## Form **990**

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 D Employer identification number C Name of organization B Check if applicable AIDS FOUNDATION OF CHICAGO 36-3412054 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 200 WEST MONROE STREET 1150 (312)922 - 2322Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended CHICAGO, G Gross receipts \$ 36,240,317. TI, 60606 Application pending F Name and address of principal officer: H(a) Is this a group return for Yes JOHN PELLER Χ Nο subordinates' 200 WEST MONROE STREET1150, No CHICAGO, H(b) Are all subordinates included? Yes IL 60606 If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or Website: WWW.AIDSCHICAGO.ORG **H(c)** Group exemption number Form of organization: | X | Corporation Association Other > L Year of formation: 1985 M State of legal domicile: TT. Summary Part I 1 Briefly describe the organization's mission or most significant activities: MOBILIZING COMMUNITIES TO CREATE EQUITY & JUSTICE FOR PEOPLE LIVING WITH AND VULNERABLE TO HIV. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 28 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 28 5 191 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 33,514,237 34,781,258. Program service revenue (Part VIII, line 2g) 1,121,303. 1,038,129 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 314,709 190,773. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 66,461 -275,427. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 34,933,5<u>36</u>. 35,817,907. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,241,209 22,990,946. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,259,133 8,241,083. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 3,153,083 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,020,907. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 34,653,425 34,252,936. Revenue less expenses. Subtract line 18 from line 12 280,111 1,564,971. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 16,244,841 16,331,029. Total liabilities (Part X, line 26) 3,555,919 21 2,671,540. 22 Net assets or fund balances. Subtract line 21 from line 20. 12,688,922 13,659,489. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/15/2023 Sign Signature of officer Date Here LAURIE WETTSTEAD CFO Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed STEVEN R GLOVER STEVEN R GLOVER 05/15/2023 P00253365 Preparer 36-2897372 Firm's name ► MILLER, COOPER & CO., LTD. Firm's FIN Use Only 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015 847-205-5000

For Paperwork Reduction Act Notice, see the separate instructions.

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No

. . X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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Pa		Statement of Program Service <i>I</i>			
	(	Check if Schedule O contains a r	esponse or note to any line in this Part	<u> </u>	. X
1	Briefly des	scribe the organization's mission:			
	THE AI	DS FOUNDATION OF CHICA	AGO MOBILIZES COMMUNITIES	TO CREATE EQUITY	
	AND JU	STICE FOR PEOPLE LIVIN	G WITH AND VULNERABLE TO	HIV AND RELATED	
	CHRONI	C DISEASE.			
2	prior Form		icant program services during the year		X No
3	Did the	organization cease conducting,	or make significant changes in h		X No
		escribe these changes on Sched			
4	expenses.		4) organizations are required to rep	s three largest program services, as meas ort the amount of grants and allocations to	
4a	(Code:	) (Expenses \$30,8	09,708. including grants of \$ 22,	990,946. ) (Revenue \$1,121,303. )	
	AIDS F	OUNDATION OF CHICAGO (	AFC) PROVIDES SYSTEMS-LEV	EL LEADERSHIP	
	TO THE	CHICAGO AREA'S HIV/AI	DS SECTOR BY PROVIDING FU	NDING TO AND	
	COORDI	NATING THE ACTIVITIES	OF CHICAGO'S REGIONAL CAS	E MANAGEMENT	
	SYSTEM	; PROVIDING FUNDING FO	OR PERMANENT, SUPPORTIVE H	OUSING	
	INCLUD	OING RENTAL, UTILITY, A	AND/OR FURNITURE ASSISTANC	E; PROVIDING	
			ATIONS PROVIDING HIGH QUA		
	PROGRA	MMING; AND ENGAGING IN	I LOCAL AND STATEWIDE ADVO	CACY TO	
		E HIV/AIDS FUNDING AND			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	ı
_					
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	
<u>4</u> 4	Other pro	gram services (Describe on Sche	dule O )		
→u	(Expenses	-		¢ \	
4e	· ·	gram service expenses		Ψ )	

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Form 990 (2021)
Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		- 21
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
00	Did the approximation property areas then OF 000 of greate or other positions to be for demantic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	v	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	2/12		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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 I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.7
20	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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ J0	Λ	
e iil	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is conceded a content a recipence of note to any line in the fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zu	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 191			
<b>L</b>	ctatements, most for the earling with or within the year covered by the retain.	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		21	
٥-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		Χ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		77
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country >			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.		
	gifts were not tax deductible?	6b		
	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 provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X
	If "Yes." complete Form 6069.			

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

Secti	on 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	28			
	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					
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	hip with			
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
-	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	lect or	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) m	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
C4:	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	`	X
Section	on B. Policies (This Section B requests information about policies not required by the Inte	erriai i	Revenue	Code	.) Yes	No
				10a		X
	Did the organization have local chapters, branches, or affiliates?			TUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	lling the	e form?	- Tu	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests to the conflict of interest policy?					
b	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ır arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			4.01		
Cooti	organization's exempt status with respect to such arrangements?			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ▶ IL,		1.000	- ,	tion F	01/2
18	Section 64.04 requires an experientian to make its Forms 4.022 (4.024 or 4.024 A. if applicable)	$\alpha \alpha \alpha$				OTO
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap            X         Own website         X         Upon request         Other (explain on Scot)	ply.		I (sec	11011 3	0.(0)
19	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply. :hedule	e O)			

312-922-2322

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer and Officer  Institutional trustee		(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
					ă				
(1) JOHN PELLER	37.50								
PRESIDENT & CEO	NONE			х			224,300.	NONE	11,609.
(2) LAURIE WETTSTEAD	37.50								
CHIEF FINANCIAL OFFICER	NONE			x			177,663.	NONE	9,165.
(3) SIMONE G. KOEHLINGER	37.50						,		
CHIEF PROGRAMS OFFICER	NONE			х			155,838.	NONE	7,931.
(4) EDWARD WAGNER	37.50								
CHIEF OFFICER OF EXTERNAL	NONE			х			136,995.	NONE	6,980.
(5) CRYSTAL COSTELLO	37.50								
VP OF HUMAN RESOURCES AND TALE	NONE			Х			118,570.	NONE	9,225.
(6) CYNTHIA TUCKER	37.50								
VP OF PREVENTION & COMMUNITY P	NONE			Х			115,612.	NONE	5,925.
(7) MANUEL GARCIA	37.50								
CONTROLLER	NONE				Х		113,501.	NONE	5,836.
(8) THOMAS MENARD	37.50								
VP OF OPERATIONS	NONE			Χ			111,006.	NONE	6,097.
(9) BASHIRAT OLAYANJU	37.50								
VP OF CARE	NONE			Χ			109,807.	NONE	5,703.
(10) NADEEN ISRAEL	37.50								
VP OF POLICY AND ADVOCACY	NONE			Χ			108,812.	NONE	5,573.
(11) JAMES WOOTERS	37.50								
SR. DIR - GRANTS AND CONTRACTS	NONE				Х		106,258.	NONE	5,452.
(12) BRIAN DIBBLEE	37.50								
DIR - INFORMATION TECHNOLOGY	NONE				Х		101,374.	NONE	5,315.
(13) BRANDI CALVERT	37.50								
SR. DIR - HOUSING OPERATIONS	NONE				X		100,780.	NONE	5,039.
(14) KIM HUNT	37.50								
SR. DIR - POLICY AND ADVOCACY	NONE				X		100,224.	NONE	5,297. Form <b>990</b> (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and F	ligi	hest Compensat	ed Employees (c	ontinued)
(A)	(B)				C)		Ŭ	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) CRAIG JOHNSON	1.00									
DIRECTOR - BOARD CHAIR & STRAT	NONE	X		Х				NONE	NONE	NON
16) JANET LIN	1.00									
DIRECTOR - TREASURER & FINANCE	NONE	X		Х				NONE	NONE	NON
17) CHAD THOMPSON	1.00									
DIRECTOR - SECRETARY	NONE	X		Х				NONE	NONE	NON
18) NAN SILVA	0.50									
DIRECTOR - BOARD VICE CHAIR	NONE	X		Х				NONE	NONE	NON
19) ADWOA ANTWI-BARFI	0.50	-								
DIRECTOR	NONE	X						NONE	NONE	NON
20) ANTHONY BRUCK	0.50									
DIRECTOR	NONE	X						NONE	NONE	NON
21) CAPRICE CARTHANS	0.50	<b>∤</b>								
DIRECTOR	NONE	X						NONE	NONE	NON
22) CECIL DEARBORNE	0.50	3.5						NONE	NONE	NIONI
DIRECTOR 23) ESTEBAN RODRIGUEZ	0.50	X						NONE	NONE	NON
DIRECTOR	NONE	x						NONE	NONE	NON
24) J. BEN STRINGFELLOW	0.50							NOINE	NONE	NON
DIRECTOR	NONE	X						NONE	NONE	NON
25) GEOF BROWN	0.50	21						110111	NOIVE	11011
DIRECTOR - GOVERNANCE CHAIR	NONE	X		Х				NONE	NONE	NON
1b Sub-total		1		_			<b></b>	1,780,740.	NONE	95,147
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •		•	NONE		NON
d Total (add lines 1b and 1c)								1,780,740.	NONE	95,147
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	ed a		e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo Jule J for su	or, or ch ind	tru <i>livid</i>	uste <i>lual</i>	e,	key e	emp	oloyee, or highes	t compensated	3
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5
Section B. Independent Contractors										<u> </u>
Complete this table for your five highest com- compensation from the organization. Report of										

year.

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

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

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Page	С

Part VII Section A. Officers, Directors,		y ⊏II	ipic			and r	ııgı		ea Employees (c	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(40.			sition			Reportable	Reportable	Estimated
	hours per week (list any					e than c is both		00	compensation from related	amount of other
	hours for		d a d		tor/trustee)		the	organizations	compensation	
	related	or o	lns	Officer	<u>6</u>	Hig em	For	organization	(W-2/1099-MISC)	from the
	organizations	ividu	titut	icer	em /	Highest c employee	Former	(W-2/1099-MISC)		organization
	below dotted line)	tor t	ona		key employee	ee t cor				and related organizations
	,	Individual trustee or director	Institutional trustee		/ee	npe				<b>J</b>
		96	stee			compensated				
26) JOSEPH STOKES, PH.D	0.50					ğ				
DIRECTOR	NONE	X						NONE	NONE	NONE
27) JULIE SCOTT	0.50							1,01,12	110112	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
28) J.P. VALADEZ	0.50	- 25						110111	NOIVE	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
29) LIU MONTSHO	0.50	1						110112	110112	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
30) KULIVA WILBURN	0.50							1,01,2	110112	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
31) MARKUS PITCHFORD	0.50							1,01,12	110112	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
32) PAULA FRIEDMAN	0.50									<u> </u>
DIRECTOR	NONE	X						NONE	NONE	NONE
33) YUSEF GARCIA	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
34) DERRICK KIMBROUGH	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
35) LANCE GLASS	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
36) ROY FERGUSON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total							<b></b>			
c Total from continuation sheets to Part VII	, Section A						$\blacktriangleright$			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but n	ot limited to t	hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organiza	tion ►									
										Yes No
3 Did the organization list any former o	fficer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ind	livid	ual						3
4 For any individual listed on line 1a, is th	e sum of rei	oortab	ole d	com	per	satio	n ai	nd other compens	sation from the	
organization and related organizations										

## for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue	<u>d)</u>	
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average	(de	Position					Reportable	Reportable		timated	
	hours per week (list any	hours per (do not check more than one box, unless person is both an						compensation from	compensation from related		ount of	i
	hours for	office	er and	dad		or/trust	ee)	the	organizations		pensatio	on
	related	Indi	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	/idu:	itutic	cer	emp	loye	ner	(W-2/1099-MISC)		•	anizatio I related	
	line)	Individual trustee or director	Institutional trustee		Key employee	com				orga	nizatior	าร
		ıstee	trust		ď	pens						
			ee			Highest compensated employee						
37) TANYA LOPEZ	0.50											
DIRECTOR	NONE	X						NONE	NONE			NONI
38) TERRI FRIEL	0.50										-	
DIRECTOR	NONE	Х						NONE	NONE			NON
39) TERRI WILKERSON	0.50											
DIRECTOR	NONE	Х						NONE	NONE			NON
40) LORI KAUFMANN	1.00											
DIRECTOR - FUND DVPT CHAIR	NONE	X		Х				NONE	NONE			NON
41) MARY POUNDER	1.00											
DIRECTOR - POLICY & ADVOCACY C	NONE	X		X				NONE	NONE		!	NON
42) TOM SONDERGELD	0.50	_										
DIRECTOR	NONE	X						NONE	NONE			NONI
	ļ	-										
	<del></del>	1										
	<del>+</del>	1										
	<del></del>	1										
	<del> </del>	1										
1b Sub-total							<b></b>					
c Total from continuation sheets to Part VII, S	ection A						•					
d Total (add lines 1b and 1c)	_						<b>&gt;</b>					
2 Total number of individuals (including but not							o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ►											
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ual						3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or										_		37
for services rendered to the organization? If "Y Section B. Independent Contractors	es, comple	ie SCI	ieau	iie J	ııor	such	per	SUII		5		X
Complete this table for your five highest com	nancatad i	nden	anda	nt ·	con	tracto	re t	that received more	than \$100 000 a	ıf		
Complete this table for your five highest con	iperisaleu I							mat received more		'I 		

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

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

36-3412054

## Part VIII Statement of Revenue

		Check if Schedule O c	ontains a resp	onse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵ِ ق	С	Fundraising events						
ifts I A	d	Related organizations						
ອີ່≘	е	Government grants (contrib						
Sin	f	All other contributions, gifts,	· ·					
er ti	-	and similar amounts not include		5,400,980.				
혈	g	Noncash contributions inclu						
a d	9	lines 1a-1f		\$				
ဒီ င်	h	Total. Add lines 1a-1f			34,781,258.			
		Totall / Ida III / Ida		Business Code				
ė	20	COMMUNITY LINKS REVENUE		624100	394,715.	394,715.		
<u>. ج</u> َ	2a	MANAGEMENT FEE INCOME		624100	607,476.	607,476.		
Se	b	340-B PHARMACEUTICALS		624100	119,112.	119,112.		
Program Service Revenue	C							
200	d			-				
Pro	e f	All other program service re	wenue					
	g	Total. Add lines 2a-2f			1,121,303.			
	3	Investment income (inclu						
		other similar amounts)	-		70,257.			70,257.
	4	Income from investment of		nd proceeds	NONE			
	5	Royalties	•	•	NONE			
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	No	ONE NONE				
	d	Net rental income or (loss).			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	120,53	L6.				
ō	b	Less: cost or other basis						
evenue		and sales expenses 7b						
ě	С	Gain or (loss) 7c	120,5	L6.				
Α.	d		· · · · · · <u>· · · · · · · · · · · · · </u>		120,516.			120,516.
Other	8a		fundraising					
ō	-		1,025,197.					
		of contributions reported	d on line					
		1c). See Part IV, line 18		<b>a</b> 93,866.				
	b	Less: direct expenses	_	<b>b</b> 422,410.				
	С	Net income or (loss) from for	undraising e <u>ver</u>	ts ▶	-328,544.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 1	9 <u>9</u>	a NONE				
	b	Less: direct expenses	9	b NONE				
	С	Net income or (loss) from	gaming activitie	es <b>&gt;</b>	NONE			
	10a	Gross sales of inven-	tory, less					
		returns and allowances	10	none				
		Less: cost of goods sold						
	С	Net income or (loss) from sa	ales of inventory	<u> ▶</u>	NONE			
S				Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE		900099	53,117.			53,117.
lan en	b			_				
çe/ e<	С			_				
Mis F	d	All other revenue						
_	е	Total. Add lines 11a-11d •			53,117.			
	12	Total revenue. See instructi	ons	<u> </u>	35,817,907.	1,121,303.		243,890.

36-3412054

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21,639,174.	21,639,174.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,351,772.	1,351,772.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,875,887.	1,325,778.	356,680.	193,429.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,532,210.	3,191,269.	890,427.	450,514.
8	Pension plan accruals and contributions (include	302,882.	213,501.	58,945.	30,436
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,021,275.	719,893.	198,755.	102,627.
10	Payroll taxes	508,829.	358,672.	99,025.	51,132
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
С	Accounting	68,205.		68,205.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	33,099.		33,099.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	621,251.	421,485.	164,502.	35,264.
12	Advertising and promotion	NONE			
13	Office expenses	510,037.	336,937.	52,784.	120,316.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	1,325,369.	1,001,774.	202,678.	120,917.
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	299,306.	188,698.	69,174.	41,434
	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PUBLIC EDUCATION	70,894.	60,677.	500.	9,717
b	FEES AND OTHER EXPENSES	92,746.	78.	44,511.	48,157
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	34,252,936.	30,809,708.	2,239,285.	1,203,943.
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				
	following SOP 98-2 (ASC 958-720)				

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,228,509.	1	3,651,340.
	2	Savings and temporary cash investments	125,818.	2	109,822.
	3	Pledges and grants receivable, net	6,393,599.	3	5,801,795.
	4	Accounts receivable, net	931,527.	4	1,921,871.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	519,740.	7	548,028.
Assets	8	Inventories for sale or use	NONE	8	NONE
ä	9	Prepaid expenses and deferred charges	286,385.	9	168,643.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,721,641.			
	b	Less: accumulated depreciation	976,849.	10c	753,757.
	11	Investments - publicly traded securities	3,180,779.	11	2,708,029.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	601,635.	15	667,744.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,244,841.	16	16,331,029.
	17	Accounts payable and accrued expenses	1,665,715.	17	679,142.
	18	Grants payable	553,879.	18	406,445.
	19	Deferred revenue	1,336,325.	19	1,585,953.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
=	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	3,555,919.	26	2,671,540.
Sect		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	11,625,233.	27	10,997,637.
Ä	28	Net assets with donor restrictions	1,063,689.	28	2,661,852.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	12,688,922.	32	13,659,489.
ž	33	Total liabilities and net assets/fund balances	16,244,841.	33	16,331,029.
			10,211,011.		Form <b>990</b> (2021)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	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				<u>907</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	4,2	52,	<u>936</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>1,5</u>	64,	<u>971</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	2,6	88,	<u>922</u>
5	Net unrealized gains (losses) on investments	5		<u>- 5</u>	94,	<u>404</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	3,6	59,	<u>489</u>
Part	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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the			
	Single 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 und	erao	the			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			3b		

## **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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AIDS FOUNDATION OF CHICAGO 36-3412054 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,451,562.	28,373,249.	31,572,401.	33,514,237.	34,781,258.	155,692,707.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE		
4	Total. Add lines 1 through 3	27,451,562.	28,373,249.	31,572,401.	33,514,237.	34,781,258.	155,692,707.		
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)						NONE		
6	Public support. Subtract line 5 from line 4						155,692,707.		
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	27,451,562.	28,373,249.	31,572,401.	33,514,237.	34,781,258.	155,692,707.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,627.	106,879.	131,576.	92,694.	70,257.	473,033.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				90,974.	53,117.	144,091.		
11	Total support. Add lines 7 through 10						156,309,831.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶		
Sec	tion C. Computation of Public Sup	•							
14	Public support percentage for 2021 (li		•			14	99.61 %		
15	Public support percentage from 2020					15	99.62 %		
16a	331/3% support test - 2021. If the org	_							
	box and <b>stop here.</b> The organization q	•		-					
b	331/3% support test - 2020. If the org	=							
4	this box and <b>stop here.</b> The organization			_					
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					-	-		
	Part VI how the organization meets			=	· ·	-	apported		
h	organization						and line		
D	10%-facts-and-circumstances test - 2	_	-						
	15 is 10% or more, and if the organization most					-			
	in Part VI how the organization meets			•	•				
18	organization								
10	_								
	instructions	<del></del>					<u></u>		

Part III	Support Schedule for	r Organizations Described in Section 5	09(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.)

500	tion A Bublic Support				•		
	tion A. Public Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	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						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 5 years. If the Form 990 is for	•	•		•		` ` ` ` _
	organization, check this box and stop here			<del></del>			▶ 🔼
	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 🔃

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
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0	10b		

Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b 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 <b>Part VI identify</b>			
	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		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h	I	ı

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Se	ection 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				
	ection 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 <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Se	ection C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization		
	(see instructions).	_				

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021 Page 7

Secti	on U - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 Excess from 2021

## **Political Campaign and Lobbying Activities**

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orge of organization	ganizations: Complete Part III.		Franksia ida	ntification number
	ŭ			' '	
	OS FOUNDATION OF CHI		(! <b>FO4</b> /-)!		412054
	•	organization is exempt under			
1	•	the organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions to
	definition of "political campa	9			
2		expenditures. See instructions			
3		campaign activities. See instruction	ns		
	-	organization is exempt under	. , , , ,		
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.		(' 504( )		
Par	•	organization is exempt under	. , ,		5 <b>).</b>
1		expended by the filing organization			
2		ng organization's funds contributed ies			
3	line 17b	enditures. Add lines 1 and 2. En			
5	Enter the names, addresses organization made payment the amount of political con	le Form 1120-POL for this year? s and employer identification numbers. ts. For each organization listed, entributions received that were promoted or a political action committee (	per (EIN) of all section liter the amount paid aptly and directly de	on 527 political organization from the filing organization in the filing organization of the filing organization of the filing o	ations to which the filing zation's funds. Also ente plitical organization, sucl
	<b>(a)</b> 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

·	rotal exempt purpose expenditures (aut	34,232,330.		
f	Lobbying nontaxable amount. Enter th			
	columns.	1,000,000.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss. enter -0-		

#### 4-Year Averaging Period Under Section 501(h)

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

(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)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(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.					
С	Total lobbying expenditures	104,886.	93,587.	143,507.	142,696.	484,676.					
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.					
f	Grassroots lobbying expenditures	46,586.	51,501.	64,929.	70,996.	234,012.					

Schedule C (Form 990) 2021

No

Yes

West West and the second of th	(a	1)		(b)
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amount
During the year, did the filing organization attempt to influence foreign, national, state, or local				
legislation, including any attempt to influence public opinion on a legislative matter or				
referendum, through the use of:				
Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	(a)(E)	ore	ootion	
	(0)(0)	, UI 3	ection	
501(c)(6).	(6)(5)	, 01 5	ection	Vas
501(c)(6).				Yes
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?				1
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  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	m the	prior	year?	1 2
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  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	om the	prior , <b>or s</b>	year?	1 2 3
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  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 complete if the organization is exempt under section 501(c)(4), section 501	om the	prior , <b>or s</b>	year?	1 2 3
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  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 organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	om the	prior , <b>or s</b>	year?	1 2 3
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  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 second of the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	om the (c)(5) OR (b	prior , or s	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members	om the (c)(5) OR (b	prior , or s	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization is exempt under section 501(c)(4), section 501 source (501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amon political expenses for which the section 527(f) tax was paid).	om the (c)(5) OR (b	prior , or s	year? ection t III-A, I	1 2 3
Section 162(e) nondeductible lobbying and political expenditures (do not include among political expenses for which the section 527(f) tax was paid).  Current year.	om the (c)(5) OR (b	prior , or so ) Par	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.	om the (c)(5) OR (b	prior, or so) Par	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount 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) due	om the (c)(5) OR (b)	prior, or so) Par	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount 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) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	om the (c)(5) OR (b) unts of	prior, or so) Par	year? ection t III-A, I	1 2 3
Were substantially all (90% or more) dues received nondeductible by members?  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 organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount 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) du lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible legal to the reasonable estimate of nondeductible l	om the (c)(5) OR (b) unts (c)	prior, or so) Par	year? ection t III-A, I	1 2 3
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Were substantially all (90% or more) dues received nondeductible by members?  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 organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount 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) duent of the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions  Supplemental Information  Addide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	om the (c)(5) OR (b) unts (c)	prior, or so) Par	year? ection t III-A, I  2a 2b 2c 3	1 2 3 ine 3, is
Were substantially all (90% or more) dues received nondeductible by members?  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 organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amoun 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) duent of lines were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions.  **IV** Supplemental Information in the individual expenditure of the part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate)	om the (c)(5) OR (b) unts (c)	prior, or so) Par	year? ection t III-A, I  2a 2b 2c 3	1 2 3 ine 3, is
Were substantially all (90% or more) dues received nondeductible by members?  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 organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 source (501 c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount 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) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions.	om the (c)(5) OR (b) unts (c)	prior, or so) Par	year? ection t III-A, I  2a 2b 2c 3	1 2 3 ine 3, is

## 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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AII	OS FOUNDATION OF CHICAGO	36-3412054
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation o	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	nservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
Da	organization's accounting for conservation easements.  It III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Гδ	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or reservation to the society of the	arch in furtherance of public service,
	provide the following amounts relating to these items:	• •
	(i) Revenue included on Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>&gt;</b> ¢
a h	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •

Sched	dule D (Form 990) 2021 AIDS	FOUNDATION	OF CHICAG	GO			36-	3412054	Page 2
	rt III Organizations Maintainin				ıres, or	Other Sim			
3	Using the organization's acquisition	n, accession, and	other record	s, check an	y of the	following	that make sig	gnificant use	of its
	collection items (check all that apply	·):							
а	Public exhibition		d	Loan or ex	kchange	program			
b	Scholarly research		е 🗍	Other					
С	Preservation for future genera	ations							
4	Provide a description of the organi		s and explai	n how they	further	the organiz	zation's exem	pt purpose	in Part
	XIII.								
5	During the year, did the organization	solicit or receive	donations of	art, historica	al treasu	res, or othe	r similar		
	assets to be sold to raise funds rathe	er than to be maint	ained as par	t of the orga	nization	's collection	?	Yes	No
Pa	rt IV Escrow and Custodial Ar	rangements.							
	Complete if the organizat 990, Part X, line 21.	ion answered "Ye	es" on Forn	n 990, Part	IV, line	9, or repor	rted an amo	unt on Form	1
1 a	Is the organization an agent, truste	e, custodian or o	ther interme	ediary for co	ontributi	ons or other	er assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the folk	owing table:					
							Amoui	nt	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amo	unt on Form 990,	Part X, line	21, for escr	ow or cu	stodial acco	ount liability?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check h	ere if the ex	olanation has	been p	rovided on P	art XIII		
Pa	rt V Endowment Funds.								
	Complete if the organizat	ion answered "Ye	es" on Forn	n 990, Part	IV, line	10.			
		(a) Current year	(b) Prior	year (c	) Two year	rs back (d)	Three years back	(e) Four year	rs back
1 a	Beginning of year balance	7,023,639.	6,850	),916.	7,003,1	.22.	7,003,122.	6,401	,122.
b	Contributions		17:	2,723.				602	2,000.
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				152,2	206.			
f	Administrative expenses								
g	End of year balance	7,023,639.	7,023	3,639.	6,850,9	916.	7,003,122.	7,003	,122.
2	Provide the estimated percentage of	of the current year	end balance	(line 1g, colu	ımn (a))	held as:			
а	Board designated or quasi-endowme	ent ▶ 100.0000	_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, ar								
3a	Are there endowment funds not in the	ne possession of the	he organizat	ion that are	held an	d administer	ed for the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related	•	•		le R?			3b	
4	Describe in Part XIII the intended us		tion's endow	ment funds.					
Pa	Land, Buildings, and Equi Complete if the organization	<u>tion answered "Y</u>							10.
	Description of property		r other basis stment)	(b) Cost or oth (other)	er basis	(c) Accumul depreciation		(d) Book value	
1a	Land			. ,					
	Buildings								
	Leasehold improvements								
d	Equipment			2,524	,381.	1,770,	624.	753,	757.

753,757. Schedule D (Form 990) 2021

197,260.

36-3412054

	Complete if the organization answere			
	Complete if the organization answere  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	ion:
(1) Financ	ial derivatives			
	y held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	may (h) mayor a great Forms 2000. Part V. and (D) line (Q)			
Part VIII	Investments - Program Related.			
Pait VIII	Complete if the organization answere	d "Yes" on Form 990	) Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> D	escription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	lumn (b) must equal Form 990, Part X, col. (B)	Page 45 )		
LOTAL (CO		IINA 15 I		
		line 15.)		
Part X	Other Liabilities. Complete if the organization answere		·	m 990, Part X,
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990	·	
Part X	Other Liabilities. Complete if the organization answere line 25.  (a) Descri		·	m 990, Part X, <b>(b)</b> Book value
1. (1) Fede	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990	·	
1. (1) Fede (2)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	·	
1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25.  (a) Descri	d "Yes" on Form 990	D, Part IV, line 11e or 11f. See For	

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

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	35,190,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-594,404.
3	Subtract line 2e from line 1	3	35,784,808.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b. 4a 33,099.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	33,099.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,817,907.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	34,219,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	34,219,837.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4.	22 000
С 5	Add lines 4a and 4b	4c 5	33,099. 34,252,936.
	XIII Supplemental Information.	J	34,232,930.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

### Part XIII Supplemental Information (continued)

PART V, LINE 4:

PROVIDE FUNDING TO AND COORDINATE THE ACTIVITIES FOR AIDS ASSISTANCE AND PREVENTION AND ESTABLISH A FUND FOR THE FUTURE.

PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN UNCERTAIN TAX POSITIONS.

#### 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 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization Employer identification number AIDS FOUNDATION OF CHICAGO 36-3412054 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		gross receipts greater than \$5,00	• •			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			AIDS RUN/WALK	WORLD OF CHOCOL	2	(add col. (a) through col. (c))
<u>a</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	585,851.	104,155.	335,191.	1,025,197.
ě	•	Oross receipts	303,031.	104,155.	335,191.	1,025,197.
œ	2	Less: Contributions	542,530.	78,065.	310,736.	931,331.
		Gross income (line 1 minus	,			,
		line 2)	43,321.	26,090.	24,455.	93,866.
	4	Cash prizes				
	5	Noncash prizos	5,360.			F 360
	3	Noncash prizes	5,300.			5,360.
Direct Expenses	6	Rent/facility costs			3,656.	3,656.
Sen					- <b>,</b>	,
Ä	7	Food and beverages	2,509.	8,412.	11,747.	22,668.
ect	_					
ä	8	Entertainment				
	9	Other direct expenses	10/ 200	5,529.	190,908.	390,726.
	·		174,207.	5,527.	170,700.	370,720.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		422,410.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<b>&gt;</b>	-328,544.
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.	T T		<u> </u>
Jue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Φ						
≥						.,
Revenue	1	Gross revenue				, , ,
$\exists$		Gross revenue				
$\exists$		Gross revenue				
$\exists$	2	Cash prizes				
$\exists$	2					
$\exists$	2	Cash prizes				
$\exists$	2	Cash prizes				
$\exists$	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs				
Direct Expenses Rev	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%		Yes%	
$\exists$	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs			Yes%	
$\exists$	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	Yes%	No	
$\exists$	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	Yes%	No	
$\exists$	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin	Yes % No es 2 through 5 in colu	Yes% No	No▶	
$\exists$	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No es 2 through 5 in colu	Yes% No	No▶	
$\exists$	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org	Yes % No  es 2 through 5 in coluubtract line 7 from line anization conducts ga	Yes% No mn (d)  1, column (d) ming activities:	No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org Is the organization licensed to con	Yes % No  es 2 through 5 in coluubtract line 7 from line anization conducts ga	Yes% No mn (d)  1, column (d) ming activities:	No	
<b>ω</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org Is the organization licensed to con	Yes % No  es 2 through 5 in coluubtract line 7 from line anization conducts ga	Mo  Mo  mn (d)  1, column (d)  ming activities: in each of these state	No	
<b>Direct Expenses</b>	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org Is the organization licensed to con	Yes % No  es 2 through 5 in colu ubtract line 7 from line anization conducts ga duct gaming activities	Mo  Mo  mn (d)  1, column (d)  ming activities: in each of these state	No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	Yes % No  es 2 through 5 in colu ubtract line 7 from line anization conducts ga duct gaming activities	Mo  Yes% No  mn (d)  1, column (d)  ming activities: in each of these state	No	Yes No
<b>Direct Expenses</b>	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the org Is the organization licensed to con If "No," explain:  Were any of the organization's gaming	Yes % No  es 2 through 5 in colu ubtract line 7 from line anization conducts ga duct gaming activities	Yes% No  mn (d)  1, column (d)  ming activities: in each of these state  pended, or terminated du	No	Yes No

Sched	dule G (Form 990 or 990-EZ) 2021 AIDS FOUNDATION OF CHICAGO	36-34120	54 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	у	
	formed to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and	
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming	
	revenue?		es No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?		es No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).		

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

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Employer identification number Name of the organization AIDS FOUNDATION OF CHICAGO 36-3412054 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) AGAPE MISSIONS, NFP 840 PLAINFIELD ROAD JOLIET, IL 60435 36-3789462 186,714. PROMOTE PROGRAMS FOR (2) ALEXIAN BROTHERS 36-3527899 539,860 825 W. WELLINGTON CHICAGO, IL 60657 PROMOTE PROGRAMS FOR (3) AIDS HEALTHCARE FOUNDATION 6255 W SUNSET BLVD., FLOOR 21 36-2244895 5,250. PROMOTE PROGRAMS FOR (4) ALIVIO MEDICAL CENTER 36-3661051 80,000. 966 W 21ST STREET CHICAGO, IL 60608 PROMOTE PROGRAMS FOR (5) ALL CHICAGO 651 W. WASHINGTON, SUITE 504 36-4272272 7,500 PROMOTE PROGRAMS FOR (6) ALLIANCE CARE 360 2929 S WABASH AVE., STE. 202 52-1871747 23,948 PROMOTE PROGRAMS FOR (7) AMITA HEALTH HOUSING & HEALTH ALLIANCE 47-2360513 825 WEST WELLINGTON AVENUE 8.574. PROMOTE PROGRAMS FOR (8) ASIAN HUMAN SERVICES 2838 W. PETERSON CHICAGO, IL 60659 36-3005889 72,417. PROMOTE PROGRAMS FOR (9) ASSOCIATION FOR INDIVIDUAL DEVELOPMENT 309 NEW INDIAN TRAIL COURT AURORA, IL 60506 36-2472748 43,510. PROMOTE PROGRAMS FOR (10) CATHOLIC CHARITIES 721 N LASALLE STREET CHICAGO, IL 60654 36-2170821 315,546. PROMOTE PROGRAMS FOR (11) CENTER FOR HOUSING & HEALTH 200 W. MONROE ST., SUITE 1150 26-4287202 9,657,191. PROMOTE PROGRAMS FOR (12) CENTER ON HALSTED 3656 N. HALSTED CHICAGO, IL 60613 51-0178807 550,154. PROMOTE PROGRAMS FOR 

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

2021

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	ion number
AIDS FOUNDATION OF CHICAGO						36-3412054	
Part I General Information on Grants a	nd Assistance	9				'	
<ol> <li>Does the organization maintain records to the selection criteria used to award the grate</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistand edures for mor	e?	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHICAGO BLACK GAY MEN'S CAUCUS							
180 N. MICHIGAN AVE., SUITE 1200	01-0977178		12,558.				PROMOTE PROGRAMS FOR
(2) CHICAGO FAMILY HEALTH CENTER							
9119 S. EXCHANGE AVE CHICAGO, IL 60617	36-2893854		80,000.				PROMOTE PROGRAMS FOR
(3) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY							
2229 S MICHIGAN AVENUE, STE 304	36-3376432		757,343.				PROMOTE PROGRAMS FOR
(4) CHICAGO WOMEN'S AIDS PROJECT							
1815 EAST 71ST STREET CHICAGO, IL 60649	36-3813588		77,376.				PROMOTE PROGRAMS FOR
(5) CHILDREN'S PLACE ASSOCIATION							
700 N SACRAMENTO BLVD., STE.300	36-3641017		50,619.				PROMOTE PROGRAMS FOR
(6) CHRISTIAN COMMUNITY HEALTH CENTER							
9718 S HALSTED STREET CHICAGO, IL 60628	36-3799834		762,342.				PROMOTE PROGRAMS FOR
(7) COMMUNITY HEALTH							
2611 W. CHICAGO AVE CHICAGO, IL 60622	36-3831793		80,000.				PROMOTE PROGRAMS FOR
(8) COOK COUNTY HIV INTEGRATED PROGRAMS							
2020 W. HARRISON STR., 2ND FLOOR	52-1974611		20,835.				PROMOTE PROGRAMS FOR
(9) ERIE FAMILY HEALTH CENTER							
1701 W. SUPERIOR-3RD FLOOR	36-3088628		336,488.				PROMOTE PROGRAMS FOR
(10) ESPERANZA FAMILY HEALTH CENTERS							
2001 S CALIFORNIA AVE, SUITE 100	32-0115907		56,571.				PROMOTE PROGRAMS FOR
(11) FACING FORWARD TO END HOMELESSNESS							
642 N. KEDZIE AVENUE CHICAGO, IL 60612	36-3397005		106,526.				PROMOTE PROGRAMS FOR
(12) FAITH UNITED METHODIST CHURCH							
15015 GRANT DOLTON, IL 60419	36-2167731		141,244.				PROMOTE PROGRAMS FOR

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

OMB No. 1545-0047
2021

Schedule I (Form 990) 2021

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

AIDS FOUNDATION OF CHICAGO						36-3412054	
Part I General Information on Grants a	nd Assistance	9					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistanc	e?					Yes No
Part IV, line 21, for any recipient		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FEATHERFIST							
2255 EAST 75TH STREET CHICAGO, IL 60649	36-3599583		114,755.				PROMOTE PROGRAMS FOR
(2) FRIEND HEALTH							
800 EAST 55TH ST. CHICAGO, IL 60615	36-4161801		80,000.				PROMOTE PROGRAMS FOR
(3) GLOBAL GIRLS, INC.							
8151 S. CHICAGO AVE CHICAGO, IL 60617	36-4367027		10,000.				PROMOTE PROGRAMS FOR
(4) GREATER FAMILY HEALTH							
370 SUMMIT STREET ELGIN, IL 60120	36-4249586		396,945.				PROMOTE PROGRAMS FOR
(5) HAYMARKET CENTER							
120 N. SANGAMON ST. CHICAGO, IL 60607	23-7249912		82,355.				PROMOTE PROGRAMS FOR
(6) HEARTLAND ALLIANCE HEALTH							
208 S. LASALLE STREET, STE #1300	36-3775696		377,403.				PROMOTE PROGRAMS FOR
(7) HEKTOEN INSTITUTE							
1339 S. WOOD STREET, SUITE G	36-2244897		1,741,294.				PROMOTE PROGRAMS FOR
(8) HOUSING OPPORTUNITIES FOR WOMEN							
1607 W. HOWARD ST., 2ND FLOOR	36-3263818		223,190.				PROMOTE PROGRAMS FOR
(9) HOWARD BROWN HEALTH CENTER							
4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128		259,647.				PROMOTE PROGRAMS FOR
(10) LAKE COUNTY HEALTH DEPARTMENT							
3010 GRAND AVE. WAUKEGAN, IL 60085	36-3308953		246,968.				PROMOTE PROGRAMS FOR
(11) LEGAL AID CHICAGO							
120 SOUTH LASALLE STREET SUITE 900	36-2754650		26,631.				PROMOTE PROGRAMS FOR
(12) LEGAL COUNCIL FOR HEALTH JUSTICE							
17 N. STATE ST, SUITE 900 CHICAGO, IL 60602	36-3563802		139,358.				PROMOTE PROGRAMS FOR
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations</li></ul>	•	•					

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

ame of the organization						Employer identificat	ion number
AIDS FOUNDATION OF CHICAGO						36-3412054	
Part I General Information on Grants an	d Assistance	9					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	ts or assistanc	e?					Yes No
Part II Grants and Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	<b>rnments.</b> Com	plete if the organiza	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is n	eeded.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LIFE IS WORK							
463 W CHICAGO AVE CHICAGO, IL 60651	82-3436927		11,880.				PROMOTE PROGRAMS FO
(2) LORDE RUSTIN & BATES							
0420 SOUTH HALSTED ST CHICAGO, IL 60628	84-4638549		6,000.				PROMOTE PROGRAMS FO
(3) LURIE CHILDREN'S SID							
25 E CHICAGO AVE, BOX 155	36-2170833		5,400.				PROMOTE PROGRAMS FO
(4) MEN & WOMEN IN PRISON MINISTRIES							
0 W. 35TH STREET 9TH FLOOR- 9C5-2	36-3850240		140,798.				PROMOTE PROGRAMS FO
(5) MERCY HOUSING LAKEFRONT							
20 S. LASALLE STREET, SUITE 1915	36-3453183		133,319.				PROMOTE PROGRAMS FO
(6) MICHAEL REESE RESEARCH & EDUCATION FOUNDATI							
339 S. WOOD STREET, SUITE G	36-3761674		198,444.				PROMOTE PROGRAMS FO
(7) MOTHER AND CHILD ALLIANCE							
17 W 18TH ST., STE. 213 CHICAGO, IL 60608	36-8769252		777,505.				PROMOTE PROGRAMS FO
(8) NORTH SIDE HOUSING & SUPPORTIVE SERVICES							
410 N. RAVENSWOOD, SUITE 101	36-3318158		46,044.				PROMOTE PROGRAMS FO
(9) NORTHWESTERN UNIVERSITY							
33 CLARK, ROOM G-547 EVANSTON, IL 60208	36-2167817		50,377.				PROMOTE PROGRAMS FO
10) OPEN DOOR CLINIC							
665 LARKIN AVENUE ELGIN, IL 60123	36-2899274		337,627.				PROMOTE PROGRAMS FO
11) PEACE DEVELOPMENT FUND							
O BOX 1280 AMHERST, MA 01004	04-2738794		11,880.				PROMOTE PROGRAMS FO
12) PRIMECARE HEALTH							
211 NORTH ELSTON AVE SUITE 301	36-3845253		80,000.				PROMOTE PROGRAMS FO
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tab	ole		<del> </del>	

# SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Inspection
Employer identification number

AIDS FOUNDATION OF CHICAGO						36-3412054	
Part I General Information on Grants an	d Assistance	9				•	
1 Does the organization maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran							Yes No
2 Describe in Part IV the organization's proce							
Part    Grants and Other Assistance to D	Oomestic Or	nanizations ar	nd Domestic Gov	vernments Com	nlete if the organiz	ation answered "\	/es" on Form 990
Part IV, line 21, for any recipient t		-					00 0111 01111 000,
				· · · · · · · · · · · · · · · · · · ·	·		1 015
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROACTIVE COMMUNITY SERVICES							
19740 GOVERNORS HIGHWAY, SUITE 118	87-0743740		37,802.				PROMOTE PROGRAMS FOR
(2) PUBLIC HEALTH INSTITUTE OF METRO CHICAGO							
180 N. MICHIGAN AVE. STE 1200	36-3959353		7,394.				PROMOTE PROGRAMS FOR
(3) PUERTO RICAN CULTURAL CENTER							
EL RESCATE 2739 W. DIVISION STREET	23-7347778		9,425.				PROMOTE PROGRAMS FOR
(4) SEASON OF CONCERN							
8 SOUTH MICHIGAN AVE, SUITE 2700	36-3759183		28,721.				PROMOTE PROGRAMS FOR
(5) SINAI HEALTH SYSTEM							
1500 S. FAIRFIELD AVE, NR6-120	36-3305449		379,979.				PROMOTE PROGRAMS FOR
(6) SOUTH SIDE HELP CENTER							
10420 S. HALSTED ST. CHICAGO, IL 60628	36-3532259		138,208.				PROMOTE PROGRAMS FOR
(7) TASKFORCE PREVENTION AND COMMUNITY SERVICES							
9 N. CICERO CHICAGO, IL 60644	36-3733207		11,880.				PROMOTE PROGRAMS FOR
(8) TCA HEALTH							
1029 E. 130TH ST CHICAGO, IL 60628	36-2743287		80,000.				PROMOTE PROGRAMS FOR
(9) TEST POSITIVE AWARE NETWORK							
5537 N. BROADWAY CHICAGO, IL 60640	36-2244897		537,040.				PROMOTE PROGRAMS FOR
(10) THE BOARD OF TRUSTEES OF U OF I							
UIC GRANTS & CONTRACTS 28395 NETWORK PLACE	37-6000511		361,164.				PROMOTE PROGRAMS FOR
(11) THE BOULEVARD							
3456 W. FRANKLIN BLVD. CHICAGO, IL 60624	36-4075641		290,580.				PROMOTE PROGRAMS FOR
(12) UNIVERSITY OF CHICAGO							
6054 S. DREXEL AVE CHICAGO, IL 60637	36-3488183		188,576.				PROMOTE PROGRAMS FOR
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

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

# SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
AIDS FOUNDATION OF CHICAGO						36-3412054	
Part I General Information on Grants a	ınd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistanc	e?					Yes No
Part IV, line 21, for any recipient	N .	-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) WILL COUNTY HEALTH DEPARTMENT							
501 ELLA AVE. JOLIET, IL 60433	36-3971168		75,006.				PROMOTE PROGRAMS FOR
_(2)							
(3)							
(4)							
(5)							
_(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	•	•					

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization	answered "Y	Yes" on Form 99	0, Part IV, line 22.
	Part III can be duplicated if additional space is needed.			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DIRECT CLIENT SUPPORT	1,139	1,351,772.			
2					
3					
_ 4					
_ 5					
_ 6					
7					

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

PART I, LINE 2:

THE ORGANIZATION MAINTAINS DETAILED RECORDS OF ALL GRANTS AWARDED AND MONITORS AGENCIES' USE OF GRANT FUNDS BY REQUIRING DETAILED REPORTS AND SUBSTANTIATION.

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE 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

Department of the Treasury Name of the organization

AIDS FOUNDATION OF CHICAGO

Internal Revenue Service

Employer identification number

36-3412054

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2	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 organization used to establish the compensation of the	_		
3	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 X Written employment contract			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504/s\(0) 504/s\(4) and 504/s\(00) second stime must second to line 5.0			
_	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:			
•	The organization?	5a		Х
a b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	35		21
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	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)?	9		

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

Schedule J (Form 990) 2021

# 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 W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN PELLER	(i)	224,300.			11,609.		235,909.	
1 PRESIDENT & CEO	(ii)							
LAURIE WETTSTEAD	(i)	177,663.			9,165.		186,828.	
2 CHIEF FINANCIAL OFFICER	(ii)							
SIMONE G. KOEHLINGER	(i)	155,838.			7,931.		163,769.	
3 CHIEF PROGRAMS OFFICER	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

AIDS FOUNDATION OF CHICAGO

36-3<u>412054</u>

#### 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 EMPLOYEE SHALL DISCLOSE SUCH CONFLICTS OF WHICH THE EMPLOYEE HAS ACTUAL KNOWLEDGE. IN ADDITION, ALL EMPLOYEES SHALL ANNUALLY SIGN A STATEMENT AFFIRMING THAT THEY HAVE READ THIS POLICY, AGREE TO COMPLY WITH

# SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

36-3412054

Department of the Treasury Internal Revenue Service

Name of the organization

AIDS FOUNDATION OF CHICAGO

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

Employer identification number

THE POLICY AND ACKNOWLEDGES THEY ARE NOT AWARE OF ANY VIOLATIONS OR DISCLOSE ANY KNOWN VIOLATIONS.

EMPLOYEES SHALL NOT BE THE RESPONSIBLE STAFF PERSON FOR ANY TRANSACTION IN WHICH THEY HAVE A CONFLICT OF INTEREST.

AFC SHALL MAINTAIN A RECORD OF ALL TRANSACTIONS IN WHICH AN EMPLOYEE HAS A CONFLICT OF INTEREST AND THE PROCEDURES FOLLOWED IN EACH INSTANCE.

#### FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION REQUIRES REVIEW BY THE EXECUTIVE COMMITTEE, THE USE OF COMPARABLE DATA, AS WELL AS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

#### FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE AUDITED FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

#### FORM 990; PART XII, LINE 2C

THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM THE PRIOR YEAR.

Name of the organization

AIDS FOUNDATION OF CHICAGO

Employer identification number
36-3412054

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

-----

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

\_\_\_\_\_

FLEX EXECS MANAGEMENT SOLUTIONS 649 EXECUTIVE DRIVE

\_\_\_\_\_

WILLOWBROOK, IL 60527 CONSULTING SERVICES

\_\_\_\_\_

186,215.

#### SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Primary activity

(c) Legal domicile (state

Department of the Treasury Internal Revenue Service

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

Name, address, and EIN (if applicable) of disregarded entity

OMB No. 1545-0047

2021

Open to Public Inspection

Direct controlling

(e) End-of-year assets

Total income

Name of the organization

AIDS FOUNDATION OF CHICAGO

36-3412054

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

Name, address, and EIN (if applicable) of disregarded entity		Primary activity	or foreign country)	Total income	End-of-year assets	Direct coi enti		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	ns. Complete if the graph the tax year.	organization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had		
(a)	(b)	(c)	(d)	(e)	(f)		(g) 512(b)(13) trolled	
Name, address, and EIN of related organization	Primary activity			Public charity status (if section 501(c)(3))	Direct controlling entity	conti	rolled	
		/ Legal domicile (state		Public charity status	Direct controlling	conti	512(b)(13) rolled iity?	
		/ Legal domicile (state		Public charity status	Direct controlling	conti	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202 200 WEST MONROE STREET, SUITE CHICAGO, IL 60606		/ Legal domicile (state		Public charity status	Direct controlling	conti	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202 200 WEST MONROE STREET, SUITE CHICAGO, IL 60606	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202  200 WEST MONROE STREET, SUITE CHICAGO, IL 60606  (2)	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202 200 WEST MONROE STREET, SUITE CHICAGO, IL 60606  (2)	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled ity?	
Name, address, and EIN of related organization  (1) CENTER FOR HOUSING AND HEALTH 26-4287202 200 WEST MONROE STREET, SUITE CHICAGO, IL 60606 (2)  (3)	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	rolled ity?	

(7)

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		Country					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13 rolled tity?
								Yes	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		<u> </u>
b	Gift, grant, or capital contribution to related organization(s)	1b	X	<u> </u>
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s).	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m		1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
_				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	shold	s.	

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTER FOR HOUSING AND HEALTH	В	9,570,952.	FMV
(2) CENTER FOR HOUSING AND HEALTH	0	2,147,905.	FMV
(3) CENTER FOR HOUSING AND HEALTH	N	691,705.	FMV
(4) CENTER FOR HOUSING AND HEALTH	L	515,202.	FMV
(5)			
(6)			hadula B (Form 000) 2024

# 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.

	coctions 512 514)						(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	aging ner?	(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	
1										

For Office Use Only	ILLINOIS CHARITABLE ORGANIZATION	<b>ANNUAL REI</b>	PORT	Form AG990-IL
PMT#	Attorney General KWAME RAOUL	State of Illinois	3	Revised 1/19
	Charitable Trust Bureau, 100 We			
	11th Floor, Chicago, Illinois		CO <u>#</u>	01-016418
AMT			Ch	neck all items attached:
	Report for the Fiscal Period:		X Co	py of IRS Return
	<b>5</b> , , ,	Make Checks	X Au	dited Financial Statements
	Beginning 7 / 1 / 202	Payable to the Illinois	'	py of Form IFC
INIT	0.5 "	Charity		5.00 Annual Report Filing Fee
	& Ending6 / 30 / 202	2 Bureau Fund	\$10	00.00 Late Report Filing Fee
Federal ID # <u>36-3412054</u>	MO DAY YR			MO DAY YR
Are contributions to the organiz	ation tax deductible? X Yes No	Date Organization	was crea	ated: 11 / 13 / 1985
		Year-end amounts		
LEGAL	-0.7 0.7 0.7 0.7 0.7 0.7		4) 0	16 221 000
NAME AIDS FOUNDATI	ION OF CHICAGO	A) ASSETS	A) \$	16,331,029.
MAIL	000 000000	D) LIADILITIES	D) (C	0 681 540
ADDRESS 200 WEST MONF	ROE STREET	B) LIABILITIES	B) \$	2,671,540.
CITY, STATE CHICAGO, IL		C) NET ASSETS	C) \$	13,659,489.
ZIP CODE 60606				
I SUMMARY OF ALL DEV	ENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	21. %	D) \$	7,547,480.
b) FUBLIC SUFFURT, CONTI	NIBOTIONS & FROGRAIN SERVICE REV. (GROSS AINTS.)	21. /0	D) \$	7,317,100.
E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	79.%	E) \$	28,448,947.
F) OTHER REVENUES		1. %	F) \$	243,890.
T) STILLTERE TO THE		1.70	Ι) Ψ	213,000:
G) TOTAL REVENUE INCOM	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$	36,240,317.
'	ENDITURES DURING THE YEAR:	10070	, ¢	30721073171
H) OPERATING CHARITABLE		23.%	H) \$	7,818,762.
.,			11, 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	I) \$	
J) TOTAL CHARITABLE PR	ROGRAM SERVICE EXPENSE (ADD H & I)	23.%	J) \$	7,818,762.
,	, ,		,	
J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J): \$			
K) GRANTS TO OTHER CHAR	RITABLE ORGANIZATIONS	66.%	K) \$	22,990,946.
L) TOTAL CHARITABLE PR	ROGRAM SERVICE EXPENDITURE (ADD J & K)	89.%	L) \$	30,809,708.
M) MANAGEMENT AND GENI	ERAL EXPENSE	6.%	M) \$	2,239,285.
N) FUNDRAISING EXPENSE		5.%	N) \$	1,626,353.
O) TOTAL EXPENDITURES	THIS PERIOD (ADD L, M, & N)	100%	O) \$	34,675,346.
III. SUMMARY OF ALL PA	ID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	f Individual Fundraising Campaign - Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISE		1009/	D, ¢	
	BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES	%	Q) \$	
D) NET DECEMED BY THE O	LADITY//DAMNUC O. D.)	%	R) \$	
R) NET RECEIVED BY THE CI	,	/0	R) Ψ	
PROFESSIONAL FUNDRAISI	PROFESSIONAL FUNDRAISING CONSULTANTS		C) ¢	
S) TOTAL AMOUNT PAID TO	S) \$			
IV. COMPENSATION TO TH	AR:			
T) NAME. TITLE: JOHN DET	LLER, PRESIDENT & CEO		T) \$	224,300.
	WETTSTEAD, CHIEF FINANCIAL OFFICER		U) \$	177,663.
V) NAME, TITLE: SIMONE (	V) \$	155,838.		
V. CHARITABLE PROGRAI		on back side of instructions CODE		
W) DESCRIPTION: HOUSING		300		
X) DESCRIPTION:	X) #			
Y) DESCRIPTION:	Y) #			

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:					
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?		х		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID				
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		X		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		Х		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		Х		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		Х		
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X		
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		х		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA - CHICAGO, IL PNC BANK - CHICAGO, IL				
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
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
STEVEN R GLOVER		05/15/2023
PREPARER (PRINT NAME)	SIGNATURE	DATE