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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A I</u>	or th	e 2022 cale	endar year, or tax year beginning	07/01/2022	and end	ding				06/	/30/2023		
ь.			C Name of organization						D Emp	oloyer	identification n	umber	
_	neck if a	applicable:	AIDS FOUNDATION OF CH	HICAGO									
	Addres	ss change	Doing business as						36-	341	2054		
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Roo	m/suit	ie					
	Initial	return	200 WEST MONROE STREE	ET		1	150		(31	.2)9	922-2322		
	Final r	eturn/terminated	City or town, state or province, coun	itry, and ZIP or foreign postal code					G Gross receipts \$				
	Ameno	ded return	CHICAGO, IL 60606								35,962,1	50.	
	Applica	ation pending	F Name and address of principal office	r: LAURIE WETTSTEAD)			H(a) Is this subord		eturn for	r Yes	X No	
	-		200 WEST MONROE STREE	ET1150, CHICAGO, IL	60606	5		H(b) Are all		nates inc	cluded? Yes	No	
ī	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947	(a)(1) or	527		If "I	No," att	ach a li	ist. See instructions.		
J	Webs	ite: WW	W.AIDSCHICAGO.ORG					H(c) Group	exemp	tion nu	ımber		
K	Form	of organization	on: X Corporation Trust	Association Other		L Year of fo	ormati	on: 1985	M S	State o	of legal domicile:	IL	
$\overline{}$	art I	Summ				1							
	1		scribe the organization's mission or	r most significant activities: Mo	OBILI <i>Z</i>	ING CON	MUJM	IITIES	TO	CRE	EATE		
ė		•	% JUSTICE FOR PEOPLE										
anc					<u></u>								
ern	2	Check this	s box if the organization (discontinued its operations of	or dispos	sed of mo	re th	nan 25%	of i	ts no	et assets		
Governance	3		f voting members of the governing	•	•				1	3	J. 400010.	29	
	4		f independent voting members of t							4		29	
ies	5		ber of individuals employed in cale							5		197	
Activities &	6		ber of volunteers (estimate if necess						Г	6		483	
Act			elated business revenue from Part V							7a		NONE	
			ated business taxable income from I						- 1	7b			
		ivet unitera	ted business taxable income from	TOTTI 390-1, Farti, illie 11	<u></u>			Prior Ye		75	Current Y		
	8	Contribution	ons and grants (Part VIII, line 1h)			-		34,781			34,563		
Jue	9										-		
Revenue	10		service revenue (Part VIII, line 2g)					1,121,303.				142	
æ	10		nt income (Part VIII, column (A), line							_		142.	
	11		enue (Part VIII, column (A), lines 5,					-275				, 877.	
	12		nue - add lines 8 through 11 (must					35,817			35,444		
	13		d similar amounts paid (Part IX, colu					22,990			22,926		
	14		paid to or for members (Part IX, colu					0 041		NE	10 000	NONE	
Expenses	15		other compensation, employee bene			_		8,241,083. NONE			10,299		
en	16 a		nal fundraising fees (Part IX, column						NC	NE		NONE	
Ä	_ b		Iraising expenses (Part IX, column (I							_	2 505		
	17		enses (Part IX, column (A), lines 11								3,527		
	18		enses. Add lines 13-17 (must equal					34,252			36,753		
_ s	19	Revenue I	less expenses. Subtract line 18 from	n line 12				1,564			-1,308		
ts o						-		ning of Cur		_	End of Yea		
sse 3ala	20		ets (Part X, line 16)					16,331			21,916		
Net Assets or Fund Balances	21		lities (Part X, line 26)					2,671			9,502		
			s or fund balances. Subtract line 21	from line 20	<u></u>			13,659	,48	9.	12,413	<u>,676.</u>	
	art II		ture Block										
Un	der pe e, corre	nalties of per ect, and comp	rjury, I declare that I have examined thin plete. Declaration of preparer (other than	is return, including accompanying nofficer) is based on all information	schedules of which p	and stateme reparer has a	nts, aı any kn	nd to the b owledge.	est of	my kı	nowledge and b	elief, it is	
				•	·			Ĭ					
Sig	ın	Ciamatura	A officer					Data					
He		Signature o	of officer					Date	•				
			WETTSTEAD	CF()								
			nt name and title			<u> </u>					TINI		
Paid	4	Print/Type	preparer's name	Preparer's signature	Date			Check		"	TIN		
	u parer	STEVEN	I R GLOVER					self-er	mploye	d I	00253365		
	Only	Firm's nam	ne MILLER, COOPER &	CO., LTD.				Firm's EIN		36	5-2897372		
	,	Firm's add	ress 1751 LAKE COOK ROAD.	, SUITE 400 DEERFIELD, IL 6	0015			Phone no.		84	17-205-50	00	
Ma	y the	IRS discu	iss this return with the preparer	shown above? See instruct	ions				<u></u>	<u></u>	. X Yes	No	
For	Pape	rwork Red	uction Act Notice, see the separat	e instructions.							Form 99 (0 (2022)	

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Pa		Statement of Program Service A										
	(Check if Schedule O contains a r	esponse or note to any line in this Part	<u> </u>	Х							
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 ye		Yes X No							
3	Did the services?	organization cease conducting,	or make significant changes in h		Yes X No							
		escribe these changes on Sched										
4 Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported.												
4a	(Code:) (Expenses \$32,6	26,488. including grants of \$ 22	926,716.) (Revenue \$952	,681.							
	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								
	SYSTEM; PROVIDING FUNDING FOR PERMANENT, SUPPORTIVE HOUSING INCLUDING RENTAL, UTILITY, AND/OR FURNITURE ASSISTANCE; 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 \$)							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
4d	Other pro	gram services (Describe on Sche	edule O.)									
	(Expenses	s\$ including gra	ints of \$) (Revenue	\$								
4e	Total proc	aram service expenses	32 626 488									

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Part	V 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)	Ť		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	- 21	_
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			- 21
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
,		7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.5
9	complete Schedule D, Part III	8		X
Э	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	\vdash
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	\vdash
124	Schedule D, Parts XI and XII.	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	21	\vdash
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•••	Part IX, 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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 Land II	21	x	

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Part IV Checklist of Required Schedules (continued)

rail	Checklist of Required Schedules (Continued)		V	N _a
	Dild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		1	
	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,		1	
	or IV, and Part V, line 1	34	Х	
35 a	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			
	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? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 197						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	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	C.L.					
_	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X			
	and services provided to the payor?	7a 7b					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х			
٨	required to file Form 8282?			21			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	40					
	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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a					
а	Is the organization licensed to issue qualified health plans in more than one state?	134					
h	Enter the amount of reserves the organization is required to maintain by the states in which						
D	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X			
	If "Yes," complete Form 6069.						

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

Sect	ion 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 <u>1a</u> 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		v
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		37
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. (350		J 1 (U)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est r	olicv
	and financial statements available to the public during the tax year.		· P	- ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls		
	LEILANI NAVALTA 200 WEST MONROE STREET, SUITE 1150 CHICAGO, IL 60606			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s pe	ition more	e than construction is both construction employee	an	(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
(1) JOHN PELLER	37.50									
PRESIDENT & CEO	NONE			$_{\rm x}$				224,300.	NONE	11,609.
(2) LAURIE WETTSTEAD	37.50							221,3001	110112	11/0051
CHIEF FINANCIAL OFFICER	NONE			$_{\rm X}$				177,663.	NONE	9,165.
(3) SIMONE G. KOEHLINGER	37.50							,	_	,
CHIEF PROGRAMS OFFICER	NONE			x				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					X		113,501.	NONE	5,836.
(8) THOMAS MENARD	37.50									
VP OF OPERATIONS	NONE			Х				111,006.	NONE	6,097.
(9) BASHIRAT OLAYANJU	37.50									
VP OF CARE	NONE			Х				109,807.	NONE	5,703.
(10) NADEEN ISRAEL	37.50									
VP OF POLICY AND ADVOCACY	NONE			Х				108,812.	NONE	5,573.
(11) JAMES WOOTERS	37.50									
SR. DIR - GRANTS AND CONTRACTS	NONE					X		106,258.	NONE	5,452.
(12) BRIAN DIBBLEE	37.50									
DIR - INFORMATION TECHNOLOGY	NONE					X		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 **990** (2022)

Form 990 (2022)

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	oye	es,	and H	lig	hest Compensat	ed Employees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimat amount other compens	t of				
	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 organizat	ne ition ited
15) CRAIG JOHNSON	1.00										
DIRECTOR - BOARD CHAIR & STRAT	NONE	X		Х				NONE	NONE		NONE
16) JANET LIN	<u>1.00</u>	,		3,5				NONE	NONE		NONT
DIRECTOR - TREASURER & FINANCE	NONE	X		Х				NONE	NONE		NONE
17) CHAD THOMPSON DIRECTOR - SECRETARY	1.00 NONE	X		Х				NONE	NONE		NONE
18) NAN SILVA	0.50	Α.		2				NONE	1101112		INCINI
DIRECTOR - BOARD VICE CHAIR	NONE	X		Х				NONE	NONE		NONE
19) ADWOA ANTWI-BARFI	0.50							1,01,1			210212
DIRECTOR	NONE	Х						NONE	NONE		NONE
20) ANTHONY BRUCK	0.50										
DIRECTOR	NONE	Х						NONE	NONE		NONE
21) CAPRICE CARTHANS	0.50										
DIRECTOR	NONE	Х						NONE	NONE		NONE
22) CECIL DEARBORNE	0.50										
DIRECTOR	NONE	X						NONE	NONE		NONE
23) ESTEBAN RODRIGUEZ	0.50										
DIRECTOR	NONE	X						NONE	NONE		NONE
24) J. BEN STRINGFELLOW	0.50							NONE	NONE		NTONTI
DIRECTOR 25) GEOF BROWN	1.00	X						NONE	NONE		NONE
DIRECTOR - GOVERNANCE CHAIR	NONE	X		x				NONE	NONE		NONE
								1,780,740.	NONE	95	,147.
1b Sub-total c Total from continuation sheets to Part VII	l. Section A		• •	• •	• •			NONE			NONE
d Total (add lines 1b and 1c)							\	1,780,740.	NONE	95	,147.
2 Total number of individuals (including but n							re		\$100,000 of		•
reportable compensation from the organiza	ition 🕨					14					
										Ye	s No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3	
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	? //	"Yes	,"	complete Schedu	ile J for such		
individual										4	
5 Did any person listed on line 1a receive										_	
for services rendered to the organization? If	"Yes," comple	te Sci	nedu	ıle .	J for	such _i	per	rson		5	
Section B. Independent Contractors		al	. ا- مر	t		4 ma c t = :			than \$100,000 -		
1 Complete this table for your five highest c	ompensated i	паере	enae	∍nt	con	ıractor	rst	mat received more	e man \$100,000 of	l	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	continued)
(A)	(B)				C)			(D)	(E)			F)
Name and title	Average hours per	(do r	not c		sition more	e than c	one	Reportable compensation	Reporta compensati			nated unt of
	week (list any	1				is both		from	relate	d		ner
	hours for related			_		tor/trust □ ⊈ <u> </u> ⊑		the	organiza			nsation the
	organizations	divio	stitu	Officer	Key employee	nplo	Forme	organization (W-2/1099-MISC)	(W-2/1099	-IVIISC)	1	ization
	below dotted	dual	ltion	7	nplc	st co	4	(** =, *********************************				elated
	line)	Individual trustee or director	al tr		yee	mpe					organi	zations
		tee	Institutional trustee			Highest compensated employee						
26) JOSEPH STOKES, PH.D	0.50					ğ						
DIRECTOR	NONE	Х						NONE		NONE		NON
27) JULIE SCOTT	0.50											
DIRECTOR	NONE	Х						NONE		NONE		NONE
28) J.P. VALADEZ	0.50											
DIRECTOR	NONE	Х						NONE		NONE		NONE
29) LIU MONTSHO	0.50											
DIRECTOR	NONE	X						NONE		NONE		NON
30) KULIVA WILBURN	0.50											
DIRECTOR	NONE	X						NONE		NONE		NON
31) MARKUS PITCHFORD	0.50											
DIRECTOR	NONE	X						NONE		NONE		NONE
32) PAULA FRIEDMAN	0.50							17017				370377
DIRECTOR	NONE	X						NONE		NONE		NONE
33) YUSEF GARCIA	0.50 NONE	V						NONE		NIONIE		NTONTI
DIRECTOR 34) DERRICK KIMBROUGH	0.50	X						NONE		NONE		NONE
DIRECTOR	NONE	X						NONE		NONE		NONE
35) LANCE GLASS	0.50	21						IVOIVE		TIONE		IVOIVI
DIRECTOR	NONE	Х						NONE		NONE		NONE
36) ROY FERGUSON	1.00											
DIRECTOR	NONE	Х						NONE		NONE		NONE
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000	of		
reportable compensation from the organizatio	n ▶											
											Y	es No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched											3	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsatio	n a	nd other compens	sation from	the		
organization and related organizations gr										such	4	
individual											4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	
Section B. Independent Contractors	cs, compre	10 001	icat	110 0	, 101	30011	pci	3011			J J	
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100	0,000 c	of	
compensation from the organization. Report of												
year.												
(A)								(B)			(C)	
Name and business add	dress							Description of se	rvices	C	Compensat	tion

Name and business address

Description of services

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 ▶

_	O
Dana	_

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue	d)	
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average	l		Posi				Reportable	Reportable		imated	
	hours per week (list any	,				e than or is both a		compensation from	compensation from related		ount of other	
	hours for	for officer and a director/trustee)						the	organizations		ensatio	on
	related	Indi or c	Inst	Officer	Key	Highest co employee	Forme	organization	(W-2/1099-MISC)		m the	
	organizations below dotted	vidu	ituti	cer	em	hest	mer	(W-2/1099-MISC)		•	nization related	
	line)	tor tr	onal		Key employee	ee					nization	
		Individual trustee or director	Institutional trustee		ee	per						
		ď	stee			compensated						
27) MANNA LODEZ	0.50					8						
37) TANYA LOPEZ DIRECTOR	0.50 NONE							NONE	NONE		,	NI () NI II
38) TERRI FRIEL	0.50	X		\dashv				NONE	NONE			NONE
DIRECTOR	NONE	X						NONE	NONE		,	NONE
39) TERRI WILKERSON	0.50	Λ						NOINE	NONE			INOINE
DIRECTOR	NONE	X						NONE	NONE		1	NONE
40) LORI KAUFMANN	1.00	21						IVOIVE	NONE			INOINE
DIRECTOR - FUND DVPT CHAIR	NONE	Х		х				NONE	NONE		1	NONE
41) MARY POUNDER	1.00							110112	110112			
DIRECTOR - POLICY & ADVOCACY C	NONE	X		х				NONE	NONE]	NONE
42) TOM SONDERGELD	0.50											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
	†											
	T											
	ļ											
	ļ											
1b Sub-total							ightharpoons					
c Total from continuation sheets to Part VII, S	ection A											
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not		hose	liste	d ab	OOV	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶											
						_					Yes	No
3 Did the organization list any former office												37
employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gr									le J for such	4	v	
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		v
Section B. Independent Contractors	es, comple	ie Sci	ı c uu	i c J	101	Sucii	U U I.	3 <i>011</i>		J		X
Complete this table for your five highest com	nensated i	nden	ahne	nt c	วดท	tractor	rs t	hat received more	than \$100 000 o	f		
compensation from the organization. Report of												
vear	•					,		_	9			

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

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

Part VIII Statement of Revenue

AIDS FOUNDATION OF CHICAGO 36-3412054

		Check if Schedule O contains	a respor	nse or note to an	y line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	. 1a					
an	b	Membership dues						
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events	1 1	1,216,238.				
fts, r A	d	Related organizations						
≘ق	e	Government grants (contributions)		30,288,565.				
ns, Sin	f	All other contributions, gifts, grants,						
er (and similar amounts not included above	. 1f	3,058,894.				
ğ	g	Noncash contributions included in						
a t	9	lines 1a-1f	. 1g	\$				
a S	h				34,563,697.			
		Total. Add lilles la lill a lill a lill a		Business Code				
ø		COMMUNITY LINKS REVENUE		624100	142,435.	142,435.		
Program Service Revenue	2a	MANAGEMENT FEE INCOME		624100	790,551.	790,551.		
Sel	b	340-B PHARMACEUTICALS		624100	19,695.	19,695.		
Ĕ Ž	С	540-B PHARMACEUTICALS		624100	19,695.	19,095.		
gra Re	d							
ē	е							
а.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			952,681.			
	3	Investment income (including d	•	*	0.7.005			0.7.005
		other similar amounts)			97,225.			97,225
	4	Income from investment of tax-exe	•		NONE			
	5	Royalties			NONE			
		(1) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from (i) S	ecurities	(ii) Other				
		sales of assets						
		other than inventory 7a	40,917.					
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b						
ě	С	Gain or (loss) 7c	40,917.					
ř.	d	Net gain or (loss)	<u></u>		40,917.			40,917
Other	8a	Gross income from fundrais	sing					
0		events (not including \$1,216,2	38.					
		of contributions reported on	line					
		1c). See Part IV, line 18		124,692.				
	b	Less: direct expenses		517,507.				
	c	Net income or (loss) from fundraisi			-392,815.			
	9a	Gross income from gam	ina					
	••	activities. See Part IV, line 19	-	NONE				
	b	Less: direct expenses		NONE				
	C	Net income or (loss) from gaming			NONE			
	10a	, , ,	ess					
	Toa	returns and allowances		NONE				
	h			NONE				
	b	Less: cost of goods sold Net income or (loss) from sales of in			NONE			
·c	Ť			Business Code	1,011			
őű.	44-	MISCELLANEOUS REVENUE		900099	86,108.			86,108
ine nue	11a	CONTRIBUTED NONFINANCIAL ASSETS		900099	96,830.	96,830.		55,100
	b				20,030.	50,030.		
Miscellaneous Revenue	C	All other revenue						
Ē	d				182,938.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions			35,444,643.	1,049,511.		224,250.
		. Star revenue. Occ molluctions			JJ, III, UIJ.	エ, ロオク, コエエ・		4,430.

Form **990** (2022)

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 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	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	21,194,499.	21,194,499.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	1,732,217.	1,732,217.					
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	1,875,888.	1,325,779.	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	5,910,934.	4,071,057.	1,237,241.	602,636			
8	Pension plan accruals and contributions (include	398,618.	276,271.	81,595.	40,752			
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	1,500,849.	1,040,198.	307,216.	153,435.			
10	Payroll taxes	613,087.	424,914.	125,496.	62,677			
	Fees for services (nonemployees):							
а	Management	NONE						
	Legal	NONE						
	Accounting	84,685.		84,685.				
d	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17	NONE						
1	f Investment management fees	31,472.		31,472.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.60 0.55	710 006	110 000	04.056			
	(A), amount, list line 11g expenses on Schedule O.)	862,855.	718,996.	119,003.	24,856			
	Advertising and promotion	NONE	460 530	40 505	120 002			
	Office expenses	642,526.	468,738.	40,795.	132,993			
14	Information technology	NONE						
	Royalties	NONE	016 006	200 501	105 422			
	Occupancy	1,222,320.	916,296.	200,591.	105,433			
	Travel	NONE						
18	Payments of travel or entertainment expenses	NONE						
	for any federal, state, or local public officials	NONE FOR 707	207 126	100 655	20 006			
	Conferences, conventions, and meetings	525,797.	387,136.	109,655.	29,006			
	Interest	NONE NONE						
	Payments to affiliates	NONE						
	Depreciation, depletion, and amortization Insurance	NONE						
	Other expenses. Itemize expenses not covered	NONE						
24	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.)							
9	PUBLIC EDUCATION	70,269.	60,930.		9,339			
	FEES AND OTHER EXPENSES	87,230.	9,457.	19,547.	58,226			
c		3,,233.	7,157.		30,220			
d								
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	36,753,246.	32,626,488.	2,713,976.	1,412,782			
	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	55,135,215.	32,323,133.	2,.13,3.3.	_,,			
	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 P	art X							
			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	3,651,340.	1	2,780,182.					
	2	Savings and temporary cash investments	109,822.	2	59,859.					
	3	Pledges and grants receivable, net	5,801,795.	3	5,810,966.					
	4	Accounts receivable, net	1,921,871.	4	850,810.					
	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					
ß	7	Notes and loans receivable, net	548,028.	7	1,051,528.					
Assets	8	Inventories for sale or use	NONE		NONE					
As	9	Prepaid expenses and deferred charges	168,643.	9	213,874.					
	_	Land, buildings, and equipment: cost or other	100,013.		213 / 0 / 11					
		basis. Complete Part VI of Schedule D 10a 2,811,178.								
	h	Less: accumulated depreciation	753,757.	100	650,358.					
	11	Investments - publicly traded securities	2,708,029.	11	2,865,695.					
	12	Investments - other securities. See Part IV, line 11	NONE		NONE					
	13	,			NONE					
	14		rs - program-related. See Part IV, line 11							
		Intangible assets			NONE					
	15	Other assets. See Part IV, line 11	667,744.	15	7,633,245.					
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,331,029.	16	21,916,517.					
	17	Accounts payable and accrued expenses	679,142.	17	807,624.					
	18	Grants payable	406,445.	18	73,748.					
	19	Deferred revenue	1,585,953.	19	238,116.					
	20	Tax-exempt bond liabilities	NONE		NONE					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE					
Liabilities	22	Loans and other payables to any current or former officer, director,								
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%								
jak		controlled entity or family member of any of these persons	NONE		NONE					
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		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	8,383,353.					
	26	Total liabilities. Add lines 17 through 25	2,671,540.	26	9,502,841.					
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.								
lar	27	Net assets without donor restrictions	10,997,637.	27	11,451,544.					
Ã	28	Net assets with donor restrictions	2,661,852.	28	962,132.					
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						
SS	31	Retained earnings, endowment, accumulated income, or other funds		31						
¥. A	32	Total net assets or fund balances	13,659,489.	32	12,413,676.					
ž	33	Total liabilities and net assets/fund balances	16,331,029.	33	21,916,517.					
			±0,00±,040,	- 55	Form 990 (2022)					

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	5,4	44,	<u>643</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	6,7	53,	<u>246</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	08,	<u>603</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	3,6	59,	<u>489</u> .
5	Net unrealized gains (losses) on investments	5			62,	<u>790</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	2,4	13,	<u>676</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: CashX 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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			26	37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ied o	n a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
	<u> </u>					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20	Λ	
	If the organization changed either its oversight process or selection process during the tax year, ex	cpiain	on			
2.5	Schedule O.	م: ماند	4 h.a			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for		tne	3a		Х
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		tho	34		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

36-3412054 AIDS FOUNDATION OF CHICAGO Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,373,249.	31,572,401.	33,514,237.	34,875,124.	34,563,697.	162,898,708.
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	28,373,249.	31,572,401.	33,514,237.	34,875,124.	34,563,697.	162,898,708.
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						NONE
6	shown on line 11, column (f)						NONE
	tion B. Total Support						162,898,708.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	28,373,249.	31,572,401.	33,514,237.	34,875,124.	34,563,697.	162,898,708.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106,879.	131,576.	92,694.	70,257.	97,225.	498,631.
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.	182,938.	327,029.
11	Total support. Add lines 7 through 10						163,724,368.
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	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						00 50 %
14	Public support percentage for 2022 (li		•			14	99.50 %
15	Public support percentage from 2021					15	99.61 %
тоа	331/3% support test - 2022. If the organization of						
h	box and stop here. The organization quality 331/3% support test - 2021. If the organization						
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		_			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	
	organization			_	•		
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	_	=				
	in Part VI how the organization meets					-	•
	organization						
18	Private foundation. If the organization						
	instructions						

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

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

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·		,	
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	, ,						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		(1) 0040	() 0000	(1) 0004	() 0000	(O.T.)
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
iva	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 on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.	<u> </u>	<u></u> .		<u></u> .	<u> </u>	
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2022 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2021 Scheo	dule A, Part III, lii	ne 15	<u> </u>	<u> </u>	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2022 (lin	e 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021 S					18	%
19 a	331/3% support tests - 2022. If the org					ore than 331/3%	, and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga	-	-	•	• •		
	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization d		•				

Part IV Supporting Organizations

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

Section A. All Supporting Organiz	zations
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- 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.
 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
- 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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	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.		
	11c below, the governing body of a supported organization?	11a		
	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-		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jectiv	on b. Type i dapporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Socti	on D. All Type III Supporting Organizations	1		
Secur	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	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 line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Vos." explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? 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 Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction 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		lly integra	ited Type III supporting	g organization
	(see instructions).		J. 11	

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer				
	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 Part VI)		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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				Schedule A (Form 990) 2022

Political Campaign and Lobbying Activities

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

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Franksian ida	utification unumber
	e of organization			' '	ntification number
	OS FOUNDATION OF CHIC				412054
Pa	•	organization is exempt under			
1		ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	_			
2		xpenditures. See instructions			
	Volunteer hours for political	campaign activities. See instruction	ns		
Pai		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities			\$	
2		g organization's funds contributed			
	527 exempt function activiti	es		\$	
3		enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promed or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2022

е	Total exempt purpose expenditures (add	36,753,238.		
f	Lobbying nontaxable amount. Enter the			
	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	250,000.		
h	Subtract line 1g from line 1a. If zero or le			
i	Subtract line 1f from line 1c. If zero or le			

4-Year Averaging Period Under Section 501(h)

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

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

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	93,587.	143,507.	142,696.	229,294.	609,084.				
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	51,501.	64,929.	70,996.	94,252.	281,678.				

Schedule C (Form 990) 2022

Yes

No

	dule C (Form 990) 2022 AIDS FOUNDATION OF CHICAGO			36-34		54 F	Page 3
Pa	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 576			
-or	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)		
des	cription of the lobbying activity.	Yes	No		Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	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? It III-A Complete if the organization is exempt under section 501(c)(4), section 501	(-)(F)		4!			
Га	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(O)	, or s	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pa	t III-B Complete if 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"	OR (k) Pai	t III-A,	line :	3, is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of				
	political expenses for which the section 527(f) tax was paid).			_			
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	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 lo	•	_	4			
5	and political expenditures next year?			5			
, Pai	Taxable amount of lobbying and political experiorates. See instructions						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d grou	ıp list); Part	II-A, li	nes 1	and
	·						

 $2 \ (\text{See instructions}); \ \text{and Part II-B, line 1. Also, complete this part for any additional information}.$

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

IValli	e of the organization	Employer identification number
AI	DS FOUNDATION OF CHICAGO	36-3412054
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	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 fund	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D.	art 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).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certified flistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_		2a
a		2b
b		2c 2c
C	()	20
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	•
J	tax year	ated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	handling of
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	
•	otali and volunteer nours devoted to monitoring, inspecting, manding or violations, and emorcing of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, nationing of violations, and emotioning con	servation easements daring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reve	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research.	
	provide the following amounts relating to these items:	non in future ance of public service,
	(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	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	colo for inicional gain, provide the
а		\$
h	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·

Sche		S FOUNDATION				3412054 Page 2
Pa	rt Organizations Maintaini	_ 				
3	Using the organization's acquisition		other records, chec	k any of the follo	owing that make sig	nificant use of its
	collection items (check all that app	ly):				
а	Public exhibition		——	or exchange prog	ram	
b	Scholarly research		e Other			
С	Preservation for future gene					
4	Provide a description of the organ	nization's collections	s and explain how	they further the	organization's exemp	t purpose in Part
	XIII.					
5	During the year, did the organization				_	
	assets to be sold to raise funds rath		ained as part of the	organization's col	ection?	Yes No
Pa	rt IV Escrow and Custodial A		" -	-		
	Complete if the organiza 990, Part X, line 21.					nt on Form
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary f	or contributions	or other assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the following ta	ble:		
					Amoun	t
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an am					Yes No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been provide	d on Part XIII	
Pa	rt V Endowment Funds.		"	Dort IV line 40		
	Complete if the organiza			(c) Two years back		
		(a) Current year	(b) Prior year	(C) TWO years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
_	and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
_	End of year balance					
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g %	, column (a)) neid	as:	
b	Permanent endowment	%	70			
c	Term endowment %	/0				
•	The percentages on lines 2a, 2b, a	and 2c should equal	100%.			
3a	Are there endowment funds not in			are held and adn	ninistered for the	
- u	organization by:	россосолог от п	no organization that	are riold and dan	in notor ou for the	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the relate					3b
4	Describe in Part XIII the intended u	•	•		• •	
	rt VI Land, Buildings, and Equ	uipment.				
	Complete if the organize	ation answered "Y				
	Description of property				Accumulated (epreciation	d) Book value

650,358. Schedule D (Form 990) 2022

650,358.

1,963,560

197,260

2,613,918.

197,260.

1a Land...... **b** Buildings c Leasehold improvements

d Equipment......

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

Part VII Investments - Other Securities.			0-3412054 Page 3
Complete if the organization answered (a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year mark	cet value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	der value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 99	0. Part IV. line 11d. See Form 990	. Part X. line 15.
	scription		(b) Book value
(1)INVESTMENT - COLLATERAL	· ·		601,660.
(2)ROU ASSET			7,031,585.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		7,633,245.
Part X Other Liabilities.			
Complete if the organization answered line 25.	"Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Descript	ion of liability		(b) Book value
(1) Federal income taxes			
(2)LEASE LIABILITY - CURRENT			415,808.
(3)LEASE LIABILITY - LONG TERM			7,967,545.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			8,383,353.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements t	hat reports the

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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	35,475,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
C	reduction of photypian grante, i.		
d		2e	62,790.
е	Add lines 2a through 2d	3	35,413,171.
3	Subtract line 2e from line 1	3	33,413,1/1.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 31,472.		
a	invocation expenses for included on Form coo, Fair Vin, into Fo		
b	Cutor (Boothoo in rate value)	4c	31,472.
с 5	Add lines 4a and 4b	5	35,444,643.
Part			33,111,013.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	36,721,774.
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	36,721,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	31,472.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	36,753,246.
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F)t \ /	line 4: Deut V. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	mile 4, Fait A, line
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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

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.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			AIDS RUN/WALK	WORLD OF CHOCOL	2	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	` col. (c))
ne						
en	1	Gross receipts	597,330.	259,226.	484,375.	1,340,931.
Revenue			327,73301	203,2201	1017070	
ш	2	Less: Contributions	553,584.	214,487.	448,167.	1,216,238.
		Gross income (line 1 minus	333,3331			
		line 2)	43,746.	44,739.	36,208.	124,693.
		,	,	·	,	,
	4	Cash prizes				
	5	Noncash prizes				
S						
Direct Expenses	6	Rent/facility costs		11,500.	7,820.	19,320.
ber						
EXI	7	Food and beverages	4,149.	74,271.	6,931.	85,351.
š						
٦	8	Entertainment	300.	900.		1,200
_						
	9	Other direct expenses	180,100.	74,387.	157,149.	411,636.
				4.00		
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		517,507.
_		Net income summary. Subtract I				
Pa	rt III			Yes" on Form 990, I	Part IV, line 19, or	reported more than
_		\$15,000 on Form 990-EZ, lin	le oa.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ver				billigo/progressive billigo		con (a) timoagir con (c))
Re	4	Gross rovonuo				
_		Gross revenue				
S	2	Cash prizes				
se	_	GdG/1 p/1200				
Direct Expenses	3	Noncash prizes				
EX	·					
3Ct	4	Rent/facility costs				
٦		, , , , , , , , , , , , , , , , , , , ,				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	No	No	
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9		Enter the state(s) in which the org				
а		s the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
b) l	f "No," explain:				
	_					
	-					
10a		Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No
k)	f "Yes," explain:				
	_					

Sched	ule G (Form 990 or 990-EZ) 2022 AIDS FOUNDATION OF CHICAGO	36-3412	054	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility1			<u>%</u>
b	An outside facility1			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	aming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	nd 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 produced	eeds to	_	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	nizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. 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 addition (see instructions).			

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

OMB No. 1545-0047
2022

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

Name of the organization

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

Open to Public Inspection

Name of the organization						Employer identificat	tion number
AIDS FOUNDATION OF CHICAGO						36-3412054	<u> </u>
Part I General Information on Grants a	nd Assistance	Э				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand edures for mor	e? itoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					res on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGAPE MISSIONS, NFP							
840 PLAINFIELD ROAD JOLIET, IL 60435	36-3789462		185,475.				PROMOTE PROGRAMS FOR
(2) AIDS HEALTHCARE FOUNDATION							
6255 W SUNSET BLVD., FLOOR 21	36-2244895		5,750.				PROMOTE PROGRAMS FOR
(3) ALEXIAN BROTHERS							
825 W. WELLINGTON CHICAGO, IL 60657	36-3527899		545,255.				PROMOTE PROGRAMS FOR
(4) ALLIANCE CARE 360							
2929 S WABASH AVE., STE. 202	52-1871747		25,729.				PROMOTE PROGRAMS FOR
(5) ASIAN HUMAN SERVICES							
2838 W. PETERSON CHICAGO, IL 60659	36-3005889		35,359.				PROMOTE PROGRAMS FOR
(6) ASSOCIATION FOR INDIVIDUAL DEVELOPMENT							
309 NEW INDIAN TRAIL COURT AURORA, IL 60506	36-2472748		54,335.				PROMOTE PROGRAMS FOR
_(7) CATHOLIC CHARITIES							
721 N LASALLE STREET CHICAGO, IL 60654	36-2170821		288,066.				PROMOTE PROGRAMS FOR
(8) CENTER FOR HOUSING & HEALTH							
200 W. MONROE ST., SUITE 1150	26-4287202		9,554,767.				PROMOTE PROGRAMS FOR
(9) CENTER ON HALSTED							
3656 N. HALSTED CHICAGO, IL 60613	51-0178807		416,431.				PROMOTE PROGRAMS FOR
(10) CHICAGO BLACK GAY MEN'S CAUCUS							
180 N. MICHIGAN AVE., SUITE 1200	01-0977178		19,931.				PROMOTE PROGRAMS FOR
(11) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY							
2229 S MICHIGAN AVENUE, STE 304	36-3376432		751,463.				PROMOTE PROGRAMS FOR
(12) CHICAGO WOMEN'S AIDS PROJECT							
1815 EAST 71ST STREET CHICAGO, IL 60649	36-3813588		63,723.				PROMOTE PROGRAMS FOR
2 Enter total number of section 501(c)(3) and	d government o	organizations lis	sted in the line 1 tal	ole			

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization AIDS FOUNDATION OF CHICAGO					Employer identification number 36-3412054		
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro- 	ants or assistanc	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipien		•			additional space is n		es" on Form 990,
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S PLACE ASSOCIATION							
700 N SACRAMENTO BLVD., STE.300	36-3641017		52,356.				PROMOTE PROGRAMS FOR
(2) CHRISTIAN COMMUNITY HEALTH CENTER							
9718 S HALSTED STREET CHICAGO, IL 60628	36-3799834		566,113.				PROMOTE PROGRAMS FOR
(3) COOK COUNTY HIV INTEGRATED PROGRAMS							
2020 W. HARRISON STR., 2ND FLOOR	52-1974611		9,125.				PROMOTE PROGRAMS FOR
(4) ERIE FAMILY HEALTH CENTER							
1701 W. SUPERIOR-3RD FLOOR	36-3088628		352,330.				PROMOTE PROGRAMS FOR
(5) ESPERANZA FAMILY HEALTH CENTERS							
2001 S CALIFORNIA AVE, SUITE 100	32-0115907		88,562.				PROMOTE PROGRAMS FOR
(6) FACING FORWARD TO END HOMELESSNESS							
642 N. KEDZIE AVENUE CHICAGO, IL 60612	36-3397005		69,893.				PROMOTE PROGRAMS FOR
(7) FAITH UNITED METHODIST CHURCH							
15015 GRANT DOLTON, IL 60419	36-2167731		239,890.				PROMOTE PROGRAMS FOR
(8) GREATER FAMILY HEALTH							
370 SUMMIT STREET ELGIN, IL 60120	36-4249586		655,510.				PROMOTE PROGRAMS FOR
(9) HAYMARKET CENTER							
120 N. SANGAMON ST. CHICAGO, IL 60607	23-7249912		77,698.				PROMOTE PROGRAMS FOR
(10) HEARTLAND ALLIANCE HEALTH							
208 S. LASALLE STREET, STE #1300	36-3775696		483,045.				PROMOTE PROGRAMS FOR
(11) HEKTOEN INSTITUTE							
1339 S. WOOD STREET, SUITE G	36-2244897		1,694,245.				PROMOTE PROGRAMS FOR
(12) HOUSING OPPORTUNITIES FOR WOMEN							
1607 W. HOWARD ST., 2ND FLOOR	36-3263818		173,025.				PROMOTE PROGRAMS FOR

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

OMB No. 1545-0047
2022

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 identification number		
AIDS FOUNDATION OF CHICAGO						36-3412054		
Part I General Information on Grants an	d Assistance	е						
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	ts or assistand dures for mor	e?	of grant funds in th	e United States.			Yes No	
Part IV, line 21, for any recipient t		-					es on ronn 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) HOWARD BROWN HEALTH CENTER								
4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128		252,288.				PROMOTE PROGRAMS FOR	
(2) LAKE COUNTY HEALTH DEPARTMENT								
3010 GRAND AVE. WAUKEGAN, IL 60085			289,315.				PROMOTE PROGRAMS FOR	
(3) LEGAL AID CHICAGO								
120 SOUTH LASALLE STREET SUITE 900	36-2754650		51,695.				PROMOTE PROGRAMS FOR	
(4) LEGAL COUNCIL FOR HEALTH JUSTICE								
17 N. STATE ST, SUITE 900 CHICAGO, IL 60602	36-3563802		136,585.				PROMOTE PROGRAMS FOR	
(5) LIFE IS WORK								
5463 W CHICAGO AVE CHICAGO, IL 60651	82-3436927		20,000.				PROMOTE PROGRAMS FOR	
(6) MEN & WOMEN IN PRISON MINISTRIES								
10 W. 35TH STREET 9TH FLOOR- 9C5-2	36-3850240		128,554.				PROMOTE PROGRAMS FOR	
(7) MERCY HOUSING LAKEFRONT								
120 S. LASALLE STREET, SUITE 1915	36-3453183		93,722.				PROMOTE PROGRAMS FOR	
(8) MICHAEL REESE RESEARCH & EDUCATION FOUNDATI								
1339 S. WOOD STREET, SUITE G	36-3761674		187,094.				PROMOTE PROGRAMS FOR	
(9) MOTHER AND CHILD ALLIANCE								
917 W 18TH ST., STE. 213 CHICAGO, IL 60608	36-8769252		753,954.				PROMOTE PROGRAMS FOR	
(10) NORTH SIDE HOUSING & SUPPORTIVE SERVICES								
4410 N. RAVENSWOOD, SUITE 101	36-3318158		37,175.				PROMOTE PROGRAMS FOR	
(11) NORTHWESTERN UNIVERSITY								
633 CLARK, ROOM G-547 EVANSTON, IL 60208	36-2167817		50,932.				PROMOTE PROGRAMS FOR	
(12) OPEN DOOR CLINIC								
1665 LARKIN AVENUE ELGIN, IL 60123	36-2899274		291,889.				PROMOTE PROGRAMS FOR	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis								

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization AIDS FOUNDATION OF CHICAGO					Employer identification number 36-3412054		
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistanc	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEACE DEVELOPMENT FUND							
PO BOX 1280 AMHERST, MA 01004	04-2738794		20,000.				PROMOTE PROGRAMS FOR
(2) PROACTIVE COMMUNITY SERVICES							
19740 GOVERNORS HIGHWAY, SUITE 118	87-0743740		211,571.				PROMOTE PROGRAMS FOR
(3) PUERTO RICAN CULTURAL CENTER							
EL RESCATE 2739 W. DIVISION STREET	23-7347778		10,666.				PROMOTE PROGRAMS FOR
(4) SEASON OF CONCERN							
8 SOUTH MICHIGAN AVE, SUITE 2700	36-3759183		26,128.				PROMOTE PROGRAMS FOR
(5) SINAI HEALTH SYSTEM							
1500 S. FAIRFIELD AVE, NR6-120	36-3305449		309,888.				PROMOTE PROGRAMS FOR
(6) SOUTH SIDE HELP CENTER							
10420 S. HALSTED ST. CHICAGO, IL 60628	36-3532259		205,368.				PROMOTE PROGRAMS FOR
(7) TEST POSITIVE AWARE NETWORK							
5537 N. BROADWAY CHICAGO, IL 60640	36-2244897		521,349.				PROMOTE PROGRAMS FOR
(8) THE BOARD OF TRUSTEES OF U OF I							
UIC GRANTS & CONTRACTS 28395 NETWORK PLACE	37-6000511		320,860.				PROMOTE PROGRAMS FOR
(9) THE BOULEVARD							
3456 W. FRANKLIN BLVD. CHICAGO, IL 60624	36-4075641		357,063.				PROMOTE PROGRAMS FOR
(10) UNIVERSITY OF CHICAGO							
6054 S. DREXEL AVE CHICAGO, IL 60637	36-3488183		176,354.				PROMOTE PROGRAMS FOR
(11) WILL COUNTY HEALTH DEPARTMENT							
501 ELLA AVE. JOLIET, IL 60433	36-3971168		39,161.				PROMOTE PROGRAMS FOR
(12) CALOR							
3201 W NORTH AVE CHICAGO, IL 60647			10,366.				PROMOTE PROGRAMS FOR

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 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 Yes No 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 (g) Description of (h) Purpose of grant (if applicable) grant noncash assistance noncash assistance or assistance or government (1) CHICAGO CENTER FOR HIV ELIMINATION, U OF C 130 E RANDOLPH STREET STE 2500 36-2177139 13,808. PROMOTE PROGRAMS FOR (2) CHICAGO DANCERS UNITED 47-2559163 6,407. 4619 N LAWNDALE AVE CHICAGO, IL 60625 PROMOTE PROGRAMS FOR (3) COMMUNITY WELLNESS PROJECT 906 OLIVE STREET #904 ST. LOUIS, MO 63101 65-1201448 40,000. PROMOTE PROGRAMS FOR (4) CORAZON COMMUNITY SERVICES 32-0075474 20,194. 5339 W 25TH ST CICERO, IL 60804 PROMOTE PROGRAMS FOR (5) DEBORAH'S PLACE 2822 W. JACKSON BLVD. CHICAGO, IL 60612 36-3382973 18,425. PROMOTE PROGRAMS FOR (6) LA CASA NORTE 3533 W. NORTH AVE CHICAGO, IL 60647 36-4041525 61,847 PROMOTE PROGRAMS FOR (7) LIGHTHOUSE FOUNDATION OF CHICAGOLAND 2335 N ORCHARD ST CHICAGO, IL 60614 86-3730708 15,000. PROMOTE PROGRAMS FOR (8) MEDICAL ORGANIZATION OF LATINO ADVANCEMENT PO BOX 577-672 CHICAGO, IL 60657 82-1571454 20,000. PROMOTE PROGRAMS FOR (9) NEFUSE 4504 S COTTAGE GROVE CHICAGO, IL 60653 27-3818036 6,426 PROMOTE PROGRAMS FOR

62,642.

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

36-2966006

(10) PRIMO CENTER FOR WOMEN & CHILDREN 6212 S SANGAMON ST CHICAGO, IL 60621

PROMOTE PROGRAMS FOR

(11)

(12)

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

(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	1,247	1,732,294.			
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 InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization
AIDS FOUNDATION OF CHICAGO

Part I Questions Regarding Compensation

Employer identification number
36-3412054

	<u> </u>		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			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee 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			
7	organization or a related organization:			
а		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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	0.0		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
_		60		v
a	The organization?	6a		X
D	·	6b		X
	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		X
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		X
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) 2022

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)							
7	(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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

AIDS FOUNDATION OF CHICAGO

36-3412054

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO THE COVID-19 PANDEMIC OUR ORGANIZATION CLOSED ITS OFFICE AS OF MARCH 15, 2020 AND SINCE THAT TIME THE STAFF HAVE BEEN WORKING REMOTELY.

MOST OF THE CLIENT VISITS HAVE BEEN DONE VIRTUALLY OR OVER THE PHONE THAT WERE PREVIOUSLY CONDUCTED AT OUR OFFICES. HOWEVER, WE HAVE STILL CONDUCTED A LIMITED NUMBER OF IN-PERSON MEETINGS USING CDC APPROVED SAFETY PROTOCOLS.

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

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

2022

Open to Public Inspection

Employer identification number

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.

AIDS FOUNDATION OF CHICAGO

36-3412054

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 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

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

2022

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.

Inspection | Employer identification number |

AIDS FOUNDATION OF CHICAGO 36-3412054

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 125,530.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

(b) Primary activity

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

entity

(e) End-of-year assets

(d) Total income

Name of the organization Employer identification number AIDS FOUNDATION OF CHICAGO 36-3412054

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

<u>(1)</u>								
(2)								
(3)								
<u>(4)</u>								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	ns. Complete if the day wear.	e orga	anization answe	red "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activit	ity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	
							Yes	No
(1) CENTER FOR HOUSING AND HEALTH 26-4287202 200 WEST MONROE STREET, SUITE CHICAGO, IL 60606	ASSIST HOUSIN		IL	501(C)(3)	LINE 7	AIDS FOUNDAT	X	
(2)								
(3)								
(4)								
(5)								
(6)								
<u>(7)</u>								
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.					Schedule R	(Form 99	90) 2022

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

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)	managing partner?		(k) Percentage ownership
		,,,		·			Yes	No		Yes	No	
<u>(1)</u>												
(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.

<i></i>			, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

$\overline{}$		

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

Not	e: 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		
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Χ
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	$ \bot $	X
g		1g	$ \bot $	
		1h	$ \bot $	Х
i	Exchange of assets with related organization(s)	1i	$ \bot $	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		Χ
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	1 offormation of controve of morniorating of fandrations by folding offormation of the controve of the controve of morniorating of fandrations by folding and offormation of the controve of t	1m	_	Х
n		1n		
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	$ \bot $	X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
	ϕ and that the following to relate a significant ϕ , ϕ	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	holds	<u>ئ</u> .	

(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	9,204,103.	FMV
(2) CENTER FOR HOUSING AND HEALTH	0	2,846,432.	FMV
(3) CENTER FOR HOUSING AND HEALTH	N	648,534.	FMV
(4) CENTER FOR HOUSING AND HEALTH	L	697,080.	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501(organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

For Office Use Only PMT #	ILLINOIS CHARITABLE ORGANIZATION Attorney General KWAME RAOUL	_	_	T Form AG990-IL Revised 1/19
	Charitable Trust Bureau, 100 We			
	11th Floor, Chicago, Illinois	60601	CO	# 01-016418 Check all items attached:
AMT	Report for the Fiscal Period:		X	Copy of IRS Return
		Make Checks	v	Audited Financial Statements
	Beginning 7 / 1 / 202	2 Payable to		Copy of Form IFC
INIT		the Illinois Charity		\$15.00 Annual Report Filing Fee
	& Ending6 / 30 / 202			\$100.00 Late Report Filing Fee
Federal ID # $36-3412054$ Are contributions to the organization	ation tax deductible? X Yes No	Date Organization	was c	MO DAY YR reated: 11 / 13 / 1985
		Year-end amounts		
LEGAL NAME AIDS FOUNDATI	ON OF CHICAGO	A) ASSETS	A) \$	21,916,517.
MAIL				
ADDRESS 200 WEST MONR	OE STREET	B) LIABILITIES	B) \$	9,502,841.
CITY, STATE CHICAGO, IL		C) NET ASSETS	C) \$	12,413,676.
ZIP CODE 60606				
I. SUMMARY OF ALL REV	ENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	15.%	D) \$	5,352,505.
E) GOVERNMENT GRANTS 8	MEMBERSHIP DUES	84.%	E) \$	30,288,565.
F) OTHER REVENUES		1.%	F) \$	321,080.
G) TOTAL REVENUE, INCOM	100%	G) \$	35,962,150.	
H) OPERATING CHARITABLE	ENDITURES DURING THE YEAR: PROGRAM EXPENSE	26.%	H) \$	9,699,772.
TI) OF ETOTING OF WITH MEET	THOON WILM LINE	20.70	Π, Ψ	7,077,112.
I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	1) \$	
J) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENSE (ADD H & I)	26.%	J) \$	9,699,772.
J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED IN J): \$			
K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS	62.%	K) \$	22,926,716.
•	OGRAM SERVICE EXPENDITURE (ADD J & K)	88.%	L) \$	32,626,488.
M) MANAGEMENT AND GENE	ERAL EXPENSE	7.%	M) \$	2,713,976.
N) FUNDRAISING EXPENSE		5.%	N) \$	1,930,289.
O) TOTAL EXPENDITURES	THIS PERIOD (ADD L, M, & N)	100%	O) \$	37,270,753.
III SUMMARY OF ALL PA	D FUNDRAISER AND CONSULTANT ACTIVITIES:			
	Individual Fundraising Campaign - Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISE		100%	D) ¢	
,	BY PAID PROFESSIONAL FUNDRAISERS	%	P) \$ Q) \$	
Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	76	Φ) Ψ	
R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$	
PROFESSIONAL FUNDRAISI	NG CONSULTANTS:			
S) TOTAL AMOUNT PAID TO	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	
IV. COMPENSATION TO TH				
	LLER, PRESIDENT & CEO		T) \$	224,300.
	VETTSTEAD, CHIEF FINANCIAL OFFICER		U) \$	177,663.
V) NAME, TITLE: SIMONE (V) \$	155,838.	
V. CHARITABLE PROGRAM		ist on back side of instructions CODE		
X) DESCRIPTION: HOUSTING	G/HEALTH FOR VULNERABLE POPULATION		W) #	300
Y) DESCRIPTION:			Y) #	

IF TI	HE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		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?		х
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?		х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		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		
ΔΙΙ	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		
PREPARER (PRINT NAME)	SIGNATURE	DATE