

EXTENDED TO MAY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHICAGO HOUSE & SOCIAL SERVICE AGENCY		D Employer identification number 36-3376432
	Doing business as		E Telephone number 773-248-5200
	Number and street (or P O box if mail is not delivered to street address) 2229 S MICHIGAN AVE	Room/suite 304	G Gross receipts \$ 7,846,464.
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60616		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHICAGOHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1985 M State of legal domicile: IL

(Part II) Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDES HOUSING AND SUPPORT SERVICES TO INDIVIDUALS AND FAMILIES IMPACTED BY HIV/AIDS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	130
	6 Total number of volunteers (estimate if necessary)	6	71
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,268,831.	7,556,590.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,939.	110,394.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	352,724.	465.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,726.	179,015.
		7,841,220.	7,846,464.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13d)	853,631.	877,483.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15a-15d)	4,607,869.	5,124,288.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	743,358.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,125,088.	2,735,743.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,586,588.	8,737,514.	
19 Revenue less expenses - Subtract line 18 from line 12	254,632.	<891,050.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,507,159.	3,463,264.
	22 Net assets or fund balances - Subtract line 21 from line 20	747,686.	594,841.
		3,759,473.	2,868,423.

(Part III) Signature Block

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

Sign Here	Signature of officer <i>Michael Herman</i>	Date 2/3/2021
	MICHAEL HERMAN, CHIEF EXECUTIVE OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CAROLE A. BUDYAK	Preparer's signature <i>Carole A. Budyak</i>	Date 02/02/21	Check if self-employed <input type="checkbox"/>	PTIN P00022148
	Firm's name CBIZ MHM, LLC	Firm's EIN 34-1853929			
	Firm's address 225 WEST WACKER DR, SUITE 2500 CHICAGO, IL 60606			Phone no. 312-602-6800	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JAN 05 2022

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY (CHICAGO HOUSE) WAS FORMED IN 1985 TO PROVIDE HOUSING AND SUPPORTIVE SERVICES TO HIV-AFFECTED FAMILIES AND INDIVIDUALS, WHO MAY ALSO BE IMPACTED BY POVERTY, HOMELESSNESS, SUBSTANCE ABUSE, AND MENTAL ILLNESS. ALL CHICAGO HOUSE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 2,333,927. including grants of \$ 30,326.) (Revenue \$ 110,394.)

RESIDENTIAL HOUSING - THE FAMILY SUPPORT PROGRAM OFFERS HOUSING, CASE MANAGEMENT, AND OTHER SUPPORTIVE SERVICES TO 15 HIV/AIDS AFFECTED FAMILIES THAT INCLUDE OVER 25 DEPENDENT CHILDREN. DESIGNED FOR FAMILIES FACING HOMELESSNESS AND POVERTY IN ADDITION TO HIV/AIDS, THE PROGRAM WORKS INTENSIVELY WITH BOTH THE PARENTS AND THE CHILDREN. THE SUPPORTIVE LIVING PROGRAM IS A 16-UNIT GROUP LIVING FACILITY IN CHICAGO'S WEST TOWN NEIGHBORHOOD, WHICH PROVIDES THE "FIRST STEP" OF HOUSING AND SUPPORTIVE SERVICES TO ADULTS LIVING WITH HIV/AIDS WHO COME DIRECTLY FROM THE STREETS OR THE SHELTER SYSTEM; THIS FACILITY IS STAFFED 24 HOURS. THE INDEPENDENT LIVING PROGRAM IS A 24-UNIT APARTMENT BUILDING IN UPTOWN, PROVIDING PERMANENT HOUSING TO ADULTS LIVING WITH HIV/AIDS IN NEED OF AFFORDABLE HOUSING WITH SUPPORTIVE SERVICES

4b (Code _____) (Expenses \$ 1,792,977. including grants of \$ 716,539.) (Revenue \$ _____)

SCATTERED SITE HOUSING - THE GAINING GROUND PROGRAM LINKS HOUSING SERVICES WITH CHICAGO HOUSE'S EMPLOYMENT PROGRAM. CLIENTS IN GAINING GROUND DEVELOP THE SKILLS NECESSARY TO RETURN TO WORK AND INCREASE THEIR INCOME LEVEL, MOVING THEM TO GREATER SELF-SUFFICIENCY AND ULTIMATELY ALLOWING THE HOUSING SUBSIDIES TO PASS TO OTHERS BEGINNING THE EMPLOYMENT PROCESS. THE HOSPITAL TO HOUSING PROGRAM (HHP) AND THE SAMARITAN PROGRAM ARE SCATTERED SITE HOUSING PROGRAMS WHICH PROVIDE STABLE, SAFE HOUSING FOR INDIVIDUALS WITH A CHRONIC MEDICAL ILLNESS, SUCH AS HIV/AIDS, WHO ARE HOMELESS OR LACK PERMANENT HOUSING. UNDER THESE PROGRAMS, CASE MANAGERS FIND ATTAINABLE HOUSING FOR THE CHRONICALLY ILL AND HOMELESS BY LOCATING INTERIM HOUSING UNTIL PERMANENT HOUSING BECOMES AVAILABLE OR BY PLACING CLIENTS DIRECTLY INTO

4c (Code _____) (Expenses \$ 1,603,486. including grants of \$ 53,786.) (Revenue \$ _____)

PREVENTION - H.O.P.E. (HEALTHY, OUTREACH, PREVENTION AND EDUCATION) HISTORICALLY, AIDS PREVENTION FOCUSED ON THOSE WHO WERE HIV NEGATIVE, HELPING THEM TO NOT BECOME POSITIVE. SINCE 2002, CHICAGO HOUSE PIONEERED THE PREVENTION WITH POSITIVES INITIAIVE WITH ONE UNDERLYING PRINCIPLE: EVERY NEW INFECTION IS CONTRACTED FROM SOMEONE THAT IS ALREADY HIV IMPACTED. IF "SAFE" PRACTICES CAN BE ENCOURAGED AMONG THOSE WHO ARE HIV POSITIVE, IT CAN HELP STEM THE TIDE OF AIDS WHILE KEEPING THOSE ALREADY IMPACTED FROM CONTRACTING A DRUG RESISTANT STRAIN OF HIV. THE H.O.P.E. DEPARTMENT IS AN HIV PREVENTION PROGRAM INVOLVING THREE CORE SERVICES: HIV TESTING AND COUNSELING, CARE COORDINATION FOR PERSONS LIVING WITH HIV AND CARE NAVIGATION FOR INDIVIDUALS AT HIGH RISK FOR HIV. HIV TESTING AND COUNSELING IS PROVIDED FOR PERSONS LIVING

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,228,960. including grants of \$ 76,832.) (Revenue \$ _____)

4e Total program service expenses **6,959,350.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>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</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 10		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 130		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	17		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **IL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **MICHAEL HERMAN - 773-248-5200**
2229 S MICHIGAN AVE NO 304, CHICAGO, IL 60616

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

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

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

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

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

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

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAY J KOEING III CHAIR	1.00	X		X				0.	0.	0.
(2) RYAN GARRISON EXTERNAL VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) THOMAS SMITH TREASURER	1.00	X		X				0.	0.	0.
(4) DREW FERGUSON SECRETARY	1.00	X		X				0.	0.	0.
(5) BODERICK ALEXANDER TRUSTEE	1.00	X						0.	0.	0.
(6) CHRISTINE A. E. BAGLEY TRUSTEE	1.00	X						0.	0.	0.
(7) CJ JENSEN TRUSTEE	1.00	X						0.	0.	0.
(8) LINDSAY GASKINS TRUSTEE	1.00	X						0.	0.	0.
(9) CLYDE EBANKS TRUSTEE	1.00	X						0.	0.	0.
(10) J. CORY FAULKNER TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT FOJTIK TRUSTEE	1.00	X						0.	0.	0.
(12) ADAM MIEL ZEBELIAN TRUSTEE	1.00	X						0.	0.	0.
(13) MICHAEL TOLENTINO TRUSTEE	1.00	X						0.	0.	0.
(14) MARITXA VIDAL TRUSTEE	1.00	X						0.	0.	0.
(15) SCOTT AMMARELL CEO	50.00	X		X				171,235.	0.	27,957.
(16) JOSEPH OLSZEWSKI TRUSTEE	1.00	X						0.	0.	0.
(17) RUTH BLATT TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHAD BERMINGHAM TRUSTEE	1.00	X						0.	0.	0.
(19) JUDITH PERLOFF CHEIF PROGRAM OFFICER	50.00			X				108,617.	0.	43,474.
(20) KATE FENNER-LUX CHEIF DEVELOPMENT OFFICER	50.00			X				101,762.	0.	35,707.
1b Sub-total								381,614.	0.	107,138.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								381,614.	0.	107,138.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,740,836.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,815,754.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			7,556,590.			
	Program Service Revenue	2 a CLIENT RENT INCOME	Business Code 532000	110,394.	110,394.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				110,394.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		465.			465.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		179,015.			
		b Less direct expenses	b	0.			
		c Net income or (loss) from fundraising events			179,015.		179,015.
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,846,464.	110,394.	0.	179,480.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	877,483.	877,483.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	411,667.	124,000.	287,667.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,444,892.	2,863,070.	261,450.	320,372.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,267,729.	993,676.	162,105.	111,948.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	925,182.	925,182.		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	140,378.	46,533.	67,872.	25,973.
12 Advertising and promotion				
13 Office expenses	127,070.	117,722.	5,495.	3,853.
14 Information technology				
15 Royalties				
16 Occupancy	288,950.	225,554.	40,037.	23,359.
17 Travel	130,867.	120,810.	8,249.	1,808.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,860.	109,102.	20,056.	11,702.
23 Insurance	191,814.	134,128.	53,592.	4,094.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	227,334.	185,453.	16,578.	25,303.
b SPECIAL EVENTS	171,012.			171,012.
c SUPPLIES	114,247.	86,311.	22,827.	5,109.
d UTILITIES	109,204.	98,822.	6,857.	3,525.
e All other expenses	168,825.	51,504.	82,021.	35,300.
25 Total functional expenses. Add lines 1 through 24e	8,737,514.	6,959,350.	1,034,806.	743,358.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	649,963.	1	107,260.
	2 Savings and temporary cash investments	779,884.	2	984,408.
	3 Pledges and grants receivable, net	1,225,908.	3	623,466.
	4 Accounts receivable, net	55,009.	4	25,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,595.	9	89,845.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,055,479.		
	b Less accumulated depreciation	10b 2,002,334.	10c 1,159,757.	1,053,145.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15 551,043.	580,140.
16 Total assets. Add lines 1 through 15 (must equal line 34)		16 4,507,159.	3,463,264.	
Liabilities	17 Accounts payable and accrued expenses	436,636.	17	336,081.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25 311,050.	258,760.
	26 Total liabilities. Add lines 17 through 25		26 747,686.	594,841.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27 3,243,891.	2,494,183.
28 Temporarily restricted net assets			28 515,582.	374,240.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		33 3,759,473.	2,868,423.	
34 Total liabilities and net assets/fund balances		34 4,507,159.	3,463,264.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,846,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,737,514.
3	Revenue less expenses Subtract line 2 from line 1	3	<891,050.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,759,473.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,868,423.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6413021.	6093112.	7021731.	7268831.	7556590.	34353285.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6413021.	6093112.	7021731.	7268831.	7556590.	34353285.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)						
6 Public support. Subtract line 5 from line 4						34353285.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6413021.	6093112.	7021731.	7268831.	7556590.	34353285.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,430.	2,303.	574.	426.	465.	6,198.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		2,553.				2,553.
11 Total support. Add lines 7 through 10						34362036.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.97	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	94.98	%

- 16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2017 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

CHICAGO HOUSE & SOCIAL SERVICE AGENCY

Employer identification number

36-3376432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... (Yes/No), 6 Did the organization inform all grantees... (Yes/No)

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring...
6 Staff and volunteer hours devoted to monitoring...
7 Amount of expenses incurred in monitoring...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements...
9 In Part XIII, describe how the organization reports conservation easements...

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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...
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 3b

Part VI Land, Buildings, and Equipment. Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		186,021.		186,021.
b Buildings		2,335,035.	1,497,736.	837,299.
c Leasehold improvements		45,928.	45,928.	0.
d Equipment		360,536.	313,227.	47,309.
e Other		127,959.	145,443.	<17,484.>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,053,145.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM FRED WOODS	564,742.
(2) SECURITY DEPOSIT	15,398.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	580,140.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSIT	16,932.
(3) REFUNDABLE ADVANCE	241,828.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	258,760.

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

Part II 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 events (add col (a) through col (c))
		SPRING BRUNCH		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	179,015.		179,015.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	179,015.		179,015.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
	11	Net income summary: Subtract line 10 from line 3, column (d)			179,015.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary: Add lines 2 through 5 in column (d)			
	8	Net gaming income summary: Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT SCATTERED SITE RENT ASSISTANCE	230	753,245.	0.		

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:
 CLIENTS OR THEIR DEPENDENTS SERVED BY CHICAGO HOUSE MUST HAVE A CONFIRMED DIAGNOSIS OF HIV+, AS CERTIFIED BY A PHYSICIAN. CLIENTS ACCEPTED INTO OUR PROGRAMS CAN NOT EXCEED THE MAXIMUM INCOME LEVEL FOR "VERY LOW" INCOME INDIVIDUALS OR FAMILIES AS DEFINED BY HUD GUIDELINES.
 ONCE THE HIV+ DIAGNOSIS AND INCOME LEVEL IS CONFIRMED, INDIVIDUALS OR FAMILIES CAN APPLY FOR HOUSING OR SUPPORT SERVICES THROUGH THE AGENCY.
 BACKGROUND CHECKS ARE PERFORMED AND INTERVIEWS CONDUCTED. DURING THE

Part IV Supplemental Information

INTERVIEW PROCESS, CASE MANAGERS ASSESS THE NEEDS OF THE CLIENT, INCLUDING HOUSING AND SUPPORT SERVICES. ONCE ACCEPTED INTO A CHICAGO HOUSE PROGRAM, EACH CLIENT IS ASSIGNED A CASE MANAGER WHO IS RESPONSIBLE FOR DIRECT SUPPORT OF THAT CLIENT AND ON-GOING ASSESSMENT OF THEIR NEEDS.

ANNUAL INCOME CERTIFICATION IS PERFORMED BY THE PROPERTY MANAGER TO ENSURE CLIENTS MEET THE REQUIRED GUIDELINES TO CONTINUE TO RECEIVE THE SERVICES PROVIDED BY THE AGENCY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

CHICAGO HOUSE & SOCIAL SERVICE AGENCY

Employer identification number

36-3376432

Part III Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT AMMARELL CEO	(i)	171,235.	0.	0.	0.	171,235.	0.
	(ii)	0.	0.	0.	27,957.	27,957.	0.
(2) JUDITH PERLOFF CHIEF PROGRAM OFFICER	(i)	108,617.	0.	0.	0.	108,617.	0.
	(ii)	0.	0.	0.	43,474.	43,474.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHICAGO HOUSE & SOCIAL SERVICE AGENCY

Employer identification number

36-3376432

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES ARE PROVIDED WITHOUT DISCRIMINATION AND ARE EXPLICITLY
DESIGNED TO GUIDE PEOPLE TOWARDS WHOLENESS AND SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AVAILABLE TO MEET INTERMITTENT NEEDS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PERMANENT HOUSING. FAMILY TIES, FINALLY HOME AND HOUSING FIRST ARE
THREE ADDITIONAL SCATTERED SITE HOUSING PROGRAMS THAT PROVIDE STABLE
AND SAFE HOUSING FOR CHRONICALLY ILL INDIVIDUALS WHO ARE HOMELESS. THE
FAMILY TIES PROGRAM HOUSES 10 FAMILIES WHILE FINALLY HOME AND HOUSING
FIRST PRIMARILY HOUSE SINGLE INDIVIDUALS, EACH HOUSING ANY WHERE FROM
15 TO 20 HOUSEHOLDS. THE HOUSING ADVOCACY PROGRAM ASSISTS LOW-INCOME
INDIVIDUALS AND FAMILIES LIVING WITH HIV/AIDS IN OBTAINING AND
MAINTAINING APPROPRIATE AND AFFORDABLE HOUSING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH HIV WHO ARE HAVING DIFFICULTY MAINTAINING SAFER SEX OR NEEDLE
SHARING BEHAVIORS. FACTORS THAT MAY IMPACT A CLIENT'S ABILITY TO
MAINTAIN SAFER BEHAVIORS INCLUDE: MENTAL ILLNESS, HOMELESSNESS OR RISK
OF HOMELESSNESS, DOMESTIC VIOLENCE, AND SUBSTANCE ABUSE. THE HIV
PREVENTION COUNSELOR WORKS ONE-ON-ONE WITH CLIENTS TO ASSIST THEM WITH
ACHIEVING RISK REDUCTION GOALS. HIV RAPID TESTING IS ALSO PROVIDED.
THIS PROGRAM SEEKS TO HELP IDENTIFY SOME OF THE ESTIMATED 25% OF
INDIVIDUALS IN THE UNITED STATES LIVING WITH HIV WHO ARE UNAWARE OF

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

CHICAGO HOUSE & SOCIAL SERVICE AGENCY

Employer identification number

36-3376432

THEIR HIV STATUS.

CARE COORDINATION CHICAGO HOUSE ADDRESSES THE NEEDS OF OUT-OF-CARE PEOPLE LIVING WITH HIV/AIDS AND OFFER RETENTION-IN-CARE ACTIVITIES.

CONNECT TO CARE PROVIDES CLIENT LEVEL OUTREACH, LINKAGE, AND EDUCATION ACTIVITIES TO HELP INDIVIDUALS WITH DIAGNOSED HIV/AIDS CONNECT OR RECONNECT TO CONTINUOUS HIV MEDICAL CARE AND OTHER ESSENTIAL SERVICES.

THE PROGRAM RECRUITS CASE MANAGED CLIENTS TO CONDUCT OUTREACH TO OUT-OF-CARE PEOPLE LIVING WITH HIV IN THEIR SOCIAL NETWORKS AND FACILITATES EFFORTS TO (RE)CONNECT THEM TO HIV CARE SERVICES. IN ADDITION, THE PROGRAM PROVIDES NEWLY CONNECTED CLIENTS EDUCATIONAL AND PEER-BASED SERVICES AND ADDRESSES CLIENTS' INDIVIDUAL-LEVEL BARRIERS, SUCH AS FEAR, STIGMA, OR LACK OF KNOWLEDGE ABOUT TREATMENT IN ORDER TO SUPPORT CARE RETENTION.

PREP NAVIGATION CHICAGO HOUSE ADDRESSES THE NEEDS OF HIGH RISK NEGATIVES BY CREATING A CLIENT CENTERED APPROACH TO CARE THAT MIRRORS OUR CARE COORDINATION MODEL. REGARDLESS IF A CLIENT IS HIV POSITIVE OR AT HIGH-RISK FOR CONTRACTING HIV THEY ARE IN NEED OF THE SAME TYPE OF SERVICES. BECAUSE PREP REQUIRES ADHERENCE, THE CARE NAVIGATION PROGRAM GIVES NAVIGATORS THE OPPORTUNITY TO WORK WITH CLIENTS OVER AN EXTENDED PERIOD OF TIME, ALLOWING THEM TO DEVELOP A DEEPER RELATIONSHIP WITH THE CLIENT AND A MORE COMPREHENSIVE NEGATIVE CARE PLAN, SIMILAR TO WHAT IS DONE WITH HIV POSITIVE CLIENTS. THE NAVIGATOR ENSURES THAT THEY SCHEDULE REGULAR FOLLOW-UP MEETINGS WITH THE CLIENT TO CONTINUE TO TEST THE CLIENT FOR HIV, TO ENSURE THE REFERRAL IS CONTINUING TO SERVE THE CLIENT, AND TO ADDRESS ANY OTHER NEEDS THAT MAY ARISE AS THE CLIENT BECOMES MORE COMFORTABLE WITH THE NAVIGATOR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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COMMUNITY CASE MANAGEMENT PROGRAM THE MOST COST EFFICIENT WAY TO DEAL WITH THE ISSUE OF HOMELESSNESS IS TO KEEP PEOPLE OUT OF THE SYSTEM FROM THE START. AS EARLY AS 1992, CHICAGO HOUSE BEGAN DOING COMMUNITY CASE MANAGEMENT WITH PEOPLE WHO WERE BECOMING INCREASINGLY ILL WITH AIDS, HELPING THEM TO GET THE SUPPORT (LEGAL, FOOD, UTILITY ASSISTANCE) AND BENEFITS (MEDICARE, MEDICAID, DISABILITY) THEY NEEDED TO REMAIN IN THEIR OWN HOMES AND NOT BECOME HOMELESS. WITH THE FOCUS ON TREATMENT BEING A CRITICAL PREVENTION STRATEGY TO ENDING THE HIV/AIDS EPIDEMIC, CHICAGO HOUSE NOW COLOCATES SEVERAL CASE MANAGERS INTO HOSPITALS/MEDICAL CLINICS TO PROVIDE A MORE INTEGRATED LEVEL OF CARE FOR CLIENTS. BY LOCATING THE CASE MANAGERS AT HOSPITAL AND CLINICS, CASE MANAGERS BECOME PART OF THE CARE TEAM RATHER THAN AN OUTSIDER TO THAT TEAM. MEDICAL INFORMATION IS MORE READILY ACCESSIBLE TO THE CASE MANAGERS WHICH CAN BE USED IN REAL TIME TO ENHANCE AND STRENGTHEN MEDICAL LINKAGE AND ADHERENCE. TODAY CHICAGO HOUSE SERVES OVER 200 INDIVIDUALS A YEAR BY PROVIDING THEM THESE NEEDED SUPPORT SERVICES IN THE COMFORT OF THEIR OWN HOME.

EXPENSES \$ 770,193. INCLUDING GRANTS OF \$ 76,832. REVENUE \$ 0.

EMPLOYMENT PROGRAM IS DESIGNED TO HELP UNEMPLOYED ADULTS WITH HIV SECURE AND RETAIN PRODUCTIVE EMPLOYMENT TO ENSURE THAT THEY DO NOT NEED TO RELY SOLELY ON SUBSIDIZED MEDICAL CARE, HOUSING, AND SUPPORTIVE SERVICES. A THREE DAY TRAINING WORKSHOP, CAREER COUNSELING, MENTORSHIP AND INTERNSHIP OPPORTUNITIES ARE THE SERVICES PROVIDED TO HELP CLIENTS ACHIEVE GREATER SELF-SUFFICIENCY AND PRODUCTIVITY, ULTIMATELY LEADING TO SUCCESSFUL EMPLOYMENT. JOB DEVELOPMENT SERVICES WERE RECENTLY ADDED AS A CORE PROGRAM ELEMENT TO MORE READILY IDENTIFY JOB OPPORTUNITIES IN THE PUBLIC AND PRIVATE SECTORS.

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EXPENSES \$ 454,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE TRANSLIFE CARE (TLC) PROGRAM ENCOMPASSES TRANSGENDER HOUSING, EMPLOYMENT SERVICES, LEGAL SERVICES, LINKAGE TO MEDICAL CARE, CASE MANAGEMENT, AND DROP-IN RESOURCE SUPPORT AND REFERRAL. THE TLC CURRENTLY OFFERS THE NATION'S MOST COMPREHENSIVE SERVICES TO TRANSGENDER INDIVIDUALS. IN ADDITION TO SERVING INDIVIDUALS, TLC PROGRAMMING INCLUDES THE PROVISION OF CULTURAL COMPETENCY TRAINING TO MEDICAL, LEGAL, AND SOCIAL SERVICE PROVIDERS IN THE CHICAGO AREA.

EXPENSES \$ 4,022. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 WAS REVIEWED BY THE ORGANIZATION'S EXECUTIVE OFFICER, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND THE FINANCE AND EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

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

AT THE START OF EVERY BOARD MEETING, THE CHAIR INQUIRES AS TO ANY NEW REPORTABLE CONFLICTS OF INTEREST. BOARD MEMBERS ARE ENCOURAGED TO REPORT CONFLICTS AS THEY ARISE BETWEEN MEETINGS.

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

THE CEO'S SALARY IS RECOMMENDED TO THE FULL BOARD BY THE EXECUTIVE COMMITTEE BASED ON COMPARATIVE DATA, FINANCIAL HEALTH OF THE AGENCY AND PERFORMANCE REVIEW. THE RECOMMENDATION IS PRESENTED TO THE BOARD FOR APPROVAL.

THE DIRECTORS SALARIES ARE RECOMMENDED TO THE EXECUTIVE COMMITTEE BY THE CEO BASED ON COMPARATIVE DATA, FINANCIAL HEALTH OF THE AGENCY AND

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PERFORMANCE REVIEW. THE EXECUTIVE COMMITTEE APPROVES OR REJECTS THE
RECOMMENDATIONS.

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

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 PART I

LINE 8 WAS AMENDED TO SHOW THE CORRECT CONTRIBUTIONS AND GRANTS OF
\$7,556,590 AS REPORTED ON PART VIII LINE 1H

LINE 9 WAS AMENDED TO SHOW THE CORRECT PROGRAM SERVICE REVENUE OF
\$110,394 AS REPORTED ON PART VIII LINE 2G

LINE 10 WAS AMENDED TO SHOW THE CORRECT INVESTMENT INCOME OF \$465 AS
REPORTED ON PART VIII COLUMN A LINE 3

LINE 11 WAS AMENDED TO SHOW THE CORRECT OTHER REVENUE OF \$179,015 AS
REPORTED ON PART VIII COLUMN A LINE 8C

LINE 13 WAS AMENDED TO SHOW THE CORRECT GRANTS AND SIMILAR AMOUNTS PAID
OF \$877,843 AS SHOW ON PART IX COLUMN A LINE 1

LINE 15 WAS AMENDED TO SHOW THE CORRECT SALARIES, OTHER COMPENSATION
EMPLOYEE BENEFITS OF \$5,124,288 AS REPORTED ON PART IX COLUMN A LINES
5-10

LINE 16B WAS AMENDED TO SHOW THE CORRECT TOTAL FUNDRAISING EXPENSES OF
\$743,358 AS REPORTED ON PART IX COLUMN D LINE 25

LINE 17 WAS AMENDED TO SHOW THE CORRECT OTHER EXPENSES OF \$2,735,743 AS

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REPORTED ON PART IX COLUMN A LINES 11A-11D, 11F-24E

LINE 20 WAS AMENDED TO SHOW THE CORRECT TOTAL ASSETS OF \$3,463,264 AS

REPORTED ON PART X LINE 16

LINE 21 WAS AMENDED TO SHOW THE CORRECT TOTAL LIABILITIES OF \$594,841

AS REPORTED ON PART X LINE 26

FORM 990 PART III

LINE 4A WAS AMENDED TO SHOW THE CORRECT THE RESIDENTIAL HOUSING PROGRAM
EXPENSES OF \$2,333,927 INCLUDING REVENUE OF \$110,394.

LINE 4B WAS AMENDED TO SHOW THE CORRECT SCATTERED SITE HOUSING PROGRAM
EXPENSES OF \$1,792,977.

LINE 4C WAS AMENDED TO SHOW THE CORRECT PREVENTION PROGRAM EXPENSES OF
\$1,603,486.

LINE 4D WAS AMENDED TO SHOW THE CORRECT OTHER PROGRAM SERVICES EXPENSES
OF \$1,228,960 INCLUDING GRANTS OF \$76,832.

FORM 990 PART VIII

LINE 1E WAS AMENDED TO SHOW THE CORRECT GOVERNMENT GRANTS OF \$4,740,836

LINE 1F WAS AMENDED TO SHOW THE CORRECT ALL OTHER CONTRIBUTIONS, GIFTS,
GRANTS, AND SIMILAR AMOUNTS OF \$2,815,754

LINE 2A WAS AMENDED TO SHOW THE CORRECT CLIENT RENT INCOME OF \$110,334

LINE 3 WAS AMENDED TO SHOW THE CORRECT INVESTMENT INCOME OF \$465

LINE 8 WAS AMENDED TO SHOW THE CORRECT INCOME FROM FUNDRAISING EVENTS
OF \$179,015.

FORM 990 PART X

LINE 1 COLUMN B WAS AMENDED TO SHOW THE CORRECT CASH NON INTEREST
BEARING OF \$107,260

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LINE 3 COLUMN B WAS AMENDED TO SHOW THE CORRECT PLEDGES AND GRANTS
RECEIVABLE, NET OF \$623,466

LINE 4 COLUMN B WAS AMENDED TO SHOW THE CORRECT ACCOUNTS RECEIVABLE,
NET OF \$25,000

LINE 9 COLUMN B WAS AMENDED TO SHOW THE CORRECT PREPAID EXPENSES AND
DEFERRED CHARGES OF \$89,845

LINE 10 COLUMN B WAS AMENDED TO SHOW THE CORRECT ACCUMULATED
DEPRECIATION OF \$2,002,334

LINE 15 COLUMN B WAS AMENDED TO SHOW THE CORRECT OTHER ASSETS OF
\$580,140

LINE 17 COLUMN B WAS AMENDED TO SHOW THE CORRECT ACCOUNTS PAYABLE AND
ACCRUED EXPENSES OF \$336,081

LINE 25 COLUMN B WAS AMENDED TO SHOW THE CORRECT OTHER LIABILITIES OF
\$258,760

LINE 27 COLUMN B WAS AMENDED TO SHOW THE CORRECT UNRESTRICTED NET
ASSETS OF \$2,494,183

LINE 28 COLUMN B WAS AMENDED TO SHOW THE CORRECT TEMPORARILY NET ASSETS
OF \$374,240

FORM 990 PART XI

LINE 1 WAS AMENDED TO SHOW THE CORRECT TOTAL REVENUE OF \$7,846,464 AS
REPORTED ON PART COLUMN A LINE 12

LINE 2 WAS AMENDED TO SHOW THE CORRECT TOTAL EXPENSES OF \$8,737,514 AS
REPORTED ON PART IX COLUMN A LINE 25

FORM 990 SCHEDULE A PART II

LINE 1 COLUMN E WAS AMENDED TO SHOW THE CORRECT GIFTS, GRANTS
CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED OF \$7,556,590

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LINE 8 COLUMN E WAS AMENDED TO SHOW THE CORRECT GROSS INCOME FROM
 INTEREST, DIVIDENDS, PAYMENTS RECEIVED ON SECURITIES LOANS, RENTS,
 ROYALTIES, AND INCOME FROM SIMILAR SOURCES OF \$465

FORM 990 SCHEDULE D PART VI

LINE 1B COLUMN B WAS AMENDED TO SHOW THE CORRECT COST OF \$2,335,035

LINE 1B COLUMN C WAS AMENDED TO SHOW THE CORRECT ACCUMULATED
 DEPRECIATION OF \$1,497,736

LINE 1D COLUMN C WAS AMENDED TO SHOW THE CORRECT ACCUMULATED
 DEPRECIATION OF \$45,298

LINE 1E COLUMN B WAS AMENDED TO SHOW THE CORRECT COST OF \$127,959

LINE 1E COLUMN C WAS AMENDED TO SHOW THE CORRECT ACCUMULATED
 DEPRECIATION OF \$145,443

FORM 990 SCHEDULE D PART IX

LINE 1 WAS AMENDED TO SHOW THE CORRECT DUE FROM FRED WOODS OF \$564,742

LINE 2 WAS AMENDED TO SHOW THE CORRECT SECURITY DEPOSIT OF \$15,398

FORM 990 SCHEDULE D PART X

LINE 2 WAS AMENDED TO SHOW THE CORRECT TENANT SECURITY DEPOSIT OF
 \$16,932

LINE 3 WAS AMENDED TO SHOW THE CORRECT REFUNDABLE ADVANCE OF \$241,828

FORM 990 SCHEDULE G PART II

LINE 1 COLUMN A WAS AMENDED TO SHOW THE CORRECT GROSS RECEIPTS OF
 \$179,015

LINE 2 COLUMN A WAS AMENDED TO SHOW THE CORRECT CONTRIBUTIONS OF \$0

LINE 6 COLUMN A WAS AMENDED TO SHOW THE CORRECT RENT/FACILITY COST OF

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\$0

LINE 7 COLUMN A WAS AMENDED TO SHOW THE CORRECT FOOD AND BEVERAGES OF

\$0

LINE 8 COLUMN A WAS AMENDED TO SHOW THE CORRECT ENTERTAINMENT OF \$0

FORM 990 SCHEDULE I PART III

COLUMN C WAS AMENDED TO SHOW THE CORRECT AMOUNT OF CASH GRANT OF

\$753,245

FORM 990 PART IX

THE ENTIRE SCHEDULE WAS REVISED, INCLUDING EXPENSES BETWEEN PROGRAM

EXPENSES, MANAGEMENT AND GENERAL EXPENSES, AND FUNDRAISING EXPENSES.

