	57,419	353,384
Meetings and subscriptions		110,032	141,740	116,621	368,393
Public education		-	54,927	51,313	106,240
Grant expense		-	-	350,063	350,063
Direct client support		7,612,281	-	109,916	7,722,197
Tenant rent write off		184,440	-	-	184,440
Subcontractor expense	1	1,879,558	-	-	11,879,558
Total	\$ 2	23,843,424	\$ 1,323,047 \$	1,793,725 \$	26,960,196

Schedule of Public Grant Activity

For the Year Ended June 30, 2019		Part A	Part B	HOPWA	Safe Start 1	HUD RHHP
		hicago Dept.	•	f Chicago Dept. of	•	U.S. Dept. of Housing &
Funding Agency	of	Public Health	Public Health	Public Health	Urban Dev.	Urban Dev.
Grant Period(s)				0 3/1/19-12/31/19 9 1/1/18-12/31/18		
Total Grant Award(s)	\$	5,700,283	\$ 4,746,886	5 \$ 3,472,113	\$ 1,950,490	\$ 1,423,648
	\$	6,020,384	\$ 4,425,884	\$ 2,925,965	\$ 1,950,490	=
Grant Awards: Uncollected Grant Awards 6/30/18 New Grant Awards	\$	6,020,384 5,700,283	\$ 4,347,583 4,746,886		\$ 1,950,490 1,950,490	
Grant Collected or Adjusted		(6,020,384)	(4,019,813	(2,838,983	(1,983,200)	(434,049)
Uncollected Grant Awards 6/30/19	\$	5,700,283	\$ 5,074,654	\$ 2,708,721	\$ 1,917,780	\$ 584,491
Unearned Grant Commitments: Unearned Grant 6/30/18 New Grant Awards Grants Expended and Earned	\$	4,884,961 5,700,283	\$ 4,086,411 4,746,886	. , ,		•
Expenditures Adjustment		(6,016,000) (141,468)	• • •		• • • • • • • • • • • • • • • • • • • •	
Remaining Grant Commitments 6/30/19	\$	4,427,776	\$ 3,953,899) \$ 1,537,487	\$ 1,600,567	\$ 444,069

Schedule of Public Grant Activity

For the Year Ended June 30, 2019	orrections nitiative	Part B Collar Countries	HOPW	'A RCN		Chronic Homeless Samaritan	HOPWA CHH	IP
Funding Agency	ois Dept. of blic Health	Illinois Dept. of Public Health		ept. of ing & n Dev.		J.S. Dept. of Housing & Urban Dev.	U.S. Dept. o Housing & Urban Dev.	
Grant Period(s)	 	4/1/18-3/31/20 4/1/18-3/31/19		-	-	1/18-8/31/19 1/17-8/31/18	2/1/18-1/31/2	21
Total Grant Award(s)	\$ 543,667	\$ 1,017,231	\$ 1,4	150,980	\$	2,882,160	\$ 1,382,57	74
	\$ 543,667	\$ 961,832	\$ 1,4	172,777	\$	2,777,296		_
Grant Awards: Uncollected Grant Awards 6/30/18 New Grant Awards Grant Collected or Adjusted	\$ 634,012 543,667 (634,012)	\$ 941,630 1,017,231 (941,630)	1,4	359,619 150,980 119,772	·	534,529 2,882,160 (2,430,555)	\$ 1,250,87 (402,66	-
Uncollected Grant Awards 6/30/19	\$ 543,667	\$ 1,017,231	\$ 1,3	390,827	\$	986,134	\$ 848,21	16
Unearned Grant Commitments: Unearned Grant 6/30/18 New Grant Awards Grants Expended and Earned	\$ 467,074 543,667	\$ 871,013 1,017,231	1,4	316,999 150,980		225,598 2,882,160	\$ 1,224,01	13
Expenditures Adjustment	(536,209) (172)	(1,045,168) (3,673)		521,620 (1,162		(2,562,348) 2	(417,76	56) -
Remaining Grant Commitments 6/30/19	\$ 474,360	•		245,197		545,412	\$ 806,24	<u> </u>

Schedule of Public Grant Activity

			IDHS Supportive				
For the Year Ended June 30, 2019	<u> </u>	&H CDPH	Housing	IDPH PACPI	DHHS HRSA		SAMHSA
Funding Agency		ago Dept. of blic Health	Illinois Dept. of Human Services	Pediatric AIDS nicago Prevention Initiative	Dept. of Health & Human Services		SAMHSA
Grant Period(s)		19-12/31/21 18-12/31/18	7/1/18-6/30/19	1/19-3/30/20 4/1/18-3/30/19	9/1/17-8/31/18	9/	30/18-9/29/19
Total Grant Award(s)	\$	482,412	\$ 602,286	\$ 768,106	\$ 300,000	\$	499,010
	\$	482,412		\$ 742,407	:		
Grant Awards: Uncollected Grant Awards 6/30/18 New Grant Awards Grant Collected or Adjusted	\$	269,590 482,412 (269,590)	602,286	\$ 556,805 768,106 (513,546)	-		- 499,010 (182,783)
Uncollected Grant Awards 6/30/19	\$	482,412	\$ -	\$ 811,365	\$ -	\$	316,227
Unearned Grant Commitments: Unearned Grant 6/30/18 New Grant Awards Grants Expended and Earned Expenditures Adjustment	\$	200,488 482,412 (466,761) (2,661)	602,286 (573,255)	739,747 768,106 (508,257) -	-)	- 499,010 (230,371) -
Remaining Grant Commitments 6/30/19	\$	213,478	\$ 100,013	\$ 999,596	\$ -	\$	268,639

Schedule of Public Grant Activity

		OPH HOPWA		IDPH HOPWA	HRSA Safe &				
For the Year Ended June 30, 2019		Cook		Collar	Sound		CDC		NWU PrEP
- "		inois Dept. of	I	llinois Dept. of	Dept. of Health &			N	lorthwestern
Funding Agency	ŀ	Public Health		Public Health	Human Services		FHI360		University
Grant Period(s)	3/3	31/18-3/31/20	3,	/31/18-3/31/20	9/30/18-9/29/19 9/30/17-9/29/18	7/	30/18-9/17/18	8/1	16/17-3/31/18
Total Grant Award(s)	\$	754,200	\$	539,601	\$ 300,000	\$	5,000	\$	7,391
	\$	1,014,389	\$	1,218,380	\$ 300,000			\$	-
Grant Awards:						_			
Uncollected Grant Awards 6/30/18	\$	1,014,389	\$		•	\$		\$	7,391
New Grant Awards Grant Collected or Adjusted		754,200		539,601	300,000		5,000		- (7.201)
Grant Collected of Adjusted		(1,014,389)		(1,218,380)	(299,518)		(5,000)		(7,391)
Uncollected Grant Awards 6/30/19	\$	754,200	\$	539,601	\$ 209,048	\$	<u>-</u>	\$	
Unearned Grant Commitments:									
Unearned Grant 6/30/18	\$	725,392	\$	1,037,074	\$ 184,067	\$	-	\$	2,628
New Grant Awards		754,200		539,601	300,000		5,000		-
Grants Expended and Earned									
Expenditures		(608,095)		(579,236)	• •		(7,182)		(2,628)
Adjustment		(293,400)		(565,434)			2,182		
Remaining Grant Commitments 6/30/19	\$	578,097	\$	432,005	\$ 187,163	\$	-	\$	

Schedule of Public Grant Activity

For the Year Ended June 30, 2019		PrE	P CDPH	NIH-NCMHD		Total
			go Dept. of		ical College	
Funding Agency		Pub	lic Health	of W	isconsin	
Grant Period(s)	9	9/1/17-9/29/18 6/1/19-5/31/20 6/1/18-5/31/19				
Total Grant Award(s)	\$	i	350,000	\$	91,619	
				\$	67,668	
Grant Awards:						
Uncollected Grant Awards 6/30/18	\$		149,233	\$	89,506 \$	22,733,847
New Grant Awards			-		91,619	25,806,044
Grant Collected or Adjusted			(55,150)		(77,355)	(24,457,181)
Uncollected Grant Awards 6/30/19	\$,	94,083	\$	103,770 \$	24,082,710
Unearned Grant Commitments:						
Unearned Grant 6/30/18	\$		112,546	\$	82,854 \$	19,498,612
New Grant Awards			-		91,619	25,806,044
Grants Expended and Earned						
Expenditures			(112,085)		(62,791)	(25,250,222)
Adjustment			-		(27,365)	(1,316,248)
Remaining Grant Commitments 6/30/19	\$		461	\$	84,317 \$	18,738,186

Schedule of Expenditures of Federal Awards Year Ended June 30, 2019

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures	Passed-Through to Subrecpients
U.S. Department of Health and Human Services				
Pass-Through				
Substance Abuse and Mental Health Services Administration- Road to				
Health and Housing	93.243	1H79SM080798-01	\$ 230,371	\$ 11,900
Medical College of Wisconsin - NIH	93.307	5R01MD011573-03	55,490	-
Medical College of Wisconsin - NIH	93.307		7,301	
Subtotal CFDA 93.307			62,791	-
Northwestern University AIDS Research - NIH	93.855	5P30Al117943-04	2,628	-
Chicago Department of Public Health - Ryan White Part A	93.914	72807	4,743,493	3,266,486
Chicago Department of Public Health - Ryan White Part A	93.914	94395,72807,94385	1,272,507	597,092
Subtotal CFDA 93.914			6,016,000	3,863,578
Illinois Department of Public Health - Ryan White Part B Cook	93.917	75780027E	4,245,676	2,840,113
Illinois Department of Public Health - Ryan White Part B Cook	93.917	75780027E	632,487	210,680
Illinois Department of Public Health - Ryan White Part B Collar	93.917	75780026E	867,340	465,613
Illinois Department of Public Health - Ryan White Part B Collar	93.917	75780026E	177,828	50,084
Illinois Department of Public Health - PHIMC Community Re-Entry	93.917	85780025F	466,932	315,033
Illinois Department of Public Health - PHIMC Community Re-Entry	93.917	95780025G	69,307	18,801
Illinois Department of Public Health - PACPI	93.917	7570012E	505,551	490,897
Illinois Department of Public Health - PACPI	93.917	95780100G	2,707	
Subtotal CFDA 93.917			6,967,828	4,391,221
Healthy Resources & Services Administration - SPNS	93.928	H97HA26498	54,384	24,326
Health Resources & Services Administration - Safe and Sound	93.928	H97HA31426	132,639	56,106
Health Resources & Services Administration - Safe and Sound	93.928	H97HA31426	164,264	45,126
Subtotal CFDA 93.928			351,287	125,558

AIDS Foundation of Chicago Schedule of Expenditures of Federal Awards (Continued) Year Ended June 30, 2019

	Federal CFDA	Pass-Through Entity	Federal	Passed-Through
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Expenditures	to Subrecpients
U.S. Department of Health and Human Services (continued)				
Chicago Department of Public Health - CDC Prep4Love	93.940	1H79SM080798-01	\$ 112,085	\$ -
Total U.S. Department of Health and Human Services			13,742,990	8,392,257
U.S. Department of Housing and Urban Development				
Pass-Through				
Chicago Department of Public Health - HOPWA	14.241	31731 REL #6	247,215	222,788
Chicago Department of Public Health - HOPWA	14.241	31731 REL #10	128,350	96,506
Chicago Department of Public Health - HOPWA	14.241	31731 REL #6	1,389,849	161,962
Chicago Department of Public Health - HOPWA	14.241	31731 REL #9	425,778	40,463
Chicago Department of Public Health - HOPWA	14.241	92325 #1	1,120,827	115,153
Chicago Department of Public Health - HOPWA SPNS	14.241	38023 REL #3	197,826	
Chicago Department of Public Health - HOPWA SPNS	14.241	85047 Rel #1	268,934	
Illinois Department of Public Health - HOPWA Cook	14.241	75780027E	431,992	86,220
Illinois Department of Public Health - HOPWA Cook	14.241	75780027E	176,103	26,223
Illinois Department of Public Health - HOPWA Collar	14.241	75780026E	471,639	236,512
Illinois Department of Public Health - HOPWA Collar	14.241	75780026E	107,596	19,742
Direct				
HOPWA RCN SPNS	14.241	ILH150016	315,841	288,010
HOPWA RCN SPNS	14.241	ILH180014	205,783	186,099
HOPWA CHHP SPNS	14.241	IL-H17-0030-00	417,766	385,068
HOPWA RHHP	14.241	HOPWA170007-01-01	541,276	459,520
Culphatal CEDA 14 241			C 44C 775	2 224 27
Subtotal CFDA 14.241			6,446,775	2,324,27

Schedule of Expenditures of Federal Awards (Continued) Year Ended June 30, 2019

	Federal CFDA	Pass-Through Entity	Federal	Passed- Through to
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Expenditures	Subrecpients
U.S. Department of Housing and Urban Development (continued)				
Direct:				
SHP Safe Start 1	14.267	IL0197L5T101710	\$ 1,567,834	\$ 368,195
SHP Safe Start 1	14.267	IL0197L5T101811	349,923	5,214
SHP Chronic Homless Samaritan	14.267	IL0162L5T101609	225,598	146,539
SHP Chronic Homeless Samaritan	14.267	IL0162L5T101710	2,336,748	269,118
Subtotal CFDA 14.267			4,480,103	789,066
Total U.S. Department of Housing and Urban Development			10,926,878	3,113,338
Total Expenditures of Federal Awards		:	\$ 24,669,868	\$ 11,505,595

See Independent Auditor's Report.

See Notes to Schedule of Expenditures of Federal Awards.

Notes to Schedule of Expenditures of Federal Awards Year Ended June 30, 2019

Note 1: General

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of AIDS Foundation of Chicago under programs of the federal government for the year ended June 30, 2019. The information in this schedule is presented in accordance with requirements of the Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance"). Because the schedule presents only a selected portion of the operations of AIDS Foundation of Chicago, it is not intended to and does not present the financial position, changes in net assets or cash flows of AIDS Foundation of Chicago.

Note 2: Basis of Accounting

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

Note 3: Indirect Cost Rate

AIDS Foundation of Chicago negotiated an indirect cost rate with the Department of Health and Human Services of 13.90% and is not utilizing the 10% de minimus cost rate.



Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors AIDS Foundation of Chicago Chicago, IL

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of AIDS Foundation of Chicago (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 1, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered AIDS Foundation of Chicago's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the AIDS Foundation of Chicago's internal control. Accordingly, we do not express an opinion on the effectiveness of AIDS Foundation of Chicago's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether AIDS Foundation of Chicago's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of AIDS Foundation of Chicago's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Lincolnshire, Illinois

Wippei LLP

November 1, 2019



Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance

To the Board of Directors AIDS Foundation of Chicago Chicago, IL

Report on Compliance for Each Major Federal Program

We have audited AIDS Foundation of Chicago's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of AIDS Foundation of Chicago's major federal programs for the year ended June 30, 2019. AIDS Foundation of Chicago's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of AIDS Foundation of Chicago's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about AIDS Foundation of Chicago's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination on AIDS Foundation of Chicago's compliance.

Opinion on Each Major Federal Program

In our opinion, AIDS Foundation of Chicago complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.



Report on Internal Control Over Compliance

Management of AIDS Foundation of Chicago is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered AIDS Foundation of Chicago's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of AIDS Foundation of Chicago's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Lincolnshire, Illinois

Wippei LLP

November 1, 2019

Schedule of Findings and Questioned Costs Year Ended June 30, 2019

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued Unmodified

Internal control over financial reporting:

Material weakness(es) identified? No Significant deficiency(ies) identified? No

Noncompliance material to financial statements noted?

Federal and State Awards

Internal control over major programs:

Material weakness(es) identified? No Significant deficiency(ies) identified? No

Type of auditor's report issued on compliance for major programs

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance [2 CFR 200.516(a)]?

No

Identification of major federal programs:

<u>CFDA Number</u> <u>Name of Federal Program or Cluster</u>

93.917 HIV Emergency Relief Grant

14.241 Housing Opportunities for Persons with AIDS

Dollar threshold used to distinguish between Type A and Type B programs:

Federal \$750,000

Auditee qualified as low-risk auditee?

Schedule of Findings and Questioned Costs (Continued) Year Ended June 30, 2019

Section II - Financial Statement Findings

None

Section III – Federal Award Findings and Questioned Costs

None