



571 W. Jackson Blvd. Chicago, IL, 60661

DATE: 02/04/2022

TO: Illinois Department of Healthcare & Family Services (HFS)

ATTN: Kimberly McCullough-Starks, Deputy Director

FROM: Safer Foundation

SUBJECT: Name Change: Supportive Reentry Network Collaborative Replaces PEERR

At the beginning of COVID-19, Safer Foundation (“Safer”) developed a new, innovative model of reentry supportive services called (PEERR) that addressed the immediate reentry needs of individuals recently released returning to Cook County communities. With the many challenges that individuals face upon release, and the high numbers returning to communities, the PEERR network emerged as an effective, collaborative approach to provide holistic wraparound services to returning residents.

Safer submitted the following attached proposal to fund this work to the Illinois Department of Healthcare and Family Services (“HFS”). On January 20th, 2022, the Healthcare Transformation Collaborative (“HTC”) Partners included in the application decided to change the name of the collaborative to the “**Supportive Reentry Network Collaborative**”. Supportive Reentry appropriately describes the nature of the intervention the partners have implemented in the HTC Pilot.

Our HTC Pilot will firmly establish a more effective model for holistic reentry that will continue well beyond the initial pilot. The new name we have chosen appropriately describes key elements of our collaboration. “Supportive Reentry” addresses the need returning residents have for a wide range of services that address the social determinants of health and the social determinants of incarceration and recidivism. “Network Collaborative” addresses both the need for cross systems collaboration and the need for a network of providers who agree to implement a more structured approach to working together to ensure a person centered, holistic plan of attack.

The Supportive Reentry Collaborative is the best model for addressing both the Social Determinants of Health and the Social Determinants of Incarceration.

Application for Transformation

Funding Cover Sheet

Primary Contact for Collaboration

Name _____

Position _____

Email _____

Office Phone _____

Mobile Phone _____

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List of entities participating in the collaboration:

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Executive Summary

Please provide a narrative description of your overall project, including participation of collaborators, goals of the collaboration, community service area, strategy and expected timeframe for the project, capital improvements, new interventions, delivery redesign, etc.

Overview

The Prison Emergency Early Release Response (PEERR) Network is seeking to be included as an HFS Health Transformation Cross-Provider Care Partnership (Pilot) with a focus on coordinating access to care and addressing social determinants of health for an estimated 1,000 individuals returning to the west and south sides of Chicago upon release from the Cook County Jail and the Illinois Department of Corrections (IDOC) each year. Pilot partners include existing members of the PEERR Provider Network – Safer Foundation, Heartland Alliance Health, Healthcare Alternative Systems, KAM Alliance, Legal Council for Health Justice, Transforming Reentry Services/Men and Women in Prison Ministries, Smart Policy Works, Get to Work Illinois, and Cook County Health (Stroger Hospital and Ambulatory Health Centers). The PEERR network was formulated as a crisis response effort during COVID-19, however, it has developed into a model approach to care coordination and social determinants of health for men and women released from incarceration returning to Cook County.

Background

By way of background, in March of 2020, the Governor’s office contacted Safer Foundation (Safer) and requested that it assist IDOC with supporting the reentry of thousands of inmates being released early pursuant to Governor J.B. Pritzker’s COVID-19 Executive Order No. 19. The Executive Order zeroed in on the “36,000 male and female inmates in 28 facilities, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19.” Safer agreed (without compensation) to triage the immediate needs of early releasees returning to Cook County. To scale up our capacity to meet the immediate needs of this population, Safer recruited a network of diverse community-based providers and launched the Prison Emergency Early Release Response (PEERR) collaborative. We also established a PEERR Virtual Reentry Services Team, which pivoted to a remote service delivery system in response to COVID-19, and set up a PEERR Early Release Hotline.

Working in collaboration, PEERR can facilitate and expedite access to health and social services that address access to care and social determinants of health such as: public benefits assistance, primary care, psychiatric care, substance use treatment, mental health counseling, financial counseling, housing, food and clothing, cell phone assistance (digital access), transportation, and employment. What initially began as PEERR receiving referrals exclusively for those released “early,” has now evolved into the opportunity for anyone being released from IDOC to engage with Safer Foundation and the Network prior to release. Please reference the full PEERR Report 2020 at <https://carre2020.squarespace.com/peerr> for more details about the services provided, outcomes achieved, lessons learned, and policy recommendations.



Population Health

When compared to the general population, men and women with a history of incarceration face disparities concerning healthcare, violence, employment, and discrimination. This population is well documented as having disproportionate rates of untreated substance use disorders and mental health conditions, infectious diseases, and chronic medical conditions compared to the rest of society.¹ In Illinois, most of this population is returning to communities that are disproportionately impacted by poverty, unemployment, opioid overdose, behavioral health hospitalizations, and violence.² Moreover, poor transitions of care between correctional and community settings have proven to heighten this population's risk of hospitalization and death due to overdose upon release.³ Individuals transitioning from jail are 8 times more likely to die from overdose than the general population. For individuals returning from prison, the rate is 12.7 times more likely.⁴ Compounding this issue is the lack of health insurance coverage upon release from incarceration. Since Medicaid is an income-driven eligibility benefit, nearly all individuals being released from prison are likely to be eligible for Medicaid, yet the lack of coverage upon release and the federal requirement of an annual redetermination make obtaining and keeping coverage extremely difficult, especially without any ongoing assistance and tracking of benefits. Reference the "Health Equity and Outcomes" section of this proposal for more in-depth data on healthcare disparities faced by this population.

Goals and Strategy

The goal of PEERR is, as a collective, to address the multitude of complex needs faced by this population and to expedite access to supports by implementing direct scheduling and follow-up between providers, essentially cutting through the red-tape of the bureaucracies associated with the complex Medicaid and social service delivery system - a network of systems that often requires a basic level of stability to navigate and access. PEERR not only addresses this population's health and access to care, but also works to ensure stable housing and access to employment to promote overall wellness and sustainability, preventing not only a return to the justice system, but unnecessary emergency room usage for conditions that can be managed in the community as well. This population experiences disproportionate rates of violence, overdose, homelessness, reincarceration, and behavioral health hospitalizations when compared to other populations and faces discrimination that affects access to basic human needs such as housing and employment. The multitude of needs, coupled with the lack of overall opportunity for individuals who have conviction records, requires that any effort to address the health of this population also address the ancillary supports needed in all areas of an individual's life when they return to the community after prison. We have found that PEERR provides that model. Investments to evolve this model are smart investments that will build on the work that has occurred over the past calendar year to support this population.

Given the complexities of issues facing this population's reentry, over the course of the next 3 years the Pilot will apply a whole-health approach to serving this population; identifying the

¹<https://www2.illinois.gov/idoc/reportsandstatistics/Documents/FY2017%20IDOC%20Annual%20Report%20FINAL.pdf>

² Abram KM, Teplin LA: Co-occurring disorders among mentally ill jail detainees. *American Psychologist* 46:1036–1045, 1991

³ Out of prison & out of work: Unemployment among formerly incarcerated people [L.Couloute](#), D Kopf - Prison Policy Initiative, 2018

⁴ <https://www.bjs.gov/content/pub/pdf/sdatji02.pdf>



most basic needs of targeted people and working to address those needs with the goal of helping this population achieve sustained recovery, reduced recidivism, upward economic mobility, and overall improved health outcomes. This includes public benefits assistance, primary care, psychiatric care, substance use treatment including Medication Assisted Treatment, mental health counseling, financial literacy and counseling, housing, food & nutrition, transportation, and employment. Healthcare Transformation funding will also allow the Pilot to acquire and rehab a multi-unit building to become dedicated rental units for individuals engaged in PEERR and who are otherwise shut out of the affordable housing market due to their conviction history. We also seek funding that will “seed” the networks’ infrastructure to achieve model sustainability over time. This includes start-up operational costs and consultant costs to help expedite and execute the network’s long-term sustainability plans.

Community Input

Identify the community service area by zip code or county of your collaborative and the process you have followed or intend to follow to establish the needs of your community including the process for direct community input. Also describe how you have included elected officials at all relevant levels of government in your service area in discussions as you developed your proposal.

The Pilot’s community service area is dictated by the areas to which individuals being released from the IDOC will return. In FY20, 11,737 individuals returned to Cook County upon release from IDOC – overwhelmingly to zip codes on Chicago’s west and south sides. The majority of PEERR participants returned to two Chicago communities—Roseland and Chatham, followed by Auburn Gresham, West Garfield Park and Austin. See Highest Areas of Return for Chicago’s Returning Residents map, PEERR 2020 Report, p. 29.

PEERR provided a unique window into the reentry experience of returning residents to the City of Chicago and Cook County at large. As expected, several flaws in the reentry process were highlighted and exacerbated by COVID-19. To help shed light on the challenges faced by returning residents and recommend solutions towards a more holistic and just reentry process, Safer, with the assistance of Smart Policy Works, conducted several qualitative interviews with participants. Their narratives provided insights into the discharge process and the level of assistance the state was able to provide its returning residents. Overall, they detailed the hardships of leaving prison with minimal assistance in the community. All interviewees emphasized the importance of both pre-release and post-release reentry services and navigation supports.

As mentioned previously, the Office of the Illinois Governor contacted Safer to establish PEERR. Over the past year, Safer Foundation has been in communication with Cook County commissioners, state representatives, and state senators representing the communities to which our PEERR participants are returning, as well as U.S Representatives Danny Davis and Robin Kelly, to educate them about the models’ demonstrated efficacy and need for policy reform to build a more just and holistic reentry process.



If funded, we intend to develop a PEERR Report 2.0 that will include qualitative interviews with the families of individuals who we are working with to get their perspective on the benefit of PEERR, the reentry process and the impacts on their households, families, and communities.

Data

Describe the data used to design/plan your proposal, methodology of collection, and submit the results of the analysis.

Qualitative and quantitative data obtained by Safer Foundation, as well as researched data on the characteristics of this population were used to inform our application.

Qualitative Data. Safer Foundation and Smart Policy Works conducted a series of qualitative interviews with PEERR participants over the summer of 2020 to capture their unique experience returning to Chicago during COVID and to gain insight into the challenges they faced upon reentry. Quotes from these stories are found in our Prison Emergency Early Release Response (PEERR) Report.⁵ They reinforce the need for facilitated reentry navigation and care coordination that is specific to this unique population.

Quantitative Data. Quantitative data on this population was pulled from referral data from IDOC, as well as data contained in our electronic case management record system— Salesforce Birdseye case management system. Release forms are obtained by IDOC from individuals while they are incarcerated. These forms give individuals the option to receive support from Safer Foundation upon their release and includes their parole host site address, their IDOC number, their scheduled release date, and a phone number where they can be contacted when they get out of prison. Safer Foundation tracks these referrals and conducts outreach to these individuals once they have been released. Individuals who are successfully contacted are entered into our database and their needs are triaged. Based on the initial triage/screen, referrals are made to our network and recorded in our database. The volume of referrals to Safer Foundation, the successful contact rate, the volume of referrals made to our partners, and the rate at which individuals either have active coverage or are enrolled in coverage determines the costs associated with providing navigation support (care coordination), behavioral health services, employment services, transportation services, housing assistance and more. Quantitative data utilizes the previous year of collected data which averages approximately 100 referrals a month with a success rate of 50% in terms of contact and engagement.

Trends associated with rates of substance use, mental health, and hospitalizations are based on baseline level data obtained by other sources for similar populations (reference studies cited in the Health Equity and Outcomes section), combined with parole board orders signaling the prevalence of needs during incarceration as well as actual data from registration screenings, assessments, and referrals. Our findings align with well-researched statistics indicating a prevalence of hypertension, mental health and substance use conditions amongst this population. The risk of overdose is well studied and proven by virtue of an individual's reaction to foreign substances once they have been removed from their system and subsequently reintroduced. It has

⁵ <https://carre2020.squarespace.com/peerr>



repeatedly been observed that when consuming small amounts of heroin or opiates, compared to similar or larger amounts that may have been used before prison, those with prior substance use are more susceptible to overdose upon release due to the period of time while incarcerated when these substances were removed from their system.

Health Equity and Outcomes

Describe how the revised delivery system in your proposal is designed to improve health outcomes and reduce healthcare disparities. Discuss the specific disparities and outcomes you are targeting, including by race and ethnicity.

Disparities

Healthcare. Individuals who are involved in the justice system are well documented as having disproportionate rates of untreated substance use disorders and mental health conditions, infectious diseases, and chronic medical conditions compared to the rest of society.^{6,7,8,9} Nearly 70% meet diagnostic criteria for drug and/or alcohol use disorders, compared to 8% of the general population.¹⁰ Approximately 15% of men and 30% of women involved in the justice system have a serious mental illness,¹¹ compared to 4% of the general population.¹² Further, they also experience disproportionate rates of chronic conditions and communicable diseases.¹³ Contributing to the build-up of co-morbidities is a lack of access to care. Less than 25% of individuals with chronic conditions see a physician in the first year post-release and 80% report no community treatment before their last arrest. Compared to the general population, justice-involved individuals are less likely to have a regular source of medical care, and more likely not to have had a routine physical check-up in over 5 years.¹⁴

Transitions of care between correctional and community settings have proven to exacerbate this populations' risk of hospitalizations and death due to overdose upon release.^{15,16} Individuals transitioning from jail are 8 times more likely to die from overdose than the general population.

⁶ Karberg, J. and James, D. (2005). Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002. (NCJ 209588). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics

⁷ Steadman, H. J., Osher, F. C., Robbins, P. C., et al. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60, 761–765.

⁸ Binswanger IA, Krueger PM, Steiner JF. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *J Epidemiol Community Health*. Nov; 2009 63(11):912–919. [PubMed: 19648129]

⁹ L. Maruschak, M. Bersofsky, and J. Unangst. Medical Problems of State and Federal Prisoners and Jail Inmates. Bureau of Justice Statistics Special Report (NCJ 248491), U.S. Department of Justice, February 2015

¹⁰ <https://www.bjs.gov/content/pub/pdf/sdatji02.pdf>

¹¹ Out of prison & out of work: Unemployment among formerly incarcerated people L Couloute, D Kopf - Prison Policy Initiative, 2018

¹² <https://www.cmap.illinois.gov/data/community-snapshots>

¹³ Binswanger IA, Krueger PM, Steiner JF. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *J Epidemiol Community Health*. 2009;63(11):912-919. doi:10.1136/jech.2009.090662

¹⁴ Kulkarni, Sonali P et al. "Is incarceration a contributor to health disparities? Access to care of formerly incarcerated adults." *Journal of community health* vol. 35,3 (2010): 268-74. doi:10.1007/s10900-010-9234-9

¹⁵ Out of prison & out of work: Unemployment among formerly incarcerated people L Couloute, D Kopf - Prison Policy Initiative, 2018

¹⁶ Wang, E.A., Wang, Y.,F., Krumholz, H.M. (2013). A high risk of hospitalization following release from correctional facilities in medicare beneficiaries: A retrospective matched cohort study, 2002 to 2010. *JAMA Internal Medicine*. 173(17), 1621-1628. doi:10.1001/jamainternmed.2013.9008.

For individuals returning from prison, the rate is 12.7 times more likely.¹⁷ **Additionally, in a study analyzing post-release hospitalization rates, 1 in 70 former inmates were hospitalized for an acute condition within 7 days of release; and 1 in 12 were hospitalized for an acute condition within 90 days of release—hospitalizations of which cost an excess of \$40 million. Former inmates were more likely to be admitted to the hospital with a condition that could potentially be managed in doctors' offices, including diabetes, asthma, and high blood pressure. They were also more likely to die before ever getting to a hospital.**¹⁸ Arguably, contributing to these trends is the lack of health insurance coverage upon release from incarceration. Since Medicaid is an income-driven eligibility benefit, nearly all individuals being released from prison are likely to be eligible for Medicaid, yet the lack of automatic coverage upon release and systematic application or benefit follow-up make obtaining and keeping coverage extremely difficult.

Socio-Economic Disparities. Approximately 77 million Americans, or 1 in 3 adults, have a criminal record.¹⁹ As a result, one-third of the country's adult population is vulnerable to the adverse impacts of prior justice involvement including barriers to employment, job retention, career advancement, and overall economic mobility. In Illinois, we find a similar statistic to be true with 4.1 million (32.4%) adults possessing conviction records that threaten the diminishment of employment opportunities. In Cook County and Illinois, the majority of this population^{20,21} are also returning to communities that are disproportionately impacted by poverty, unemployment, opioid overdose, behavioral health hospitalizations, and violence—specifically communities on the west and south sides of Chicago.^{22,23,24,25,26,27,28,29} Individuals and their families living in these communities are most affected by the justice system. Families and children are impacted by the loss of a contributing parent, further perpetuating generations of poverty and involvement in the child welfare and justice systems. These neighborhoods are considered million dollar blocks

¹⁷ <https://www.bjs.gov/content/pub/pdf/sdatji02.pdf>

¹⁸ Ibid, Wang, 2013.

¹⁹ Chidi Umez, The Council of State Governments, Justice Center, and Rebecca Pirius, National Conference of State Legislatures.

²⁰ Olson, D.E., Tahier, S. (2012). Population Dynamics and the Characteristics of Inmates in the Cook County. Chicago, Illinois, Cook County Sheriff's Reentry Council. Retrieved from

https://ecommons.luc.edu/cgi/viewcontent.cgi?article=1000&context=criminaljustice_facpubs

²¹ Illinois Department of Corrections. (2018). Fiscal Year 2017 Annual Report. Retrieved from:

<https://www2.illinois.gov/idoc/reportsandstatistics/Documents/FY2017%20IDOC%20Annual%20Report%20FINAL.pdf>

²² Chicago Department of Public Health. (2016). Healthy Chicago 2.0: Partnering to improve health equity. Retrieved from <https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HC2.0Upd4152016.pdf>

²³ Tamara Rushovich, Allison Arwady, Elizabeth Salisbury-Afshar, Ponni Arunkumar, Mark Kiely, Steven Aks, Nikhil Prachand. (2018). Annual Opioid Surveillance Report – Chicago 2017. Retrieved from

<https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/ChicagoOpioidReport2018.pdf>

²⁴ Population Estimates Source: Chicago Metropolitan Agency for Planning (CMAP) Community Data Snapshots, updated in June 2016 with new information from the U.S. Census Bureau's 2010-14 American Community Survey, available at: <http://www.cmap.illinois.gov/data/metropulse/community-snapshots>

²⁵ Violent Crime rate per 1000 people, past month. Source: The Chicago Tribune, Crime and Chicagoland, Violent crime data for the Chicago area is updated weekly from the crime dataset on the City of Chicago's data portal.

²⁶ Violent crimes: assault, battery, homicide, robbery, sexual assault. Violent crime reported (in past 30 days) per thousand people in each Chicago community area since June 20, 2016, 11:55 p.m. These tables are updated weekly and reflect a 7 to 14-day lag period. Available at: <http://crime.chicagotribune.com/>.

²⁷ Violent crime Reports past year, Source: Chicago Police Department Crime Summary, past 365 days (as of July 6, 2016), available at:

http://gis.chicagopolice.org/website/clearMap_crime_sums/viewer.htm?SUMTYPE=COMM&SUMCATA=VIOL&SUMTIME=365

²⁸ Ibid. Chicago Department of Public Health, 2016.

²⁹ Todd R. Clear, Dina R. Rose, Elin Waring and Kristen Scully, "Coercive Mobility and Crime: a Preliminary Examination of Concentrated Incarceration and Social Disorganization," Justice Quarterly. 20(1) Spring, 2003, pp. 33-64.



(Austin, Humboldt Park, North Lawndale, West Englewood, and Roseland), as framed by Dr. Cooper and Dr. Lugalia-Hollon, who indicate investment in specific communities will show returns in several areas of government spending.³⁰ Documented statistics on the economic disparities of these communities are further demonstrated by data that shows a little less than half of the incarcerated individuals in Illinois have a high school education and most read at a sixth-grade level or lower.³¹ Significantly, 30% of the reentry population remains unemployed a year post-release.

Race and Ethnicity. Incarceration and justice involvement disproportionately impacts minorities and particularly people of color. In Illinois, of the 216,000 residents behind bars or under criminal justice supervision at any given time,³² 70% are African American, 9% are Hispanic and 1% Asian – a whopping 80% of those incarcerated. There is a “second-class citizenship,” which begins once the label of felon has been applied to an individual.³³ A criminal record symbolizes a form of second-class citizenship, that leads to discrimination in the job and housing markets which undoubtedly affects an individual’s ability to stabilize essential aspects of life, let alone physical and mental health. This second-class citizenship also contributes to an individual’s likelihood of recidivating back into the justice system.³⁴ Any approach to address this population’s health and improve upon the associated social determinants of health must account for and address these realities.

Revised Delivery System

To effectively address the complexities of issues facing this population’s overall health and wellness, PEERR will apply a whole-person approach to supporting this population. Upon referral from the Illinois Department of Corrections, or self-referrals from individuals who have just been released, a team of hotline responders and reentry navigators conduct an initial screening/triage tool that incorporates justice involvement and supervision status, conviction history, mental health, substance use, physical health and medication management needs as well as insurance status, veteran status, employment history, state identification questions and more, which is used to determine immediate next steps, short-term and long-term needs and to provide internal and external referrals. Basic needs include food, clothing, naloxone, shelter, technology access, medication continuity, and public benefit assistance. Short term needs include state IDs and social security cards, establishing a medical home and behavioral health provider(s), coordination with Managed Care Organizations (MCOs) for those with complex care needs, coordination with parole concerning movement and mandates, job readiness and job placement, and peer supports. Long term needs include access to affordable housing, occupational training (such as CDL, forklift, carpentry, HVAC, welding, and more to achieve living-wage employment), GED/HSE attainment, financial literacy, and expungement and sealing of conviction records. Supports are provided with the goal of assisting this population in the achievement of sustained recovery, reduced recidivism, upward economic mobility, and overall wellness.

³⁰ Lugalia-Hollon, R. and Cooper, D. (2018). The war on neighborhoods: Policing, prison, and punishment in a divided city.

³¹ Olson, D.E., Tahier, S. (2012). Population Dynamics and the Characteristics of Inmates in Cook County. Chicago, Illinois, Cook County Sheriff's Reentry Council.

³² Prison Policy Initiative, December 2018).

³³ Frost, Natasha & Gross, Laura. (2012). Coercive mobility and the impact of prison-cycling on communities. *Crime, Law and Social Change*. 57. 10.1007/s10611-012-9373-2.

³⁴ Ibid Frost, Natasha, & Gross (2012).



Quality Metrics

Tell us how your proposal aligns with the pillars in the Department’s Quality Strategy found here [pdf]. Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy for each of the pillars you identified. Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community and a tracking process as well as negotiated improvement targets. For metrics currently not tracked, propose a method for tracking.

The PEERR network seeks to address the following metrics:

Source	Metric	Success Indicators
Quality Strategy Metric	Adults’ Access to Preventive/Ambulatory Health Services (AAP)	HFS will establish baseline metric; PEERR will track referrals and engagement with primary care network providers. Currently this includes Heartland Alliance Health clinics and Cook County Health’s Ambulatory Care Health Clinics.
Quality Strategy Metric	Reduce Preventable Hospital Admissions	HFS will establish baseline metric; PEERR will track ED visits and admissions to Stroger and Provident Hospital in conjunction with Cook County Health. Other hospital visits will be obtained through self-reporting or other mechanisms developed through the expansion of partnerships with other hospitals or payers throughout the course of this pilot.
Custom Metric	Access to Employment	Safer-obtained data from employment staff and network employers regarding job referrals, job starts, and 30, 60, 90, and 365-day retention data.
Custom Metric	Access to Housing	Safer-obtained data on identified housing need and linkages provided to temporary, transitional, and affordable housing, as well as direct placements into Safer-owned housing (assumes our capital request is awarded). Baseline data includes Safer-obtained data and data from studies or other sources.
Custom Metric	Reduce Recidivism	IDOC data on parole violations and data on re-incarceration. Safer Foundation will use historical data concerning Safer clients and IDOC recidivism data to establish a baseline for this metric.



Care Integration and Coordination

Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

Depending on an individual's unique needs and geographical residence, services are provided directly through Safer's reentry navigators and other departments such as the Counseling and Wellness Center, Pace Institute (Education), Reconstruction Technology Partners (Carpentry Jobs), FOC (Financial counseling), and Workforce Development (Job Placements). Referrals are also made to PEERR network partners, such as Heartland Alliance Health, Healthcare Alternative Systems, Inc., or KAM Alliance. Reentry navigators send preliminary client referral information to the single point of contact identified for each partner agency via fax, secure email, or other agreed-upon secured method. Appointments are scheduled and transportation assistance is provided via transit cards or LYFT concierge. Insurance is also verified prior to the referral. If uninsured, reentry navigators complete new applications, or if benefits are restricted due to a client's previous incarceration, HFS is notified to release the restriction so that benefits are active by the date of service and there is seamless access upon arrival to partner providers. Partner providers coordinate with the referring reentry navigator to confirm appointments/attendance and to coordinate care. Integrated staffing briefs are conducted periodically with Safer staff, parole, PEERR network providers, and other individuals involved in the client's life and household to ensure coordination between the larger care team, address any miscommunication, reinforce goals, and share pertinent information related to services. Referrals include information related to other services the individual is receiving as well as information regarding requests to parole for permission to attend various appointments. Safer makes these appointment requests to parole directly. Services that are tied to parole board orders (mental health, substance use, anger management, sex offender counseling, domestic violence counseling, etc.) are indicated as such in the referrals made by reentry navigators so that coordination with parole on the completion and progress of such mandates can occur.

Access to Care

Describe how your proposal will increase access to preventive, primary or specialty care in your community.

Concerning both behavioral health and primary care, the PEERR model cuts through traditional methods of access which often assumes or requires a basic level of understanding of how the healthcare system works and does not reflect the realities of individuals under justice supervision and the requirement for certain individuals to coordinate with parole regarding movement from their host site address. To be included as a partner in the PEERR network, direct access to referrals and scheduling is a requirement. This allows our reentry navigators to schedule on behalf of clients, obtain appointment dates and times, follow-up on attendance, and coordinate between appointments concerning primary care, substance use, mental health, employment, and job training classes, not to mention coordination with parole so that individuals obtain permission to attend all necessary appointments in the community without violating parole requirements. Further, the reentry navigators work to screen for Medicaid coverage to determine if the individual is uninsured or if the individual's Medicaid is still restricted due to incarceration in which case, we quickly act by requesting that the restriction be lifted and the benefits



reinstated. This is done so that clients are not referred for services only to be turned away for not having coverage. In cases where individuals were taking medications while incarcerated, we quickly work to identify the remaining amount provided to the individual upon release and determine whether a prescription from the IDOC healthcare provider was given to the individual upon release.

Once insurance is verified, depending on the needs identified, geography, and client choice, individuals will be referred to network partners to initiate a relationship for ongoing care. Reentry navigators review parole board directives and if there is a mandate to receive multiple services such as substance use treatment, mental health counseling and domestic violence counseling for example, we aim to refer the client to providers that offer all of these services rather than send clients to several providers for multiple services. Our referrals to care also account for job training, education, and employment schedules so that treatment duration and frequency recommendations can occur alongside other programming or conversely, so that other programming recommendations account for treatment recommendations. Referrals are sent to network providers, appointment times are confirmed and information is obtained from partner agencies regarding whether appointments were attended or missed. In cases where appointments were missed, reentry navigators will assist in re-engaging clients to attend their appointments.

Our ambulatory/primary care partners include:

- **Heartland Alliance Health** with clinics in Uptown, Englewood, and Austin
- **Cook County Health** with clinics at Austin, Englewood, Logan Square Prieto 2424 S. Pulaski, Woodlawn, Arlington Heights, Blue Island, Ford Heights, Little Village, Washington Park, and North Riverside.

Our specialty/behavioral health partners include:

- **Healthcare Alternative Systems** with clinics in Logan Square, Belmont-Cragin, Humboldt Park, Brighton Park/Back of the Yards, West Loop, Wicker Park, Melrose Park (Suburban Cook West), Broadview (Suburban Cook South), and Roseland.
- **KAM Alliance** located in Beverly, Illinois (South Suburban Cook)

Social Determinants of Health

Describe how your proposal addresses specific social determinants of health and how you propose to measure your proposal's impact on those social determinants.

Employment. Individuals who are stabilized and have the proper documentation will be referred by the Reentry Navigator or Hotline Responder to a Job Coach who will do a career interview with the individual and develop an employment plan. S/he will be put on a career pathway depending on their experience, education level, strengths, and interests. Individuals with little to no work experience will be referred for Safer Skills Training (a combination of job readiness and life skills training), will be put on a transitional job pathway and may undergo credential skill training to be placed into a higher paying job. Individuals with a High School Diploma or GED will have access to the Safer Demand Skills Collaborative program where they can gain industry specific credentials in the fields of healthcare, advanced manufacturing, carpentry, IT/coding, and others. Once placed in jobs, individuals will be provided with assistance regarding



transportation and required work gear. Job coaches will perform retention checks with employers at the 30-day, 60-day, 90-day, and 365-day mark, which will produce data on job starts and employment retention of PEERR participants. Individuals without GEDs or High School Diplomas will be referred to the PACE Institute department within Safer Foundation for GED preparation classes. Individuals interested in carpentry will undergo TABE (Test for Adult Basic Education) testing and bridge academics to pass the required test to gain access to the carpentry pre-apprenticeship program.

Financial Literacy. The financial counselor will conduct ongoing financial literacy classes covering topics concerning credit, bank accounts, taxes, budgeting, and first-time homebuyer programs. Individuals will then undergo one-on-one financial counseling to assist with budgeting and the creation of a financial plan. Incentives will be provided for those that attend classes and complete one-on-one classes with the financial counselor. Data will be collected on referrals to the financial counselor and attendance of group and individual appointments.

Housing. Lack of affordable housing, restrictive public housing policies, lack of financial resources to pay rent, and landlord resistance to rent to individuals with a criminal record make it increasingly difficult for individuals returning from prison to secure housing. Research demonstrates that formerly incarcerated individuals are 10 times more likely to be homeless than the general public and that they are most likely to be homeless in the period shortly after release.³⁵ This is reinforced by data collected from Safer Foundation clients in a survey conducted in partnership with Smart Policy Works which showed 41% clients experienced homelessness or housing insecurity in the year prior to their incarceration.³⁶

Rental Assistance. Safer Foundation is a partner in the Illinois Justice Project's Reentry Housing Pilot which seeks to address the housing challenge of individuals returning to the community upon release from incarceration. Funding comes from a variety of private foundations including Pritzker Family Foundation, The Joyce Foundation and the MacArthur Foundation. In this pilot, Safer Foundation provides short term rental assistance to PEERR participants. Individuals are flagged as housing insecure or homeless upon intake and referred to the reentry navigator - housing to do a housing stability screen, determine the severity of the need, assess the individual's income and household size and provide recommendations for short-term and long-term housing. The individual then works with our network of landlord and transitional housing providers to receive a placement. For individuals needing initial support, rental assistance applications are completed with the ultimate goal of helping individuals to achieve gainful employment to sustain rental payments after the rental assistance period ends. Safer Foundation was also approached by the City of Chicago's Department of Housing concerning further rental assistance opportunities specific to the reentry population, to become available in the summer of 2021. Safer intends to apply for this funding to sustain rental assistance as a routine part of service operations and offerings.

Acquisition and Rehab. Safer Foundation is including a capital request to build our own housing for PEERR participants. This includes funds to acquire a 40–60-unit apartment building on the west or south side of Chicago with commercial space to house program staff and a social

³⁵ <https://www.prisonpolicy.org/reports/housing.html>

³⁶ <https://smarpolicyworks.com/wp-content/uploads/SPW-RMI-Housing-Stability.pdf>



enterprise, such as a restaurant, to provide further job opportunities to clients and to build revenue. Safer Foundation plans to sustain the operating and maintenance cost of this building through rent from client-occupied units and market rate units from non-Safer clients. Safer Foundation was provided a verbal commitment from the City of Chicago’s Department of Housing to cover half of the acquisition costs on this project.

Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

Area	Action	Begin Date	End Date
Subcontracts	Subcontracts Executed	July 1, 2021	October 1, 2021
PEERR 2.0 Partner Calls	Kick-off Call Commence	July 30, 2021	Ongoing
Housing (Acquisition and Rehab)	Multi-unit building identified		August 1, 2021
Housing (Acquisition and Rehab)	Quote obtained for rehab costs		August 1, 2021
Housing (Acquisition and Rehab)	Bid placed on property		August 1, 2021
Housing (Acquisition and Rehab)	Closing on property		October 1, 2021
Housing (Acquisition and Rehab)	Permits obtained for rehab		January 1, 2022
Housing (Acquisition and Rehab)	Rehab units	January 1, 2022	June 1, 2022
Transportation	Vans purchased		September 1, 2021
Transportation	Drivers hired		September 1, 2021
Transportation	Office Manager hired		September 1, 2021
Transportation	Payment mechanisms finalized		October 1, 2021
Personnel Staffing	Jobs posted	July 1, 2021	August 1, 2021
Personnel Staffing	Positions filled	September 1, 2021	December 30, 2021
Data Infrastructure	Updated Integration Quote Obtained	July 1, 2021	August 1, 2021
Data Infrastructure	Integration Contracts Executed	August 1, 2021	September 1, 2021
Data Infrastructure	Integration Completed	September 1, 2021	March 1, 2022
Data Infrastructure	Data fields and custom reports developed	August 1, 2021	October 31, 2021
Data Infrastructure	Date fields and custom reports programmed into the system	November 1, 2021	December 30, 2021
Mental Health License	CMHC License obtained / Registered in IMPACT	now	July 30, 2021



Mental Health License	MCO CMHC Contracts Executed	August 1, 2021	January 1, 2021
Value-based arrangement	Introduction to payers from consultant	January 1, 2021	July 1, 2022
Value-based arrangement	Agreements executed	July 1, 2022	January 1, 2023
PEERR Report 2.0	Interviews with families conducted and content drafted	July 1, 2021	January 1, 2022
PEERR Report 2.0	PEERR 2.0 Report Released	January 1, 2022	March 1, 2022

Racial Equity

A major focus of transformation is racial equity. Please describe how your partnership/collaboration will incorporate racial equity in the project. In addition, please complete the attached Racial Equity Questionnaire and return it with your application.

Incarceration and justice involvement disproportionately impacts minorities and particularly people of color. In Illinois, of the 216,000 residents behind bars or under criminal justice supervision at any given time,³⁷ 70% are African American, 9% are Hispanic and 1% Asian – a whopping 80% of those incarcerated. PEERR is a model that is designed specifically for this population. Racial equity is not just incorporated into PEERR, it is the focus of PEERR.

Minority Participation

Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project, as subcontractors or equity partners, and describe how they will be used. Indicate whether their role is only during the implementation of your proposal (e.g., construction, consulting, etc.) or if they will have a role in the ongoing operation of your transformed delivery system. To the extent one of the members of your collaboration already contracts with a BEP certified firm, only include the services of the BEP firm that will be used on the project. To be included, these services must increase the volume of work of the BEP certified firm or not-for-profit entity that is majorly controlled and managed by minorities above the services provided to the collaborating member.

Collaborating Partner	BEP Status / Minority led or managed	Role
Safer Foundation	Not-for-Profit (Majority managed by minorities – 86%)	Ongoing
Heartland Alliance Health	Not-for Profit, President is Latina – Evelyn Diaz	Ongoing
Healthcare Alternative Systems	Not-for-Profit, CEO is Latino – Marco Jacome	Ongoing
KAM Alliance	S-Corp, BEP certified	Ongoing

³⁷ Prison Policy Initiative, December 2018).



Transforming Reentry Services / Men and Women in Prison Ministries	Not-for-Profit (Majority managed by minorities – 100%)	Ongoing
Legal Council for Health Justice	Not-for-Profit	Ongoing
Smart Policy Works	Not-for-Profit (Applying for WEP certification)	Implementation and Ongoing
Get to Work Illinois	Not-for-Profit, Majority managed by minorities – 100%	Ongoing
Cook County Health	Government Entity; For Cook County Health (CCH), the Cook County Government’s Office of Contract Compliance (OCC) works to ensure the full and equitable participation of minority, women, and veteran-owned businesses (MBE/WBE/VBE) in the procurement process as both prime and sub-contractors. Local Minority/Women Business Enterprises are encouraged to submit bids for CCH contracts. The OCC seeks greater inclusion of MBE, WBE, and VBEs on County and CCH contracts by conducting outreach activities to the business community about the County’s Program. OCC works to educate County Using Agencies and Vendors on the importance and the process of complying with the Ordinance, encourages greater inclusion of MBE/WBE and V/SDVBEs on County procurements, and monitors the success of the program. OCC hosts monthly workshops for potential MBE/WBE/VBE/ SDVBE vendors to aid vendors in the preparation of documents required for Certification with Cook County, in addition to providing information on the County’s bidding process. The County’s utilization for non-public work contracts is 25% for Minority Business Enterprises and 10% for Women Business Enterprises; and applies to contract opportunities for \$25,000 and over.	Ongoing

Jobs

For collaborating providers, please provide data on the number of existing employees delineated by job category and including the zip codes of the employees’ residence and benchmarks for the continued maintenance and improvement of these levels. Please describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the



community you serve. The proposal should also describe any retraining, innovative ideas or other workforce development planned for the new project.

Existing Employees

Job category	Zip code	Benchmarks for the continued maintenance and improvement of these levels.
AVP, Behavioral Health	60707	Covered partially by state and federal grants; Additional funding will come from Medicaid revenue and the securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Clinical Operations Director	60517	State and federal grants; Medicaid revenue; Securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Counselor/Therapist	60629	Clinical positions such as this will generate enough revenue to sustain themselves as long as a minimum of 6 patients per week for 52 weeks are seen. Assumes we obtain our Certified Mental Health Center license.
Program Manager, Employment	60624	Securement of state grants covering employment; Securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Program Manager, Parole	60402	Covered by Restore. Renew Reinvest. (R3) funds which come from revenue generated by the legalization of marijuana. Securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Reentry Navigator	60637	Covered by county and state grants; Additional funds will come from the securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Reentry Navigator	60619	
Reentry Navigator	60651	
Reentry Navigator	60637	
Hotline Responder	60104	Securement of state contracts for virtual reentry office or Safer Return Mobile build-out; Securement of a value-based per member per month payment arrangement for services rendered to PEERR participants. Securement of state contracts for parole programming' Securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Hotline Responder	60624	
Financial Counselor	60430	Covered by state grant; Additional funds will come from the securement of a value-based per member per month payment arrangement for services rendered to PEERR participants.
Receptionist	60651	Covered by IDOC state contract.
Reentry Case Manager	60644	Covered by IDOC state contract.
Nurse Supervisor	60077	



Psychiatrist	60660	As long as referrals to Heartland Alliance Health from the reentry navigators continue at levels from the previous 12 months, these positions should be sustained by Medicaid revenue.
Sr. Mental Health Worker	60660	
Mid-level Provider	60076	
Sr. MHCP	60640	
Manager Clinical Operation	60202	
Sr. B&E Specialist	60050	

New Employment Opportunities

New positions	How those opportunities reflect the community you serve.
Lab Technician (1) Reentry Navigator (2) Qualified Mental Health Professional (3) Crisis Intervention Specialist (1) Clinical Case Manager (1) Billing Specialist (1) Quality Insurance Manager (1)	<p><i>Safer Foundation routinely seeks to hire individuals with lived experience as long as all other criteria is met. Approximately 23% of our current workforce include people who have previous arrest and/or conviction records including former clients.</i></p>
Office Manager (1)	<p><i>Get To Work Illinois is a Business Enterprise Program and the founder is a former corrections officer. Get To Work will continue to prioritize employment opportunities for people who live in the Austin Community in Chicago, which is where Get To Work is based.</i></p>
Project Coordinator- Administration (1) Community Health Worker (1)	<p><i>Cook County Health (CCH) prioritizes Equal Employment Opportunity (EEO) policies in its workforce and hiring practices. CCH is committed to diversity and to providing equal employment opportunity regardless of race, sex, sexual orientation, age (40 and over), religion, gender identity, national origin, disability, or any other legally protected status.</i></p> <p><i>CCH supports the employment of persons with criminal records and has in place a policy to ban box on employment applications so that job candidates are not asked about their criminal record on their employment application.</i></p> <p><i>CCH' 6,700 diverse employees are a significant asset. Staff self-identified their Race and Ethnicity as follows: 47.5% Black or African-American, 18% Asian, 16.4% White, 10.5% Hispanic or Latino, 7.3% unknown, .2% American Indian/Alaskan Native , and 0% two or more races. The female to male ratio is almost 3-to-1 with women comprising 71% of the population compared to 29% for the men.</i></p> <p><i>As a major public health system with a large workforce, CCH can play a significant role in advancing programs that provide</i></p>



	<p><i>meaningful employment opportunities in the health-care sector for young Chicago and Cook County residents.</i></p> <p><i>CCH participates in community-wide initiatives that aim to train and hire disadvantaged individuals in healthcare occupations; including but not limited to: Chicago Cook Workforce Partnership, Chicago Workforce Investment Council (CWIC), Chicago Healthcare Workforce Collaborative, Chicagoland Workforce Funders Alliance, and Skills for Chicagoland’s Future. These initiatives bridge community organizations, educational programs and occupational training to provide healthcare careers for low-income and minority individuals.</i></p>
Care Coordinator (1)	<p><i>Heartland Alliance Health seeks to hire staff from the communities we serve so that we can provide services in a manner which is shaped by residents of that community. Our multicultural staff are passionate about our mission and make Heartland Alliance Health a dynamic and exciting place for career development.</i></p>

Retraining, Innovative Ideas and Other Workforce Development

Safer Foundation aims to be one of the largest Second Chance Employers of individuals with arrest and conviction records who otherwise meet the qualifications for our positions. We seek to be the change we advocate for in the workforce development space, specific to giving people second chances in terms of previous involvement with the justice system and in recovery.

Sustainability

For any new or increased services, include an explanation of how those services will be sustainable in the future without subsidization by transformation funds. Include how, through alternative payment methodologies for Medicaid services or other sources, services that address social determinants of health will be funded on an ongoing basis.

Medicaid

Safer Foundation is currently a licensed Medicaid substance use outpatient (SUPR) provider and is also working to obtain our Community Mental Health Center (CMHC) license which will allow us to bill Medicaid for more services that are currently unfunded or limited to individuals who have substance use disorders. Our CMHC license is expected to be received by late summer of 2021 and Medicaid managed care contracts to be received by the late fall/early winter. Based on the Medicaid fee schedule, the clinical staff written into our current proposal will generate enough revenue conducting assessments, crisis intervention, individual and group therapy, and mental health case management to sustain their own salaries if they maintain a conservative level of services on a monthly basis.

Regarding our non-clinical staff, Safer Foundation, intends to pursue two pathways to sustain our services that address social determinants of health. One is participation in the State’s 1915(i) Home and Community-Based Services Pilots, specifically concerning Supported Employment and



Housing Supports, which would allow Safer Foundation to bill Medicaid for the case management work related to placing and sustaining our clients with a mental health or substance use diagnosis into jobs and housing. The other pathway is pursuit of a value-based payment arrangement that allows us the flexibility to apply a whole-person approach to our client population that is enrolled in Medicaid. We will engage Smart Policy Works to assist us with sustainability planning and introduce us to collaborations such as the Illinois Health Practice Alliance and other payers or third-party intermediaries for care coordination approaches to this specialty population.

Private Insurance

Because Safer works to place clients into living-wage jobs, eventually their high wages make them ineligible for Medicaid. As such, Safer Foundation intends to pursue private insurance contracts to continue counseling and therapy services for our clients. We will also explore the inclusion of Medicaid providers that also have private insurance contracts so that clients can continue their provider-patient relationship once they begin employment.

Federal, State, and Local Funding

Safer Foundation has comprehensive fiscal management and fund development strategies that include diverse sources of funding and leveraged resources from existing and new public-private partnerships. This includes experience applying for funding opportunities for the PEERR Network and subcontracting with our partners to sustain our whole-person approach.

Further, Safer will build on its existing partnership and contractual relationship with the Illinois Department of Corrections as the current operator of two correctional facilities in Illinois— Crossroads Adult Transitional Center and North Lawndale Adult Transitional Center, as well as our current work with the PEERR initiative and other parole-related programming. Public/Private partnerships are essential in the process of transitioning formerly incarcerated persons fully back into society. In addition to working with the state criminal justice entities, Safer will help standardize approaches to the reentry process for individuals being released from IDOC. We will seek funding from federal, state, and local economic development, education, housing, and workforce agencies. For example, Restore, Renew, Reinvest (R3) funding from the Illinois Criminal Justice Information Authority is a revenue stream that is written into state statute and stems from the revenue generated by the legalization of marijuana in Illinois. Safer Foundation is currently implementing two R3 awards.

Private Funding

Safer Foundation has received private foundation/donor support for PEERR including from United Way and Meridian Health for care packages and basic needs support, the Robert R. McCormick Foundation, Pritzker Family Foundation, Joyce Foundation for rental assistance, AT&T for limited time cell phones for those without digital access, Chicago Community Trust for care packages, and the Blue Cross Blue Shield Foundation for telehealth infrastructure during COVID. Safer Foundation will continue to seek support and we believe inclusion in this HFS pilot would further increase our marketability to private investors.

Social Enterprise Revenue

Safer Foundation utilizes social enterprises as vehicles to create employment opportunities for our clients and to offset general operating expenses. Our two social enterprises, Reconstruction



Technology Partners (RTP) and Pivotal Staffing provide employment in transitional, temporary and permanent positions which help men and women with criminal records to establish solid work histories. In addition, RTP provides credential skills training in the construction trades as well as earn and learn opportunities. RTP is also a recognized small developer in the City's community development program and works to expand affordable housing stock in Chicago. Safer plans to expand our Social Enterprise to other revenue generating businesses that also help to create jobs for our clients. Several PEERR participants and clients have been hired by RTP.

Self-pay Revenue

Transportation to and from Work. Our application includes seed funding for Get To Work Illinois, a PEERR partner that provides transportation for clients to jobs located in the far suburbs - jobs for which clients have no other way to get to. This funding will help build out Get To Work's infrastructure. Transportation fees from clients (collected after the first paycheck) will help to sustain this service after the pilot period ends. Projections indicate that as long as there is a minimum of 8 clients on a route at any given time, at a rate of \$17 a day, there will be enough revenue to cover gas, vehicle maintenance, a part-time office manager, and 2 drivers.

Drug Testing for Employment. Safer Foundation and partners often have to refer clients externally to third-party labs to undergo drug testing for employment. Often these places are located in inconvenient locations or they charge fees that clients cannot afford. Safer Foundation is including in this request, funding to hire a part-time lab technician that can be housed on-site to conduct drug testing for employment. Fees will be lower than the providers we are currently using, and employment case managers will be able to obtain real-time results to influence job placement decisions rather than referring clients to other places, waiting for clients to complete their appointments, and waiting for the results. Insta-cup tests will be purchased, and we will partner with a third-party CLIA-waived lab for tests that require further confirmation due to ambiguous results. Safer will also generate revenue by opening up testing to non-Safer clients referred by justice system entities.

Governance Structure

Please describe the governance structure of your collaboration. How are decisions made and how do you intend to monitor and enforce adherence to the policies and practices you put in place. If a new umbrella legal entity is created please give details on the Board of Directors, including its racial and ethnic make-up. It is likely that transformation funds for proposals will come in the form of utilization based Directed Payments to the various providers in your collaboration. Collaborations will receive a report of payments going to each provider. Explain how you will ensure that the funds are used for your proposed program's intended purpose.

The collaborative partnership – which includes Safer Foundation, Cook County Health, Heartland Alliance Health, Healthcare Alternative Systems, KAM Alliance, Transforming Reentry Services/Men and Women in Prison Ministries, Get To Work Illinois, and Smart Policy Works is focused on improving the lives, communities, health, economic and social circumstances of marginalized residents of Chicago and Cook County. This collective organization brings significant synergy for success on this critical contact tracing project: community trust; technical and industry expertise; systems, process, and administrative depth; and values alignment. We have



deep community roots across the breadth of Chicago and most importantly, the challenged and disproportionately impacted Black and LatinX communities. We know and understand the challenges to employment, education and healthcare faced by these communities and have succeeded in our tireless work to solve these problems with evidence-based practices, cultural relevance, and practical solutions. We value the use of technology to drive data-informed decision making, transparency and outcome performance. Moreover, we are trusted allies of the community in our respective fields and industries and have a year or more of experience working closely operationally and at higher levels to advocate for policy and system reform to better serve our mutual client population. We hire talented people who are committed to social and economic justice. Our employees have the talent, skills, and intellect to work anywhere in any sector; they have chosen to invest their best selves to improving our communities.

At the height of COVID, the PEERR network conducted bi-weekly calls to review processes, issues, barriers and successes. These calls include representation from the Illinois Department of Corrections and the Lt. Governor's Office of Justice, Equity, and Opportunity. The Network originally included 20+ providers, but it was quickly observed that only a small subset of providers were actually providing the majority of services. Thus, the true network has evolved into what it is today. To be included in this network, providers and social service organizations must agree to receive referrals from the Safer Foundation, provide a single point of contact to receive these referrals, provide information about the date and time of the scheduled appointment and communicate appointment outcomes. Ideally providers have experience serving the justice-involved population or must be willing to learn and adapt their processes to accommodate the realities of the justice-involved population. If awarded funding, the network will engage Smart Policy Works to convene PEERR 2.0 calls and to help formalize a more structured governance process. Smart Policy Works will also work to identify other partners for inclusion in the Network.

Regarding receiving and managing payments and subcontracts, Safer Foundation has extensive experience securing and implementing contracts with the Department of Labor, City of Chicago and other funders, regularly exceeding outcomes. These contracts include DOL Intermediary Grants covering multiple geographies: Midwest Reentry Employment Network FY15-FY18 (\$5,000,000) providing educational, training and employment services to 671 justice involved youth in Chicago, IL, St. Louis, MO, and Milwaukee, WI; Advancing Career and Employment FY18-FY20 providing academic skills, vocational skills training and employment to 577 justice system involved adults in Davenport, IA, Chicago, IL and South Holland, IL; and Employ 2 Empower FY20-FY23 providing employment and educational services for 188 adults age 25 and over. All of these intermediary grants provided comprehensive support services to address stable housing, successful substance abuse issues and facilitate long-term employment.

Safer Foundation is currently serving as an intermediary for the state's Restore. Renew. Reinvest. (R3) Initiative which uses revenue from the legalization of marijuana to reinvest in communities most impacted by the war on drugs. In this grant, Safer serves as the lead entity and subcontracts with a network of partners located in specific R3 zones and works to provide economic development, reentry, violence prevention and civil legal aid to individuals and families in underserved communities. Additionally, Safer Foundation—via our Counseling and Wellness Center—is currently a licensed Medicaid substance use outpatient (SUPR) provider (obtained in January 2019) and is also working to obtain our Community Mental Health Center (CMHC)



license to better serve our client population. Our CMHC license is expected to be received by late summer of 2021 and Medicaid managed care contracts to be received by the late fall/early winter. Safer Foundation uses Qualifacts' CareLogic Electronic Health Record and Emdeon (Change Healthcare) to bill claims to the state and MCOs.



1. Identifying Stakeholders

Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal/policy?

Safer Foundation's (Safer) Prison Emergency Early Release Response (PEERR) Health Transformation Cross-Provider Care Collaborative (Pilot) seeks to improve health outcomes for African American and Latinx populations returning to Cook County upon release from incarceration, which, as research demonstrates, are most affected by health and socio-economic inequities and recidivism with the criminal justice system.

2. Engaging Stakeholders

Have stakeholders from different racial/ethnic groups especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

The PEERR model routinely conducts qualitative interviews with participants and provides incentives for their time spent doing these interviews. This qualitative data is collected and included in our reports which further demonstrate the challenges we see and helps to inform policy and system changes to address these issues. Reference the PEERR report here: <https://carre2020.squarespace.com/peerr>. The PEERR report includes testimony from several PEERR participants. If funded, we plan to include a PEERR 2.0 report that will include the family members of PEERR participants and their perspective of the challenges associated with this population and their ability to access care, housing, employment, and economic prosperity.

Our Pilot applies a racial equity lens to an asset-based, systems-approach to improve health care coordination and health outcomes for African American and Latinx men and women with criminal records. Our values are embodied in practices that honor all people, regardless of race, ethnicity, physical abilities, gender identification, sexual orientation, age and criminal history, while providing structures and supports that allow success.

In addition, Safer Foundation leads the Alliance for Reentry a statewide grassroots coalition consisting of 100+ members, the majority of which have lived experience with incarceration. The Alliance is a thought-leader and contributes to strategy and the advancement of needed policy reform for African American and Latinx people with conviction records reentering or residing in Cook County and in the rest of the state.

Safer also engages in podcasts¹ and public radio shows to engage the community about topics concerning this population as evidenced by our podcast series and other radio shows that we've participated in with WVON AM 1690 Chicago.

¹ <https://saferfoundation.org/safertransitions/>



3. Identifying and Documenting Racial Inequities

Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

Race and ethnicity. Incarceration and justice involvement disproportionately impact minorities and particularly people of color. In Illinois, of the 216,000 residents behind bars or under criminal justice supervision at any given time,³² 70% are African American, 9% are Hispanic and 1% Asian – a whopping 80% of those incarcerated. There is a “second-class citizenship,” which begins once the label of felon has been applied to an individual.³³ A criminal record symbolizes a form of second-class citizenship, that leads to discrimination in the job and housing markets which undoubtedly affects an individual’s ability to stabilize essential aspects of life, let alone physical and mental health. This second-class citizenship also contributes to an individual’s likelihood of recidivating back into the justice system.³⁴ Any approach to address this population’s health and improve upon the associated social determinants of health must account for and address these realities.

Healthcare. Individuals who are involved in the justice system are well documented as having disproportionate rates of untreated substance use disorders and mental health conditions, infectious diseases, and chronic medical conditions compared to the rest of society.^{6,7,8,9} Nearly 70% meet diagnostic criteria for drug and/or alcohol use disorders, compared to 8% of the general population.¹⁰ Approximately 15% of men and 30% of women involved in the justice system have a serious mental illness,¹¹ compared to 4% of the general population.¹² Further, they also experience disproportionate rates of chronic conditions and communicable diseases.¹³ Contributing to the build-up of co-morbidities is a lack of access to care. Less than 25% of individuals with chronic conditions see a physician in the first year post-release and 80% report no community treatment before their last arrest. Compared to the general population, justice-involved individuals are less likely to have a regular source of medical care, and more likely not to have had a routine physical check-up in over 5 years.¹⁴

Transitions of care between correctional and community settings have proven to exacerbate this populations’ risk of hospitalizations and death due to overdose upon release.^{15,16} Individuals transitioning from jail are 8 times more likely to die from overdose than the general population. For individuals returning from prison, the rate is 12.7 times more likely.¹⁷ **Additionally, in a study analyzing post-release hospitalization rates, 1 in 70 former inmates were hospitalized for an acute condition within 7 days of release; and 1 in 12 were hospitalized for an acute condition within 90 days of release—hospitalizations of which cost an excess of \$40 million. Former inmates were more likely to be admitted to the hospital with a condition that could potentially be managed in doctors' offices, including diabetes, asthma and high blood pressure. They were also more likely to die before ever getting to a hospital.**¹⁸ Arguably contributing to these trends, is the lack of health insurance coverage upon release from incarceration. Since Medicaid is an income-driven eligibility benefit, nearly all individuals being



released from prison are likely to be eligible for Medicaid, yet the lack of automatic coverage upon release and systematic application or benefit follow-up make obtaining and keeping coverage extremely difficult.

Socio-Economic Disparities. Approximately 77 million Americans, or 1 in 3 adults, have a criminal record.¹⁹ As a result, one-third of the country's adult population is vulnerable to the adverse impacts of prior justice involvement including barriers to employment, job retention, career advancement, and overall economic mobility. In Illinois, we find a similar statistic to be true with 4.1 million (32.4%) adults possessing conviction records that threaten the diminishment of employment opportunities. In Cook County and Illinois, the majority of this population,^{20,21} is also returning to communities that are disproportionately impacted by poverty, unemployment, opioid overdose, behavioral health hospitalizations, and violence—specifically communities on the west and south sides of Chicago.^{22,23,24,25,26,27,28,29} Individuals and their families living in these communities are most effected by the justice system. Families and children are impacted by the loss of a contributing parent, further perpetuating generations of poverty and involvement in the child welfare and justice systems. These neighborhoods are considered million dollar blocks (Austin, Humboldt Park, North Lawndale, West Englewood, and Roseland), as framed by Dr. Cooper and Dr. Lugalia-Hollon, who indicate investment in specific communities will show returns in several areas of government spending.³⁰ Documented statistics on the economic disparities of these communities are further demonstrated by data that shows a little less than half of the incarcerated individuals in Illinois have a high school education and most read at a sixth-grade level or lower.³¹ Significantly, 30% of the reentry population remains unemployed a year post-release.

4. Examining the Causes

What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

Slavery, Jim Crow, mass incarceration, and current racial discrimination (education, housing, judicial) have significantly contributed to poorer health outcomes for African American and Latinx populations in Cook County. The effects of mass incarceration have been documented for their disproportionate racial impacts while becoming more widely recognized for their role in the deterioration of communities and local economies. Institutional policies and practices that promote racial and ethnic inequity in Chicago are “pervasive, persistent, and consequential.” The UIC Center for Research on Race & Public Policy study of racial justice in Chicago (2017) finds that the three largest racial and ethnic groups live widely divergent, inequitable lives (housing, economics, education, justice and health). Median family income for Blacks is \$36,720; for LatinX, \$47,308; Whites, \$81,702. When it comes to housing, economics, education, justice, and health, UIC researchers have described the life experiences of Chicago’s three largest ethnic groups – Black, Latinx, and white - as a “Tale of Three Cities.”

5. Clarifying the Purpose

What does the proposal seek to accomplish? Will it reduce disparities or discrimination?



This Pilot seeks to provide a leg-up to hundreds of people returning to Cook County post-incarceration by providing customized and expedited access to basic needs support, public benefits, employment, healthcare, and housing. These efforts are targeted to a population who without targeted support, intervention, and opportunity have shown to return (43%) to the prison system within 3 years of their release.² Given the complexities of issues facing this population’s reentry, over the course of the next 3 years, the Pilot will apply a whole-health approach to serving this population.

6. Considering Adverse Impacts

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

Safer Foundation is confident that our proposal will have a positive impact on African American and Latinx populations and communities in Cook County. We don’t anticipate any adverse impacts or unintended consequences as a result of implementing our proposal.

The predominant barriers to success are the collateral consequences of criminal justice histories and related social determinants of health. The unintended consequences of successfully driving racial equity will be the “backlash” that consistently accompanies such progress amongst groups that might oppose investment in populations that have criminal records. In response, we’ll utilize community education, public policy advocacy, supportive services, and technical assistance in equity, diversity and inclusion strategies. In order to change the narrative, we will continue to engage business groups such as Fifth-Third Bank,^{3,4} Capital One,⁵ Chase and other private institutions that have already championed the need to provide second chance hiring in order to build a larger workforce, as referenced in Safer Foundation’s technical assistance work with Human Resource Departments at Chase Bank⁶ and the healthcare industry (AMITA Health)⁷ to open up these employment sectors to people who have arrest and convictions records.

7. Advancing Equitable Impacts

What positive impacts on equity and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?

Positive impacts on equity and inclusion resulting from this proposal include:

² <https://www.illinoispolicy.org/report-recidivism-to-cost-illinois-more-than-13b-over-next-5-years/>

³ <https://www.chicagotribune.com/opinion/chicago-forward/ct-opinion-chicago-forward-jobs-criminal-record-20200118-gaa5wtygqrc6rolmwmbezphxda-story.html>

⁴ <https://abc7chicago.com/careers/newsviews-hiring-ex-offenders/3722790/?sf193322382=1>

⁵ <https://chicago.suntimes.com/2021/4/8/22358826/safer-foundation-reduces-recidivism-development-employment-opportunities-chicago-job-training>

⁶ <https://www.jpmorganchase.com/news-stories/giving-a-second-chance-and-a-career-path>

⁷ <https://www.team-ih.org/files/non-gated/our-association/chicago-heal-year-one-report.aspx> (see page 28 for mention of Safer Foundation)



- Increase in number of African American and LatinX men and women joining the workforce upon release from incarceration
- Increase in number of African American and LatinX men and women connected to medical homes for community-based care
- Decrease in homelessness amongst African American and LatinX men and women upon release from incarceration
- Decrease in re-incarceration amongst African American and LatinX men and women upon release from incarceration
- Increase in parental engagement in households that otherwise exist with a single parent
- Decrease in unnecessary hospitalizations and fatal overdoses amongst African American and LatinX men and women upon release from incarceration.

Further ways to maximize equitable opportunities include but are not limited to: 1) increased incentives for employers to hire people with arrest and conviction records through the Department of Commerce and Economic Opportunity, 2) increased incentives for landlords and developers to target resources or projects specifically for people returning to the community upon release from incarceration, 3) increased carved out pipelines from city colleges and other educational organizations to certain industries for people who have arrest and conviction records in conjunction with the Illinois Community College Board and the Department of Commerce and Economic Opportunity.

8. Examining Alternatives or Improvements

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

The PEERR model is necessary pathway for returning citizens, however this work would be catapulted to the next level if systemic barriers were reduced or eliminated resulting in large-scale population impacts. These include, but are not limited to:

- A reform of our current justice system, including:
 - A shift in how we do policing and the over policing and disproportionate arrests of black and brown individuals,
 - A reform on the court process which often involves individuals having to plea guilty to felony crimes for lack of money to put forth a proper defense,
 - A shift in how to incarcerate people to methods that involve community corrections which work to help individuals transition to the community earlier in their prison sentence to build foundational supports for reintegration.
- A reform of our current healthcare system that involves
 - Elimination of the Inmate Exclusion Provision in the Social Security Act to permit Medicaid services 30-90 days prior to release to ensure continuity of care between institutional and community settings
 - Implementation of a Basic Health Plan to ensure sustained coverage even after low-income populations begin working full-time jobs



- Continued advancements concerning non-traditional “outside the 4 walls” approaches to healthcare, which includes engaging populations where they are in the community rather than waiting until they walk into a traditional medical office.
- A reform on housing discrimination against people who have felony records, but who otherwise meet income requirements, including their ability to live in section 8 housing and to be approved for rental applications by local landlords.
- A reform on employment discrimination of people who have felony records but who otherwise are qualified for the position, including incentives for employers who opt into second-chance hiring.

9. Ensuring Viability and Sustainability

Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

Safer’s proposal is realistic and includes mechanisms to ensure successful implementation and enforcement. The Pilot’s project activities are scaled and aligned with the level of funding being requested from HFS. Safer has the staffing and fiscal capacity to sustain project activities after the grant performance period ends. This capacity is supported by comprehensive fiscal management and fund development strategies that include diverse sources of funding, detailed below.

Medicaid. Safer Foundation is currently a licensed Medicaid substance use outpatient (SUPR) provider and is also working to obtain our Community Mental Health Center (CMHC) license which will allow us to bill Medicaid for more services that are currently unfunded or limited to individuals who have substance use disorders. Our CMHC license is expected to be received by late summer of 2021 and Medicaid managed care contracts to be received by the late fall/early winter. Based on the Medicaid fee schedule, the clinical staff written into our current proposal will generate enough revenue conducting assessments, crisis intervention, individual and group therapy, and mental health case management to sustain their own salaries if they maintain a conservative level of services on a monthly basis.

Regarding our non-clinical staff, Safer Foundation, intends to pursue two pathways to sustain our services that address social determinants of health. One is participation in the State’s 1915(i) Home and Community-Based Services Pilots, specifically concerning Supported Employment and Housing Supports, which would allow Safer Foundation to bill Medicaid for the case management work related to placing and sustaining our clients with a mental health or substance use diagnosis into jobs and housing. The other pathway is pursuit of a value-based payment arrangement that allows us the flexibility to apply a whole-person approach to our client population that is enrolled in Medicaid. We will engage Smart Policy Works to assist us with sustainability planning and introduce us to collaborations such as the Illinois Health Practice Alliance and other payers or third-party intermediaries for care coordination approaches to this specialty population.



Private Insurance. Because Safer works to place clients into living-wage jobs, eventually their high wages make them ineligible for Medicaid. As such, Safer Foundation intends to pursue private insurance contracts to continue counseling and therapy services for our clients. We will also explore the inclusion of Medicaid providers that also have private insurance contracts so that clients can continue their provider-patient relationship once they begin employment.

Federal, State, and Local Funding. Safer Foundation has comprehensive fiscal management and fund development strategies that include diverse sources of funding and leveraged resources from existing and new public-private partnerships. This includes experience applying for funding opportunities for the PEERR Network and subcontracting with our partners to sustain our whole-person approach.

Further, Safer will build on its existing partnership and contractual relationship with the Illinois Department of Corrections as the current operator of two correctional facilities in Illinois— Crossroads Adult Transitional Center and North Lawndale Adult Transitional Center, as well as our current work with the PEERR initiative and other parole-related programming. Public/Private partnerships are essential in the process of transitioning formerly incarcerated persons fully back into society. In addition to working with the state criminal justice entities, Safer will help standardize approaches to the reentry process for individuals being released from IDOC. We will seek funding from federal, state, and local economic development, education, housing, and workforce agencies. For example, Restore, Renew, Reinvest (R3) funding from the Illinois Criminal Justice Information Authority is a revenue stream that is written into state statute and stems from the revenue generated by the legalization of marijuana in Illinois. Safer Foundation is currently implementing two R3 awards.

Private Funding. Safer Foundation has received private foundation/donor support for PEERR including from United Way and Meridian Health for care packages and basic needs support, the Robert R. McCormick Foundation, Pritzker Family Foundation, Joyce Foundation for rental assistance, AT&T for limited time cell phones for those without digital access, Chicago Community Trust for care packages, and the Blue Cross Blue Shield Foundation for telehealth infrastructure during COVID. Safer Foundation will continue to seek support and we believe inclusion in this HFS pilot would further increase our marketability to private investors.

Social Enterprise Revenue. Safer Foundation utilizes social enterprises as vehicles to create employment opportunities for our clients and to offset general operating expenses. Our two social enterprises, Reconstruction Technology Partners (RTP) and Pivotal Staffing provide employment in transitional, temporary and permanent positions which help men and women with criminal records to establish solid work histories. In addition, RTP provides credential skills training in the construction trades as well as earn and learn opportunities. RTP is also a recognized small developer in the City's community development program and works to expand affordable housing stock in Chicago. Safer plans to expand our Social Enterprise to other revenue generating businesses that also help to create jobs for our clients. Several PEERR participants and clients have been hired by RTP.



Self-pay Revenue – Transportation Fees to and from Work. Our application includes seed funding for Get To Work Illinois, a PEERR partner that provides transportation for clients to jobs located in the far suburbs - jobs for which clients have no other way to get to. This funding will help build out Get To Work’s infrastructure. Transportation fees from clients (collected after the first paycheck) will help to sustain this service after the pilot period ends. Projections indicate that as long as there is a minimum of 8 clients on a route at any given time, at a rate of \$17 a day, there will be enough revenue to cover gas, vehicle maintenance, a part-time office manager, and 2 drivers.

Self-pay Revenue – Drug Testing for Employment. Safer Foundation and partners often have to refer clients externally to third-party labs to undergo drug testing for employment. Often these places are located in inconvenient locations or they charge fees that clients cannot afford. Safer Foundation is including in this request, funding to hire a part-time lab technician that can be housed on-site to conduct drug testing for employment. Fees will be lower than the providers we are currently using, and employment case managers will be able to obtain real-time results to influence job placement decisions rather than referring clients to other places, waiting for clients to complete their appointments, and waiting for the results. Insta-cup tests will be purchased, and we will partner with a third-party CLIA-waived lab for tests that require further confirmation due to ambiguous results. Safer will also generate revenue by opening up testing to non-Safer clients referred by justice system entities.

10. Identifying Success Indicators

What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

Success Indicators -- Programmatic

Source	Metric	Success Indicators
Quality Strategy Metric	Adults’ Access to Preventive/Ambulatory Health Services (AAP)	HFS will establish baseline metric; PEERR will track referrals and engagement with primary care network providers.
Quality Strategy Metric	Reduce Preventable Hospital Admissions	HFS will establish baseline metric; PEERR will track ED visits and admissions to Stroger and Provident Hospital in conjunction with Cook County Health. Other hospital visits will be obtained through self-reporting or other mechanisms developed through the expansion of partnerships with other hospitals or payers throughout the course of this pilot.
Custom Metric	Access to Employment	Safer obtained data from employment staff and network employers on job referrals, job starts, and 30, 60, 90, and 365-day retention data.
Custom Metric	Access to Housing	Safer-obtained data on identified housing need and linkages provided to temporary,



		transitional, and affordable housing, as well as direct placements into Safer-owned housing (assumes our capital request is awarded). Baseline data includes Safer-obtained data and data from studies or other sources.
Custom Metric	Reduce Recidivism	IDOC data on parole violations and data on re-incarceration. Safer Foundation will use historical data concerning Safer clients and IDOC recidivism data to establish a baseline for this metric.

Success Indicators – Stakeholder Engagement

Family Engagement. If funded, we intend to develop a PEERR Report 2.0 that will include qualitative interviews with the families of individuals who we are working with to get their perspective on the benefit of PEERR, the reentry process and the impacts on their households, families, and communities. Success indicators in this area include at least 5 qualitative interviews with families of PEERR participants and the development and release of a 2.0 PEERR Report.

Network Engagement and Expansion. The PEERR network will engage Smart Policy Works to help structure the Network engagement process and to solicit ideal partners to expand the network’s scope and impact. Success indicators in this area include the addition of at least 2 network partners to address gaps.

Investors and Sustainable Funding Streams. The PEERR network will engage Smart Policy Works to help identify and solicit partners for private investment, public-private partnerships, and payer relationships to sustain the model and provide input for improved processes and impact. Success indicators in this area include the addition of at least 2 partners that result in new funding or revenue streams.

Safer Foundation
Healthcare Transformation Collaboratives
Collaborative: PEERR Network
990's and MBE/WBE Certifications

990s included in this document:

1. Safer Foundation
2. Heartland Alliance Health
3. Cook County Health
4. Healthcare Alternative Systems, Inc. (HAS)
5. KAM Alliance
6. Transforming Reentry Services/MWPM
7. Get to Work Illinois
8. Smart Policy Works
9. Legal Council for Health Justice

MBE/WBE Certifications included in this document:

1. KAM Alliance

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SAFER FOUNDATION</u>			D Employer identification number <u>36-2762168</u>		
	Doing Business As			E Telephone number <u>(312) 922-2200</u>		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>29,200,668.</u>		
	<u>571 WEST JACKSON</u>					
City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60661</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
F Name and address of principal officer: <u>VICTOR B. DICKSON</u> <u>571 WEST JACKSON, CHICAGO, IL 60661</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			If "No," attach a list. (see instructions)			
J Website: <u>WWW.SAFERFOUNDATION.ORG</u>			H(c) Group exemption number ▶			
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: <u>1972</u> M State of legal domicile: <u>IL</u>			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EMPLOYMENT PREPARATION AND PLACEMENT FOR PERSONS WITH ARREST AND CONVICTION RECORDS.</u>			
	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)	<u>3</u> 20.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 20.		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>5</u> 842.		
	6 Total number of volunteers (estimate if necessary)	<u>6</u> 150.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 0.		
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>22,510,886.</u>	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>4,709,387.</u>	<u>24,229,028.</u>	<u>4,348,868.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,069.</u>	<u>7,661.</u>	<u>7,661.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>63,707.</u>	<u>459,275.</u>	<u>459,275.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>27,289,049.</u>	<u>29,044,832.</u>	<u>29,044,832.</u>
	Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)			<u>0.</u>	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u>17,563,161.</u>	<u>19,159,368.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			<u>0.</u>	<u>0.</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>547,356.</u>				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			<u>9,886,910.</u>	<u>11,424,827.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>27,450,071.</u>	<u>30,584,195.</u>		
19 Revenue less expenses. Subtract line 18 from line 12	<u>-161,022.</u>	<u>-1,539,363.</u>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>17,263,551.</u>	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>11,457,076.</u>	<u>15,971,074.</u>	<u>11,703,962.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>5,806,475.</u>	<u>4,267,112.</u>	<u>4,267,112.</u>

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	<u>VICTOR B. DICKSON</u> Type or print name and title		<u>05/15/2020</u> Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>JODY A GAUTHIER</u>		<u>05/15/2020</u>	<input type="checkbox"/>	<u>P00660340</u>
	Firm's name ▶ <u>BKD, LLP</u>	Firm's EIN ▶ <u>44-0160260</u>		Phone no. <u>630-282-9500</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

TO SUPPORT, THROUGH A FULL SPECTRUM OF SERVICES, THE EFFORTS OF PEOPLE WITH ARREST AND CONVICTION RECORDS TO BECOME EMPLOYED, LAW-ABIDING MEMBERS OF THE COMMUNITY, AND AS A RESULT, REDUCE RECIDIVISM.

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 \$ 6,418,630. including grants of \$) (Revenue \$ 3,537,552.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 1,770,352. including grants of \$) (Revenue \$ 761,316.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 10,646,360. including grants of \$) (Revenue \$ 50,000.)
ATTACHMENT 3

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,740,648. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 25,575,990.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

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. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7b (governance questions), 8a-8b (documentation), and 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b covering local chapters, conflict of interest, whistleblower, compensation, and investment policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection.
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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) CECILY MISTARZ CHAIR	1.00 0.	X		X				0.	0.	0.
(2) ALLEN KANTER VICE - CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) ETHAN M. ERENBERG VICE - CHAIRMAN	1.00 3.00	X		X				0.	0.	0.
(4) ARNOLD G. SIEGEL SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) ANTHONY J. MADONIA TREASURER	1.00 0.	X		X				0.	0.	0.
(6) ISAAC AKRIDGE DIRECTOR	1.00 0.	X						0.	0.	0.
(7) VICTOR BRIDGEMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) ROBERT CARLSON DIRECTOR	1.00 0.	X						0.	0.	0.
(9) ANDREA DAVENPORT DIRECTOR	1.00 0.	X						0.	0.	0.
(10) DEEPIKA BATRA DIGIOVINE DIRECTOR	1.00 0.	X						0.	0.	0.
(11) ROBERT JORDAN DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JOHN LEVIN DIRECTOR	1.00 5.00	X						0.	0.	0.
(13) STEVE LISA DIRECTOR	1.00 0.	X						0.	0.	0.
(14) FRANK NICHOLAS DIRECTOR	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
15) RONALD C. OWENS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
16) COY PUGH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
17) ANTHONY J. RICCIO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
18) KEMI SOLADE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
19) ALFONZO SURRETT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
20) MICAH SWANSEY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
21) VICTOR DICKSON ----- PRESIDENT & CEO	40.00 ----- 0.			X			393,445.	0.	68,137.	
22) JOSEPH URBAN ----- CHIEF FINANCIAL OFFICER	40.00 ----- 0.			X			206,214.	0.	64,454.	
23) ARTHUR BISHOP ----- CHIEF PROGRAM OFFICER	40.00 ----- 0.			X			167,563.	0.	43,474.	
24) SODIQA WILLIAMS ----- VP - EXTERNAL AFFAIRS & GENERA	40.00 ----- 0.			X			161,734.	0.	24,158.	
25) MARK YATES ----- VP - SAFER SOCIAL ENTERPRISE	40.00 ----- 0.			X			154,308.	0.	45,232.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,672,065.	0.	353,499.	
d Total (add lines 1b and 1c)							1,672,065.	0.	353,499.	

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 ► 10

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) HENRIETTA MASON VP - HUMAN RESOURCES/OD	40.00 0.			X			136,148.	0.	46,569.	
(27) HARRY ALSTON VP - STRATEGIC PLANNING & DEVE	40.00 0.			X			133,136.	0.	26,804.	
(28) JERRY BUTLER VP - COMMUNITY CORRECTIONS	40.00 0.			X			110,010.	0.	14,779.	
(29) ROCHELLE PERRY AVP-CORE PROGRAMS	40.00 0.					X	105,197.	0.	13,133.	
(30) DAVID GIANFRANCESCO AVP-MODEL DEVELOPMENT	40.00 0.					X	104,310.	0.	6,759.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 10

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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	1a Federated campaigns	1a	89,313.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,520,846.				
	e Government grants (contributions)	1e	20,379,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,239,869.				
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			24,229,028.			
Program Service Revenue			Business Code				
	2a PROGRAM SERVICE FEES		561300	761,316.	761,316.		
	b PIVOTAL STAFFING SERVICES		900099	3,537,552.	3,537,552.		
	c RENTAL INCOME		900099	50,000.	50,000.		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			4,348,868.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			7,661.			7,661.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
			(i) Real	(ii) Personal			
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.		
	7a 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) ▶				0.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				237,046.		
	b Less: direct expenses b				155,836.		
	c Net income or (loss) from fundraising events ▶				81,210.		81,210.
9a Gross income from gaming activities. See Part IV, line 19 a				0.			
b Less: direct expenses b				0.			
c Net income or (loss) from gaming activities ▶				0.			
10a Gross sales of inventory, less returns and allowances a				0.			
b Less: cost of goods sold b				0.			
c Net income or (loss) from sales of inventory ▶				0.			
Miscellaneous Revenue		Business Code					
11a INCOME FORM OTHER SOURCES		812900		378,065.			378,065.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				378,065.			
12 Total revenue. See instructions. ▶				29,044,832.	4,348,868.		466,936.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,844,435.		1,844,435.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,969,142.	13,108,825.	503,144.	357,173.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	1,917,824.	1,724,043.	117,728.	76,053.
10 Payroll taxes	1,427,967.	1,245,579.	151,780.	30,608.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	40,475.		40,475.	
c Accounting	204,695.		204,695.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,350,303.	1,387,019.	943,178.	20,106.
12 Advertising and promotion	0.			
13 Office expenses	875,556.	632,978.	215,053.	27,525.
14 Information technology	556,732.	556,732.		
15 Royalties	0.			
16 Occupancy	2,803,777.	2,623,389.	162,564.	17,824.
17 Travel	321,825.	300,581.	16,650.	4,594.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	346,937.	346,937.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	499,633.	464,579.	30,870.	4,184.
23 Insurance	284,521.	255,754.	24,739.	4,028.
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 CLIENT BENEFITS	2,516,668.	2,511,917.	4,726.	25.
b EQUIPMENT RENTAL AND MAINT.	89,398.	79,387.	8,862.	1,149.
c PUBLIC RELATIONS	40,100.	8,379.	29,930.	1,791.
d OTHER EXPENSES	494,207.	329,891.	162,020.	2,296.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,584,195.	25,575,990.	4,460,849.	547,356.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	2,417,691.	1	3,569,574.
	2 Savings and temporary cash investments	302,564.	2	381,982.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	10,569,901.	4	7,009,801.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	500,157.	9	636,934.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,718,389.		
	b Less: accumulated depreciation	10b 3,529,178.	10c	4,189,211.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	154,410.	15	183,572.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,263,551.	16	15,971,074.	
Liabilities	17 Accounts payable and accrued expenses	3,317,580.	17	3,617,590.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	905,466.	19	1,592,592.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	2,686,100.	23	2,584,900.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,547,930.	25	3,908,880.
	26 Total liabilities. Add lines 17 through 25	11,457,076.	26	11,703,962.
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	5,733,416.	27	4,224,034.
	28 Temporarily restricted net assets	61,884.	28	0.
	29 Permanently restricted net assets	11,175.	29	43,078.
	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	5,806,475.	33	4,267,112.
	34 Total liabilities and net assets/fund balances	17,263,551.	34	15,971,074.

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	29,044,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,584,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,539,363.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,806,475.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	4,267,112.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SAFER FOUNDATION

Employer identification number

36-2762168

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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.		Yes	No
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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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			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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2018

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

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **SAFER FOUNDATION**Employer identification number
36-2762168**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 13,008,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,520,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,013,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,162,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 975,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 578,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFER FOUNDATION

Employer identification number

36-2762168

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization SAFER FOUNDATION

Employer identification number

36-2762168

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

SAFER FOUNDATION

Employer identification number

36-2762168

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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	18,059.	18,040.	18,021.	18,003.	17,985.
b Contributions					
c Net investment earnings, gains, and losses	19.	19.	19.	18.	18.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,078.	18,059.	18,040.	18,021.	18,003.

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 38.2400 %
- c** Temporarily restricted endowment 61.7600 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		73,501.		73,501.
b Buildings		2,865,619.	735,810.	2,129,809.
c Leasehold improvements				
d Equipment		3,921,338.	2,793,368.	1,127,970.
e Other		857,931.		857,931.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,189,211.

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) DUE TO RELATED PARTY	3,534,519.	
(3) DEFERRED COMPENSATION PLAN	374,361.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		3,908,880.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	29,044,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	29,044,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	29,044,832.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	30,584,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	30,584,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,584,195.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND WAS CREATED TO HELP SUPPORT SAFER'S MISSIONS. SAFER'S MISSION IS TO REDUCE RECIDIVISM BY SUPPORTING THROUGH A FULL SPECTRUM OF SERVICES, THE EFFORTS OF PEOPLE WITH CRIMINAL RECORDS TO BECOME EMPLOYED, LAW ABIDING MEMBERS OF THE COMMUNITY.

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization
SAFER FOUNDATION

Employer identification number
36-2762168

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
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-
-
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-
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-
-
-

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
		GOLF OUTING	SPRING GALA	(total number)	(add col. (a) through col. (c))
		(event type)	(event type)		
Revenue	1 Gross receipts	62,210.	174,836.		237,046.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	62,210.	174,836.		237,046.
Direct Expenses	4 Cash prizes		520.		520.
	5 Noncash prizes				
	6 Rent/facility costs	20,923.	86,461.		107,384.
	7 Food and beverages	763.	690.		1,453.
	8 Entertainment		3,432.		3,432.
	9 Other direct expenses	7,058.	35,989.		43,047.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				155,836.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				81,210.	

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 ▶ _____

- 15 a 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 explanation 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).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFER FOUNDATION

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

2018

**Open to Public
Inspection**

Employer identification number

36-2762168

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(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 VICTOR DICKSON PRESIDENT & CEO	(i)	293,445.	100,000.	0.	18,500.	49,637.	461,582.	
	(ii)	0.	0.	0.				
2 JOSEPH URBAN CHIEF FINANCIAL OFFICER	(i)	197,052.	9,162.	0.	22,300.	42,154.	270,668.	
	(ii)	0.	0.	0.				
3 ARTHUR BISHOP CHIEF PROGRAM OFFICER	(i)	160,185.	7,378.	0.	13,406.	30,068.	211,037.	
	(ii)	0.	0.	0.				
4 SODIQA WILLIAMS VP - EXTERNAL AFFAIRS & GENERA	(i)	154,983.	6,751.	0.	1,736.	22,422.	185,892.	
	(ii)	0.	0.	0.				
5 MARK YATES VP - SAFER SOCIAL ENTERPRISE	(i)	129,308.	25,000.	0.	9,259.	35,973.	199,540.	
	(ii)	0.	0.	0.				
6 HENRIETTA MASON VP - HUMAN RESOUCES/OD	(i)	136,148.	0.	0.	8,169.	38,400.	182,717.	
	(ii)	0.	0.	0.				
7 HARRY ALSTON VP - STRATEGIC PLANNING & DEVE	(i)	125,675.	7,461.	0.	7,988.	18,816.	159,940.	
	(ii)	0.	0.	0.				
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B

SAFER ADOPTED A NONQUALIFIED DEFINED CONTRIBUTION DEFERRED COMPENSATION PLAN FOR HIGHLY COMPENSATED EMPLOYEES. THIS PLAN PROVIDES BENEFITS FOR THOSE EMPLOYEES PRECLUDED FROM RECEIVING FULL BENEFITS IN THE PLAN DESCRIBED ABOVE. EMPLOYEES MAY MAKE TAX-DEFERRED CONTRIBUTIONS IN EXCESS OF QUALIFIED RETIREMENT PLAN LIMITS. THE FOUNDATION CONTRIBUTES 3% TO 6% OF COMPENSATION FOR ELIGIBLE EMPLOYEES, BASED UPON THE EMPLOYEE'S CONTRIBUTION.

SAFER CONTRIBUTED TO THE FOLLOWING EMPLOYEES: \$18,500 FOR VICTOR DICKSON, \$11,917 FOR JOSEPH URBAN, \$10,054 FOR ARTHUR BISHOP, AND \$5,558.35 FOR SODIQA WILLIAMS.

PART I, LINE 7

THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE ANNUAL BONUS FOR THE PRESIDENT/CEO. ALL OTHER BONUSES ARE BASED ON ANNUAL PERFORMANCE EVALUATIONS AND THE COMPENSATION PLAN IS APPROVED IN THE ANNUAL FISCAL BUDGET.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFER FOUNDATION

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-2762168

FORM 990, PART III, LINE 4D

SAFER OPENED ITS WELLNESS AND COUNSELING COMMUNITY OFFICE ON JANUARY 7,
2019 AT 808 SOUTH KEDZIE. THIS COMMUNITY SERVICE OFFERING ADDED TO THE
CURRENT SERVICES PROVIDED IN THE ADULT TRANSITION CENTERS. SAFER
FOUNDATION PROVIDES DASA LICENSED AND MEDICAID CERTIFIED SUBSTANCE USE
TREATMENT, EDUCATION AND COGNITIVE BEHAVIOR INTERVENTIONS IN OUR ADULT
TRANSITION CENTERS AND COMMUNITY OFFICES.

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

FORM 990 HAS BEEN PRESENTED IN DRAFT FORM TO THE FINANCE COMMITTEE FOR
ITS REVIEW AND APPROVAL PRIOR TO FILING.

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

A CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES AS PART OF THE
CODE OF ETHICS AND BUSINESS CONDUCT. THIS IS FURNISHED TO NEW EMPLOYEES
AT TIME OF HIRE AND ANNUALLY TO EXISTING EMPLOYEES.

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

COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED BY REVIEWING OF EXTERNAL
NON-PROFIT SURVEY DATA AND GETS PRESENTED TO THE BOARD COMPENSATION
COMMITTEE CHAIR. THE CHAIR DEVELOPS AND PRESENTS ANY APPROPRIATE
COMPENSATION ADJUSTMENT RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR
DISCUSSIONS AND TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL.
THIS PROCESS WAS LAST UNDERTAKEN IN 2017.

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
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FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE FOUNDATION'S PERSONNEL POLICY AND GUIDELINES AND CONSIDERED FOR ADJUSTMENT BY THE PERFORMANCE COMPENSATION SYSTEM. THIS PROCESS WAS LAST UNDERTAKEN IN 2018.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABLE UPON REQUEST

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EMPLOYMENT SERVICES IN ILLINOIS AND IOWA - PROGRAMS ARE DESIGNED TO PREPARE PEOPLE WITH CRIMINAL BACKGROUNDS FOR JOB OPPORTUNITIES BY PROVIDING JOB PREPAREDNESS, JOB REFERRAL AND PLACEMENT AND RETENTION SERVICES. CLIENTS PARTICIPATING IN THE JOB-READINESS PROGRAM RECEIVE TRAINING IN WORKPLACE ETIQUETTE, HOW TO COMPLETE JOB APPLICATIONS, DEVELOP A RESUME AND PREPARE FOR JOB INTERVIEWS. MOCK INTERVIEWS ARE CONDUCTED DURING THE WEEK-LONG TRAINING. INDIVIDUAL COUNSELING, CASE MANAGEMENT AND MENTORING AS WELL AS GROUP SESSIONS FOCUS ON NEEDS ASSESSMENT AND THE DEVELOPMENT OF BOTH LONG AND SHORT RANGE EMPLOYMENT GOALS AND THE STEPS NECESSARY TO ACHIEVE THOSE GOALS. GROUP SESSIONS FOCUS ON A VARIETY OF TOPICS INCLUDING MONEY MANAGEMENT, HEALTH AWARENESS, CAREERS AND LIFE SKILLS IMPROVEMENT. SAFER'S EMPLOYMENT SERVICES DIVISION PROVIDES MORE THAN 300 EMPLOYERS WITH RECRUITMENT ASSISTANCE, LOGISTIC SUPPORT AND EDUCATION RE: TAX AND BONDING INCENTIVES. EACH YEAR OVER 5,100 CLIENTS ARE SERVED BY SAFER'S WORKFORCE SERVICES. MORE THAN 3,000 CLIENTS SECURED SUBSIDIZED AND PRIVATE

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
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ATTACHMENT 1 (CONT'D)

SECTOR EMPLOYMENT. MORE THAN NINETY-NINE PERCENT OF CLIENTS RATED SAFER'S SERVICES AS SATISFACTORY OR VERY SATISFACTORY.

SDSC

THE SAFER DEMAND SKILLS COLLABORATIVE (SDSC) IS AN EMPLOYER-DRIVEN INITIATIVE OF PUBLIC AND PRIVATE PARTNERS WORKING TO GET COMPANIES THE SKILLED WORKERS THEY NEED TO MEET IN-DEMAND OCCUPATIONS. IT IS A SUPPLY CHAIN STRATEGY THAT ALLOWS SAFER TO BUILD A PIPELINE OF WELL-QUALIFIED INDIVIDUALS TO FILL EMPLOYER GAPS BASED UPON LABOR MARKET INFORMATION (LMI). MOREOVER, IT ALLOWS SAFER FOUNDATION TO BRING PEOPLE WITH ARREST AND CONVICTION RECORDS INTO THE WORKFORCE WITH CAREER LADDER EMPLOYMENT AND FULLY INTO THE ECONOMIC MAINSTREAM OF SOCIETY. OUR SDSC PATHWAYS INCLUDE: HEALTHCARE, ADVANCED MANUFACTURING, LOGISTICS, CONSTRUCTION, AUTOMOTIVE TECHNOLOGY, HOSPITALITY AND INFORMATION TECHNOLOGY.

APPRENTICESHIP PROGRAMS

SAFER FOUNDATION UTILIZES A VARIETY OF STRATEGIES TO TRAIN PEOPLE WITH ARREST AND CONVICTION RECORDS FOR POSITIONS THAT CAN FUEL A COMPANIES' GROWTH AND SUCCESS. OUR APPROACH TO BUILDING TALENT PIPELINES INCLUDES WORK-BASED LEARNING PROGRAMS. OUR PRE-APPRENTICESHIP AND APPRENTICESHIP PROGRAMS ARE DESIGNED TO BRING UNDERREPRESENTED POPULATIONS INTO APPRENTICESHIP PROGRAMS IN

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
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ATTACHMENT 1 (CONT'D)

THE SKILLED TRADES. THESE PROGRAMS INTEGRATE OUR PROVEN CLIENT SERVICES EMPLOYMENT MODEL (CASE MANAGEMENT, WRAP-AROUND SERVICES, SAFER SKILLS TRAINING (SST) AND WORKFORCE DEVELOPMENT) AND OUR BASIC SKILLS EDUCATION WITH INDUSTRY RECOGNIZED CONSTRUCTION AND CONSTRUCTION-RELATED CURRICULUM AND ON-THE-JOB TRAINING THROUGH OUR RECONSTRUCTION TECHNOLOGY PARTNERS DIVISION. CURRENT AREAS OF FOCUS INCLUDE CARPENTRY, ELECTRICAL, SOLAR PANEL INSTALLATION.

VIOLENCE REDUCTION PROGRAMS

SAFER FOUNDATION IS A SOCIAL IMPACT ORGANIZATION. WE BELIEVE THAT REBUILDING PERSONAL ECONOMIC SECURITY THROUGH WORK AND MEANINGFUL EMPLOYMENT IS A PATH TO ELIMINATE VIOLENCE IN OUR COMMUNITIES AND REBUILD VITAL AND HUMAN AND SOCIAL CAPITAL. OUR WORK INTENTIONALLY SEEKS TO ENGAGE INDIVIDUALS IN POSITIVE, AFFIRMING, MEANINGFUL PATHWAYS TO ECONOMIC SECURITY, FREEDOM FROM SUBSTANCE ABUSE, AND OTHER INFLUENCES THAT CAN LEAD TO VIOLENCE AS A BY-PRODUCT OF HOPELESSNESS AND DESPAIR. OUR VIOLENCE REDUCTION PROGRAMS INCLUDE: IN-DEMAND SKILLS TRAINING, COGNITIVE BEHAVIORAL INTERVENTIONS, SUBSTANCE ABUSE TREATMENT, TRANSITIONAL JOBS EMPLOYMENT, AND CASE MANAGEMENT. WE PARTNER WITH A DIVERSE SET OF PARTNERS TO CARRY OUT THIS WORK. REPRESENTATIVE COLLABORATIONS INCLUDE: HOSPITALS, UNIVERSITY RESEARCH CENTERS, OCCUPATIONAL TRAINING PARTNERS, COMMUNITY AND FAITH-BASED INSTITUTIONS AND GOVERNMENTAL ENTITIES (CRIMINAL JUSTICE SYSTEM, CITY AND COUNTY GOVERNMENT, ETC.).

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
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ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

BASIC SKILLS/EDUCATION IN ILLINOIS AND IOWA - SERVICES ARE PROVIDED TO PARTICIPANTS TO IMPROVE BASIC EDUCATION SUCH AS READING, WRITING AND MATH. UPGRADING THESE SKILLS LEADS TO IMPROVED JOB OPPORTUNITIES. MORE THAN 1,200 CLIENTS PARTICIPATE IN SAFER'S EDUCATION PROGRAMS WHICH PROVIDE AN ACTIVE AND INCLUSIVE ENVIRONMENT WHERE STUDENTS ARE PEER TEACHERS AND HELP EACH OTHER DEVELOP SKILLS NEEDED TO OBTAIN A HIGH SCHOOL EQUIVALENCY CERTIFICATE UNDER THE GUIDANCE OF TRAINED FACILITATORS. EDUCATIONAL SERVICES ARE DELIVERED IN A SIMULATED WORK ENVIRONMENT INCORPORATING TIME MANAGEMENT, TEAM BUILDING, BUSINESS SETTING INTERPERSONAL SKILLS AND CONFLICT RESOLUTION. AT THE CONCLUSION OF AN INTENSIVE EIGHT WEEK SESSION, STUDENTS HAVE THE OPPORTUNITY TO TAKE THE HSE EXAM. SAFER IS AN OFFICIAL HSE TEST SITE, ALLOWING MOST STUDENTS TO TAKE THE EXAM AT THE SAME LOCATION WHERE THEY ATTEND CLASSES.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ADULT TRANSITION/RESIDENTIAL PROGRAMS - SAFER FOUNDATION IS THE ONLY NONPROFIT PRIVATE AGENCY THAT OPERATES SECURED RESIDENTIAL CENTERS ON BEHALF OF THE ILLINOIS DEPARTMENT OF CORRECTIONS. AT THE TWO SAFER ADULT TRANSITION FACILITIES, INCARCERATED INDIVIDUALS CAN SERVE THE FINAL 30 DAYS TO 24 MONTHS OF THEIR STATE PRISON SENTENCES IN A COMMUNITY-BASED, WORK RELEASE SETTING.

Name of the organization SAFER FOUNDATION	Employer identification number 36-2762168
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ATTACHMENT 3 (CONT'D)

THE PURPOSE OF THESE CENTERS IS TO GIVE THE ILLINOIS DEPARTMENT OF CORRECTIONS SELECTED PARTICIPANTS THE OPPORTUNITY TO TRANSITION TO WORK, FAMILY, AND THEIR NEIGHBORHOOD PRIOR TO RELEASE, TO IMPROVE THE LIKELIHOOD THAT THEY WILL BE SUCCESSFUL AND PRODUCTIVE, LAW-ABIDING COMMUNITY MEMBERS. SERVICES OFFERED INCLUDE, BUT ARE NOT LIMITED TO SUBSTANCE ABUSE TREATMENT, SAFER SKILLS TRAINING (SST), MENTORING, HSE TESTING AND DEMAND SKILL VOCATIONAL TRAINING. OVER 1,300 CLIENTS WERE SERVED IN THE TWO ADULT TRANSITION CENTERS. AT ANY GIVEN TIME THERE WERE UP TO 550 RESIDENTS. ON AVERAGE, 100 HSE'S ARE COMPLETED EACH YEAR. ATC RESIDENTS ARE RECRUITED FOR PARTICIPATION IN DEMAND SKILL TRAINING PROGRAMS TO EARN INDUSTRY RECOGNIZED CREDENTIALS. EMPLOYMENT IS A MAJOR FOCUS IN PROGRAMING OFFERINGS FOR THE RESIDENTS. BOTH CENTERS HAVE EXPERIENCED A HIGH OF 80% OF RESIDENTS ELIGIBLE TO WORK EMPLOYED. THE FY19 ECONOMIC BENEFIT OF THE RESIDENTS BEING EMPLOYED PROVIDED \$6.6M OF NET PAY TO SUPPORT THE RESIDENT AND RESIDENT FAMILIES POSITIVELY IMPACTING THE LOCAL ECONOMY, \$1.6M TAXES PAID TO FEDERAL AND STATE REVENUE AGENCIES AND \$860K IN DEPENDENT SUPPORT. FOR ALL JOB STARTS BOTH CENTERS HAVE A 30 DAY EMPLOYMENT RETENTION GOAL OF 70%. DURING THE YEAR THE CENTERS HAVE ON AVERAGE ACHIEVED THIS EMPLOYMENT RETENTION GOAL.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFER FOUNDATION

Employer identification number

36-2762168

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAFER HOUSING ASSISTANCE, LLC 571 WEST JACKSON BLVD. CHICAGO, IL 60661	HOUSING	IL	8,231.	1,116,671.	SAFER FNDN
(2) PIVOTAL STAFFING SERVICES, LLC 34-2024642 571 WEST JACKSON BLVD. CHICAGO, IL 60661	EMPLOYMENT	IL	2,907,726.	924,765.	SAFER FNDN
(3) RECONSTRUCTION TECHNOLOGY PARTNERS, LLC 27-1667595 571 WEST JACKSON BLVD. CHICAGO, IL 60661	TRAINING	IL	979,794.	1,219,501.	SAFER FNDN
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SAFER CORPORATE ENDOWMENT 36-3262491 571 WEST JACKSON BLVD. CHICAGO, IL 60661	SUPPORT	IL	501(C)(3)	12C, III-FI	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>HEARTLAND ALLIANCE HEALTH</u>				D Employer identification number <u>36-3775696</u>	
		Doing business as				E Telephone number <u>(312) 660-1300</u>	
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
		<u>208 SOUTH LASALLE STREET</u>		<u>1300</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60604</u>				G Gross receipts \$ <u>29,409,634.</u>			
F Name and address of principal officer: <u>EVELYN DIAZ</u> <u>208 SOUTH LASALLE ST. #1300, CHICAGO, IL 60604</u>				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)			
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				H(c) Group exemption number ▶			
J Website: ▶ <u>WWW.HEARTLANDALLIANCE.ORG</u>				L Year of formation: <u>1991</u> M State of legal domicile: <u>IL</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶							

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO TRANSFORM HEALTHCARE FOR THE MOST VULNERABLE, IMPROVING HEALTH FOR ALL AND THE WELL-BEING OF OUR COMMUNITY. MORE DETAIL IS PRESENTED IN PART III.</u>		
	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	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	336.
	6	Total number of volunteers (estimate if necessary)	6	422.
	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 38	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	17,546,754.	17,002,033.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,569,327.	11,281,174.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,707.	25,328.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,909.	1,101,099.
	12		28,494,697.	29,409,634.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,893,678.	2,785,503.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,422,669.	15,115,141.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,369,301.	12,491,656.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,685,648.	30,392,300.	
19	Revenue less expenses. Subtract line 18 from line 12	-190,951.	-982,666.	
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)	16,468,151.	15,008,575.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,066,594.	8,337,258.
22		7,401,557.	6,671,317.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ <u>ELIAS ROSARIO</u> Type or print name and title	<u>CFO</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>JACOB COOK</u>	Preparer's signature 	Date <u>3/30/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01240455</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
	Firm's address ▶ <u>330 N. WABASH, SUITE 3200 CHICAGO, IL 60611</u>	Phone no. <u>312-856-9100</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HEARTLAND ALLIANCE HEALTH'S MISSION IS TO TRANSFORM HEALTHCARE FOR THE MOST VULNERABLE - PARTICULARLY PEOPLE EXPERIENCING HOMELESSNESS, MENTAL ILLNESS OR ADDICTIONS, OR STRUGGLING WITH MULTIPLE CHRONIC ILLNESSES - IMPROVING HEALTH FOR ALL AND (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 25,296,867. including grants of \$ 2,785,503.) (Revenue \$ 12,315,856.)

HEARTLAND ALLIANCE HEALTH (HAH), FORMERLY HEARTLAND HEALTH OUTREACH, INC. (HHO), A SUBSIDIARY OF THE HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS, IS A FEDERALLY QUALIFIED HEALTH CENTER DEDICATED TO TRANSFORMING THE HEALTH CARE EXPERIENCE FOR CHICAGO'S MANY DISENFRANCHISED POPULATIONS, INCLUDING PEOPLE WHO ARE HOMELESS, POOR, HIV POSITIVE, MENTALLY ILL, ADDICTED, AND IMMIGRANTS OR REFUGEES. FOUNDED IN 1985, HAH IS CHICAGO'S ONLY HEALTH CARE FOR THE HOMELESS PROGRAM AND AND AS SUCH THE ONLY PROVIDER OF COMPREHENSIVE HEALTH-RELATED SERVICES FOR CHICAGO'S HOMELESS POPULATION. ITS INTEGRATED HEALTH CARE, HOUSING, AND SUPPORTIVE SERVICES ARE AT THE (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,296,867.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various IRS requirements regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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. []

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) EVELYN DIAZ PRESIDENT	7.50 42.50	X		X				0.	345,617.	14,168.
(2) KHOA X HO CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MELINDA EARLE VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(4) LUNG-CHIEH "RONALD" TUAN-MU TREASURER	1.00 0.	X		X				0.	0.	0.
(5) RHYAN ZWEIFLER SECRETARY	1.00 0.	X		X				0.	0.	0.
(6) ELISSA BASSLER DIRECTOR	1.00 0.	X						0.	0.	0.
(7) INGER BURNETT-ZEIGLER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) TIMOTHY M CARRIGAN DIRECTOR	1.00 0.	X						0.	0.	0.
(9) DARRYL L FUERY DIRECTOR	1.00 0.	X						0.	0.	0.
(10) RICHARD GROSSI DIRECTOR	1.00 0.	X						0.	0.	0.
(11) TOM KLEIN DIRECTOR THROUGH 12/19/2018	1.00 0.	X						0.	0.	0.
(12) KARY MCLLWAIN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) LIZVETH MENDEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JULIANNE MIGELY DIRECTOR	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
15) JOSHUA RAFSKY DIRECTOR	1.00 0.	X					0.	0.	0.	
16) MONIQUE GLOVER RUCKER DIRECTOR	1.00 0.	X					0.	0.	0.	
17) PAULINE SEDLARZ-BYRNE DIRECTOR	1.00 0.	X					0.	0.	0.	
18) MUNZOR SHAIKH DIRECTOR	1.00 0.	X					0.	0.	0.	
19) JOCK TOLES DIRECTOR	1.00 0.	X					0.	0.	0.	
20) DIANE WOLF DIRECTOR	1.00 0.	X					0.	0.	0.	
21) ELIAS ROSARIO ASSISTANT TREAS. STARTED 01/19	10.00 40.00			X			0.	10,384.	32.	
22) KELLY EMERY ASSISTANT TREAS. 07/18 - 12/18	10.00 40.00			X			0.	242,787.	2,662.	
23) BETSY LEONARD ASSISTANT SECRETARY	10.00 40.00			X			0.	163,175.	669.	
24) EDWARD B. STELLON EXECUTIVE DIRECTOR	40.00 0.			X			201,844.	0.	16,519.	
25) MARY K. GILBERT CHIEF BUSINESS OFFICER	40.00 0.			X			193,942.	0.	24,196.	
1b Sub-total							0.	345,617.	14,168.	
c Total from continuation sheets to Part VII, Section A							893,337.	544,339.	79,010.	
d Total (add lines 1b and 1c)							893,337.	889,956.	93,178.	

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 **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 1		

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Rows include EVAN LYON, AUDREY TANKSLEY, MICHAEL DEMPSEY, and BRIAN REGISTE.

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 14

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a header row and several empty rows for data entry.

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

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	183,788.				
	e Government grants (contributions)	1e	15,858,350.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	959,895.				
	g Noncash contributions included in lines 1a-1f: \$		33,265.				
	h Total. Add lines 1a-1f			17,002,033.			
	Program Service Revenue	2a PATIENT SERVICES			624100	5,541,838.	5,541,838.
b OTHER PROGRAM REVENUE			624100	5,739,336.	5,739,336.		
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				11,281,174.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).				25,306.	
	4 Income from investment of tax-exempt bond proceeds				0.		
	5 Royalties				0.		
	6a Gross rents			(i) Real	65,656.		
	b Less: rental expenses			(ii) Personal			
	c Rental income or (loss)				65,656.		
	d Net rental income or (loss)				65,656.		65,656.
	7a Gross amount from sales of assets other than inventory			(i) Securities	22.		
	b Less: cost or other basis and sales expenses			(ii) Other			
	c Gain or (loss)				22.		
	d Net gain or (loss)				22.		22.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a	0.		
	b Less: direct expenses			b	0.		
	c Net income or (loss) from fundraising events				0.		
	9a Gross income from gaming activities. See Part IV, line 19			a	0.		
b Less: direct expenses			b	0.			
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	0.			
b Less: cost of goods sold			b	0.			
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue			Business Code				
11a	SHARED SERVICES			900099	794,820.	794,820.	
	b INTERCOMPANY REVENUE			900099	239,775.	239,775.	
	c MISCELLANEOUS			900099	848.	87.	761.
	d All other revenue						
e Total. Add lines 11a-11d				1,035,443.			
12 Total revenue. See instructions.				29,409,634.	12,315,856.	91,745.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	414,785.	414,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,370,718.	2,370,718.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	643,750.	588,616.	55,134.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,322,534.	10,352,500.	970,034.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	284,121.	259,891.	24,230.	
9 Other employee benefits	1,923,312.	1,759,289.	164,023.	
10 Payroll taxes	941,424.	861,138.	80,286.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	95,477.	114,929.	-19,452.	
c Accounting	57,757.	69,524.	-11,767.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,020,158.	2,431,735.	-411,577.	
12 Advertising and promotion	21,894.	26,355.	-4,461.	
13 Office expenses	800,013.	719,620.	80,393.	
14 Information technology	36,689.	28,563.	8,126.	
15 Royalties	0.			
16 Occupancy	1,142,977.	1,075,999.	66,978.	
17 Travel	84,963.	69,188.	15,775.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	90,823.	65,019.	25,804.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	259,283.	100,442.	158,841.	
23 Insurance	41,933.	33,597.	8,336.	
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 SHARED SERVICES	3,741,671.		3,741,671.	
b SUPPLIES/EQUIPMENT	2,663,644.	2,663,644.		
c UNCOLLECTABLE ACCOUNTS	517,138.	467,138.	50,000.	
d REAL ESTATE DEVELOPMENT	435,650.	435,650.		
e All other expenses _____	481,586.	388,527.	93,059.	
25 Total functional expenses. Add lines 1 through 24e	30,392,300.	25,296,867.	5,095,433.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	1,554,466.	1	1,156,386.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	4,784,716.	3	3,982,837.
	4 Accounts receivable, net	402,618.	4	909,864.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,530,605.	7	2,530,605.
	8 Inventories for sale or use	72,438.	8	0.
	9 Prepaid expenses and deferred charges	239,991.	9	301,883.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,630,882.		
	b Less: accumulated depreciation	10b 4,120,541.	5,013,481.	10c 4,510,341.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	1,228,812.	13	1,481,236.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	641,024.	15	135,423.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,468,151.	16	15,008,575.	
Liabilities	17 Accounts payable and accrued expenses	2,249,318.	17	1,677,216.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	199,964.	19	301,924.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	148,411.	21	67,962.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,712,691.	23	4,686,328.
	24 Unsecured notes and loans payable to unrelated third parties	1,500,000.	24	1,500,000.
	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	256,210.	25	103,828.
	26 Total liabilities. Add lines 17 through 25	9,066,594.	26	8,337,258.
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	5,881,421.	27	5,646,042.
	28 Temporarily restricted net assets	1,520,136.	28	1,025,275.
	29 Permanently restricted net assets	0.	29	0.
	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	7,401,557.	33	6,671,317.	
34 Total liabilities and net assets/fund balances	16,468,151.	34	15,008,575.	

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	29,409,634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,392,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	-982,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,401,557.
5	Net unrealized gains (losses) on investments	5	252,426.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	6,671,317.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (98.48%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (98.08%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. 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.

19b 33 1/3% support tests - 2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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			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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	161,784.	129,607.	190,562.	221,159.	761.	703,873.
TOTALS	<u>161,784.</u>	<u>129,607.</u>	<u>190,562.</u>	<u>221,159.</u>	<u>761.</u>	<u>703,873.</u>

Schedule of Contributors

2018

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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **HEARTLAND ALLIANCE HEALTH**

Employer identification number
36-3775696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,376,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,588,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,005,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,463,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 733,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **HEARTLAND ALLIANCE HEALTH**

Employer identification number

36-3775696

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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:

Table for 3a with columns Yes/No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 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) ALLIANCE CHI COMMUNITY HEALTH	1,429,569.	COST
(2) PROVIDECO LLC	40,000.	COST
(3) BEHAVIORAL HEALTH CONSORTIUM	11,667.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		1,481,236.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) INTERAGENCY BALANCES	103,828.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 29,409,634.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 30,392,300.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B:

THE ORGANIZATION HOLDS FUNDS AS A REPRESENTATIVE PAYEE UNDER THE SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE PAYEE PROGRAM FOR PARTICIPANTS.

SCHEDULE D, PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS DURING THE REPORTING PERIODS COVERED BY THESE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWNSDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	414,785.				HEALTHCARE FOR THE HOMELESS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLIENT SUPPORT & ASSISTANCE	1,200.		2,370,718.	FMV	SEE PART IV
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

FOR GRANT RECIPIENTS OF THE ORGANIZATION, HEARTLAND ALLIANCE HEALTH MONITORS COMPLIANCE VIA TWO MECHANISMS: THE FIRST IS FINANCIAL IN NATURE AND IS MONITORED VIA THE SUB-AGENCY MONTHLY INVOICING FOR APPROPRIATE COST REIMBURSEMENT, AND ANNUALLY THROUGH THE SUB-AGENCY ANNUAL FINANCIAL AND SINGLE AUDIT (THE LATTER AS REQUIRED UNDER OMB A-133). THE SECOND MECHANISM IS THROUGH GRANTEE PROGRAMMATIC REPORTING THAT IS SENT TO AND MONITORED BY HEARTLAND ALLIANCE HEALTH CLINICAL/MANAGEMENT STAFF. THESE GRANTEES ALSO SUBMIT ANNUAL REPORTS NEEDED TO COMPLETE THE UNIFORM DATA SYSTEMS (UDS) REPORTS.

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

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

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

ALL PARTICIPANTS PRESENTING FOR SERVICES WILL BE EVALUATED FOR ELIGIBILITY BASED ON PROGRAM CRITERIA FOR HEALTH CARE FOR THE HOMELESS. THE CRITERIA ARE AS FOLLOWS: EMERGENCY SHELTER, TRANSITIONAL SHELTER, SINGLE ROOM OCCUPANCY BUILDING (SRO), SUBSTANCE ABUSE AGENCY, STREET, AFFIDAVIT (AN AFFIDAVIT IS ONLY USED AS A LAST RESORT FOR A PARTICIPANT THAT CAN'T PROVE THEIR HOMELESS STATUS, SUCH AS PARTICIPANTS STAYING ON THE STREET), AND DOUBLED UP: DOUBLED UP IS DEFINED AS LIVING WITH A PERSON FOR LESS THAN 12 MONTHS; THESE PARTICIPANTS MUST PRESENT VERIFICATION OF INCOME (IF ANY) AND A NOTARIZED LETTER OF SUPPORT FROM

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

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

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

THE PERSON THE PARTICIPANT IS LIVING WITH.

THE ORGANIZATION ALSO SERVES PARTICIPANTS UNDER THE RYAN WHITE CARE ACT.

PARTICIPANTS SERVED BY THE RYAN WHITE CARE ACT INCLUDE PARTICIPANTS WITH HIV/AIDS AND PARTICIPANTS AT HIGH RISK FOR HIV/AIDS. IN ADDITION, GRANT FUNDS ARE TRACKED IN DETAIL BY COST CENTER AND MATCHED AND REVIEWED AGAINST THE AGENCY APPROVED BUDGET. FINALLY, HEARTLAND HEALTH OUTREACH ALSO MONITORS ITS GRANT RECIPIENTS BY CONDUCTING SPOT AUDITS THROUGH ITS INTERNAL/COMPLIANCE OFFICE. THESE AUDITS ARE INDEPENDENT OF HEARTLAND'S FINANCIAL & ACCOUNTABILITY SERVICES OFFICE AND PROGRAM OFFICES.

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

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

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

SCHEDULE I, PART II, COLUMN (F):

DESCRIPTION OF NON-CASH ASSISTANCE:

SUPPORTING HOMELESS AND OTHER PARTICIPANTS IN NEEDS INCLUDING BUT NOT LIMITED TO RENT, UTILITIES, FOOD, CLOTHING, PERSONAL ITEMS, TRANSPORTATION, AND DOCUMENTATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(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 EVELYN DIAZ PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	319,617.	0.	26,000.	0.	14,168.	359,785.	0.
2 BRIAN REGISTE ASSISTANT TREAS. THROUGH 06/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	116,859.	0.	11,134.	0.	2,747.	130,740.	0.
3 KELLY EMERY ASSISTANT TREAS. 07/18 - 12/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,290.	0.	7,497.	0.	2,662.	245,449.	0.
4 BETSY LEONARD ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,175.	0.	14,000.	0.	669.	163,844.	0.
5 EDWARD B. STELLON EXECUTIVE DIRECTOR	(i)	193,967.	0.	7,877.	6,500.	10,019.	218,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARY K. GILBERT CHIEF BUSINESS OFFICER	(i)	192,893.	0.	1,049.	0.	24,196.	218,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 EVAN LYON CHIEF INTEGRATED HEALTH OFFCR	(i)	202,783.	0.	270.	0.	4,196.	207,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 AUDREY TANKSLEY MEDICAL DIRECTOR THRU 4/19/19	(i)	141,232.	0.	122.	0.	17,970.	159,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHAEL DEMPSEY PSYCHIATRIC PROVIDER	(i)	152,357.	0.	787.	0.	10,019.	163,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3:

THE COMPENSATION WAS DETERMINED BY THE RELATED ORGANIZATION, HEARTLAND

ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS. THE FOLLOWING METHODS WERE

USED:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		24,764.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	33.	8,501.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2018

JSA

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

SCHEDULE M, PART I, COLUMN (B)

THIS IS THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEARTLAND ALLIANCE HEALTH

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3775696

FORM 990, PART III, LINE 1 CONTINUED:

THE WELL-BEING OF OUR COMMUNITY.

TO DO THIS WE:

- ENSURE ACCESS TO COMPREHENSIVE AND INTEGRATED HEALTHCARE.
- DELIVER HIGH QUALITY AND EFFECTIVE HEALTHCARE.
- PROVIDE TRAINING, SUPPORT RESEARCH AND DRIVE SYSTEMS CHANGE THAT ENRICHES OUR COMMUNITIES' CAPACITY TO IMPROVE HEALTH AND IMPACT THE SOCIAL DETERMINANTS OF HEALTH.
- ENGAGE STAFF, VOLUNTEERS, PARTNERS AND DONORS IN BUILDING A JUST SOCIETY WHERE RESOURCES ARE USED WISELY AND COMPASSIONATE, EFFECTIVE SERVICES YIELD POSITIVE OUTCOMES.
- CREATE AND ADVOCATE FOR INNOVATIVE HEALTHCARE SOLUTIONS THAT SUPPORT THE ELIMINATION OF POVERTY, HOMELESSNESS AND HEALTH DISPARITIES.

FORM 990, PART III, LINE 4A CONTINUED:

FOREFRONT OF ADDRESSING MANY OF THE SOCIAL DETERMINANTS OF HEALTH,
HELPING TO IMPROVE HEALTH OUTCOMES AND PROMOTE COMMUNITY STABILITY.
ANNUALLY, HAH SERVES NEARLY 10,000 HOMELESS INDIVIDUALS, PROVIDING MORE
40,000 MEDICAL, DENTAL, AND BEHAVIORAL HEALTH ENCOUNTERS. SERVICES
INCLUDE:

- PRIMARY CARE, DENTAL CARE, AND INTEGRATED MENTAL HEALTH AND SUBSTANCE USE TREATMENT;
- STREET, SHELTER, AND MEDICAL MOBILE OUTREACH;
- OUTPATIENT AND RESIDENTIAL, MENTAL HEALTH, AND SUBSTANCE USE PROGRAMS

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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FOR PEOPLE WITH A SERIOUS MENTAL ILLNESS;

- COMMUNITY-BASED CASE MANAGEMENT, CARE COORDINATION, AND REFERRALS;
- ENROLLMENT INTO BENEFITS AND ENTITLEMENTS;
- NUTRITIONAL ASSESSMENT, COUNSELING, AND GROCERY CENTERS;
- MEDICAL INTERPRETATION AND TRANSLATION SERVICES;
- TRAINING AND TECHNICAL ASSISTANCE FOR SYSTEMS INTEGRATION AND BEST PRACTICES IN SERVING DUALY DIAGNOSED POPULATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS (HEARTLAND ALLIANCE) IS THE SOLE VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

HEARTLAND ALLIANCE SHALL APPOINT ALL OF THE DIRECTORS.

THE OFFICERS SHALL BE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS, OR AS SOON THEREAFTER AS CONVENIENT BASED ON A SLATE APPROVED BY HEARTLAND ALLIANCE. VACANCIES MAY BE FILLED OR NEW OFFICES FILLED AT ANY MEETING OF THE BOARD OF DIRECTORS WITH THE APPROVAL OF THE BOARD OF HEARTLAND ALLIANCE.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS SHALL REQUIRE THE WRITTEN CONSENT OF THE MEMBER:

- (I) THE ADOPTION OR APPROVAL OF A PLAN OF MERGER OR CONSOLIDATION OR REORGANIZATION OR RESTRUCTURING INVOLVING THE ORGANIZATION;
- (II) THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL, OR

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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SUBSTANTIALLY ALL, OF THE NON-CASH ASSETS OF THE ORGANIZATION;

(III) DISSOLUTION OF THE ORGANIZATION;

(IV) AMENDMENT OF THE BYLAWS.

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

THE ORGANIZATION'S MANAGEMENT COORDINATION COMMITTEE (MCC) SERVED AS THE FINANCE AND AUDIT COMMITTEE OF THE HEARTLAND ALLIANCE BOARD OF DIRECTORS. THE FINANCE COMMITTEE OF HEARTLAND ALLIANCE HEALTH REVIEWS AND APPROVES THE FORM 990. EVERY HEARTLAND ALLIANCE HEALTH BOARD MEMBER RECEIVES THE FORM 990 FOR REVIEW AND HAS THE OPPORTUNITY TO ASK THE FINANCE COMMITTEE AND MANAGEMENT ANY QUESTION PRIOR TO FILING. THE HEARTLAND ALLIANCE HEALTH DESIGNATED MEMBER FROM THE FINANCE COMMITTEE REPORTS BACK TO THE FULL MCC ON THE REVIEW PROCESS.

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

ALL MEMBERS OF THE HEARTLAND ALLIANCE BOARD OF DIRECTORS, AS WELL AS MEMBERS OF THE ORGANIZATION'S SUBSIDIARY BOARD OF DIRECTORS, ANNUALLY SIGN A CONFLICT OF INTEREST POLICY, COPIES OF WHICH ARE RETAINED IN THE PRESIDENT'S OFFICE. IN ADDITION, ALL HEARTLAND ALLIANCE SENIOR MANAGEMENT, WHICH INCLUDES ITS MEMBERS OF ITS BUSINESS OFFICE LEADERSHIP TEAM (BOLT), BUSINESS INITIATIVE & RESOURCE DEVELOPMENT (BIRD), AND EXECUTIVE TEAM ARE REQUIRED TO ANNUALLY SIGNED THE CONFLICT OF INTEREST POLICY.

A COPY OF THE BOARD OF DIRECTORS POLICY IS POSTED ON A PASSWORD PROTECTED PORTION OF THE ORGANIZATION'S WEBSITE, DESIGNATED FOR BOARD MEMBERS. A

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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COPY OF THE POLICY FOR MANAGEMENT IS POSTED ON THE ORGANIZATION'S INTRANET. POLICY REQUIRES DISCLOSURE OF ANY SITUATION IN WHICH THERE MAY BE EVEN AN APPEARANCE OF POTENTIAL CONFLICT OF INTEREST.

WHEN APPROPRIATE, MEMBERS OF THE BOARD OF DIRECTORS, OR SENIOR MANAGEMENT, RECUSE THEMSELVES FROM DECISION-MAKING IF THERE IS ANY CONFLICT OF INTEREST. RELATIVE TO BOARD OF COMMITTEE ACTIONS, THIS IS REFLECTED IN THE MEETING MINUTES.

THE POLICY IS REVIEWED REGULARLY BY THE CHIEF RISK OFFICER OF THE ORGANIZATION. ADDITIONAL MONITORING IS PERFORMED BY THE ORGANIZATION'S EXECUTIVE TEAM AND THE RISK POLICY COMMITTEE OF THE BOARD OF DIRECTORS.

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

THE COMPENSATION COMMITTEE OF THE HEARTLAND ALLIANCE BOARD OF DIRECTORS IS AN INDEPENDENT ENTITY, CONSISTING OF THE CHAIR AND IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS. THIS BODY CONDUCTS THE ANNUAL PERFORMANCE EVALUATION OF, AND DETERMINES THE COMPENSATION FOR, THE ORGANIZATION'S PRESIDENT. THIS BODY MAY CONSULT WITH LEGAL COUNSEL OR ADDITIONAL RESOURCES IN DETERMINING FAIR AND COMPETITIVE COMPENSATION FOR THE PRESIDENT OF HEARTLAND ALLIANCE. THE EXECUTIVE COMPENSATION COMMITTEE ALSO CONDUCTS PERIODIC MARKET SURVEYS TO ASSIST IN ESTABLISHING THE COMPENSATION FOR THE PRESIDENT.

IN ADDITION, THE PRESIDENT ANNUALLY REVIEWS WITH THE COMPENSATION COMMITTEE THE PERFORMANCE AND RECOMMENDED COMPENSATION FOR THE

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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ORGANIZATION'S SENIOR EXECUTIVES, INCLUDING EXECUTIVE DIRECTORS OF THE SUBSIDIARY ENTITIES AND OTHER KEY MEMBERS OF THE EXECUTIVE TEAM. ALL DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALLIANCE OF CHICAGO COMMUNITY HEALTH SER 215 W. OHIO CHICAGO, IL 60654	IT/MANAGEMENT SVCS	283,871.
TACT 1 LLC P. O. BOX 111 ORLAND PARK, IL 60462	SECURITY SERVICE	106,479.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEARTLAND HEALTH SUPPORT CORP 82-2365512 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SUPPORT HAH	IL	56,998.	3,620,147.	HAH
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEARTLAND ALNCE FOR HUMAN NEEDS & RIGHTS 36-1877640 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	N/A		X
(2) HEARTLAND HUMAN CARE SERVICES, INC. 36-4053244 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	HAHNHR, INC.		X
(3) HEARTLAND HOUSING, INC. 36-3642952 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	10	HAHNHR, INC.		X
(4) HEARTLAND ALLIANCE INTERNATIONAL, LLC 36-3775696 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	HAHNHR, INC.		X
(5) ARGYLE NEIGHBORHOOD DEVELOPMENT CORP 36-3827013 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	LINE 12A, I	HH, INC.		X
(6) ELLIS NEIGHBORHOOD DEVELOPMENT CORP 36-3993195 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	LINE 12A, I	HH, INC.		X
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MAYFIELD LP 36-4111300 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(2) NORTH AVENUE LP 36-4407589 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(3) LELAND LP 36-4440042 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(4) DREXEL JAZZ LP 32-0062800 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(5) 1218 W HIGHLAND LLC 26-1456751 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(6) FOND DU LAC APT LLC 27-1343085 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(7) HOLLYWOOD HOUSE LP 26-2124251 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LELAND NEIGHBORHOOD DEVELOPMENT CORP 36-4363803 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(2) MAYFIELD NEIGHBORHOOD DEVELOPMENT CORP 36-4111299 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(3) DREXEL NEIGHBORHOOD DEVELOPMENT CORP 51-0446339 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(4) NORTH AVENUE NEIGHBORHOOD DEVELOPMT CORP 36-4407591 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(5) HEARTLAND ABLA RENTAL DEVELOPMENT CORP 30-0209111 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(6) HEARTLAND ALBA RENTAL II 32-0154610 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(7) HEARTLAND LATHROP LLC 45-3821216 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HIGHLAND MM LLC 26-1707959 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(2) ROOSEVELT SQR I LP 71-0953532 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(3) ROOSEVELT SQR II LP 86-1133215 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(4) VICEROY HOTEL LP 26-4589189 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(5) LATHROP COM PTR LLC 24-4602442 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(6) HALSTED LP 46-1389198 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(7) CENTER BUFFUM LLC 90-0851752 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HOLLYWOOD SHERIDAN NEIGHBORHOOD DEV CORP 26-2124171 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(2) VICEROY GP LLC 26-4588742 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(3) HALSTED GP LLC 32-0391528 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(4) DIVERSEY GP LLC 47-2300962 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			X
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RETHKE WASHNGTN LLC 36-4793011 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(2) DIVERSEY LP 47-2301048 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(3) TREE LANE APTS LLC 38-4011223 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>COOK COUNTY GOVERNMENT</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>COOK COUNTY HEALTH</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership): ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____ LOCAL GOVERNMENT </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>3</u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>1950 W POLK ST, GRANTS FINANCE</p> <p>6 City, state, and ZIP code</p> <p>CHICAGO, IL 60612</p> <p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-				
-	-									
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">3</td> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">-</td> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">4</td> <td style="width: 12.5%; border: 1px solid black;">1</td> </tr> </table>	3	6	-	6	0	0	6	5	4	1
3	6	-	6	0	0	6	5	4	1	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>9-19-19</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)

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

2019

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **Jul 1**, 2019, and ending **Jun 30**, 2020

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **HEALTHCARE ALTERNATIVE SYSTEMS, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Rooms/suite
2755 W. ARMITAGE
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60647

D Employer identification number
23-7432930

E Telephone number
(773) 252-3100

G Gross receipts \$ **7,713,033.**

F Name and address of principal officer:
MARCO E JACOME, 2755 W. ARMITAGE, CHICAGO, IL 60647

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

H(c) Group exemption number ▶

J Website: ▶ **WWW.HASCARES.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1974**

M State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDES A CONTINUUM OF MULTICULTURAL AND BILINGUAL (ENGLISH/SPANISH) BEHAVIORAL CARE AND SOCIAL SERVICES THAT EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES.		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	163
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,103,472.	Current Year 3,988,602.
	9 Program service revenue (Part VIII, line 2g)	718,427.	3,456,586.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,548.	111,497.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,630.	130,793.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,045,077.	7,687,478.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,383,140.	5,557,351.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 153,702.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,903,818.	1,796,003.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,286,958.	7,353,354.	
19 Revenue less expenses. Subtract line 18 from line 12	758,119.	334,124.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,479,309.	End of Year 12,760,481.
	21 Total liabilities (Part X, line 26)	464,220.	1,411,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,015,089.	11,349,213.

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: *Marco E Jacome* Date: **12-29-2020**

MARCO JACOME, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print preparer's name: **ENRIQUE LOPEZ** Preparer's signature: _____ Date: _____

Firm's name: ▶ **LOPEZ & CO. CPAS, LTD** Check if self-employed PTIN: **P00365818**

Firm's address: ▶ **2702 W CHICAGO AVE., CHICAGO, IL 60622** Firm's EIN: ▶ **26-0696412**

Phone no.: **(773) 634-8335**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDES A CONTINUUM OF MULTICULTURAL AND BILINGUAL (ENGLISH/SPANISH) BEHAVIORAL CARE AND SOCIAL SERVICES THAT EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES.

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 \$ 3,693,506, including grants of \$ 0.) (Revenue \$ 395,164.)
COUNSELING SERVICES PROVIDE A VARIETY OF COUNSELING FOR VARIOUS ISSUES INCLUDING BUT NOT LIMITED TO DRUG ABUSE, POST PARTUM DEPRESSION, FAMILY ISSUES, DOMESTIC VIOLENCE, EDUCATION, AND OUTREACH.

4b (Code:) (Expenses \$ 1,085,812, including grants of \$ 0.) (Revenue \$ 85,106.)
RESIDENTIAL TREATMENT PROVIDES MEDICAL, PSYCHOSOCIAL, MULTI-FACETED HIGHLY STRUCTURED, SUPPORTIVE, AND CULTURALLY SENSITIVE PROGRAM. INDIVIDUALS ARE GIVEN A PERSONALIZED RECOVERY PROGRAM TO HELP THEM ACHIEVE A GREATER UNDERSTANDING OF THEIR ADDICTION, HEALTH, AND NEEDS.

4c (Code:) (Expenses \$ 287,366, including grants of \$ 0.) (Revenue \$ 1,125.)
COUNSELING TO BOTH VICTIMS AND ABUSERS AND INTEGRATES SUBSTANCE ABUSE SERVICES INTO THE PROGRAM. THE ORGANIZATION OFFERS VICTIMS LEGAL ASSISTANCE, EMERGENCY AID, AND OTHER SERVICES. THERE IS ALSO A FOCUS TO HELP IMMIGRANT VICTIMS SEEK LEGAL PROTECTION WHO ARE INTIMIDATED BY LANGUAGE BARRIERS, THE COURT SYSTEM, AND DEPORTATION FEARS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 718,234, including grants of \$ 0.) (Revenue \$ 98,009.)

4e Total program service expenses 5,784,918.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c 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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 MARCO E JACOME, 2755 W. ARMITAGE, CHICAGO, IL 60647 (773) 252-3100

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MARCO E. JACOME CHIEF EXECUTIVE OFFICER	50.00			X			261,553.	0.	0.	
(2) ADNAN ASSAD PRESIDENT	4.00	X		X			0.	0.	0.	
(3) FELIX M. GONZALEZ TREASURER	4.00	X		X			0.	0.	0.	
(4) SANDRA MALDONADO SENIOR VICE PRESIDENT	4.00	X		X			0.	0.	0.	
(5) ROCHELLE SIMS SECRETARY	4.00	X		X			0.	0.	0.	
(6) GLADYS AGUIRRE DIRECTOR	4.00	X					0.	0.	0.	
(7) LISA S. SAUER DIRECTOR	4.00	X					0.	0.	0.	
(8) JUAN HERNANDEZ DIRECTOR	4.00	X					0.	0.	0.	
(9) ANTONIO LUGO DIRECTOR	4.00	X					0.	0.	0.	
(10) AMJED HAMDAN DIRECTOR	4.00	X					0.	0.	0.	
(11) ED STRITCH DIRECTOR	4.00	X					0.	0.	0.	
(12) STEVEN LOMBARDO DIRECTOR	4.00	X					0.	0.	0.	
(13) SNEZANA SUZIE STEVANOVIC DIRECTOR	4.00	X					0.	0.	0.	
(14) MILLIE M. ADAN VICE PRESIDENT OF HUMAN RESOURCES	40.00				X		105,764.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) CHRISTINA DROSOS DIRECTOR	4.00	X					0.	0.	0.
(16) ALICIA MANDOLINI DIRECTOR	4.00	X					0.	0.	0.
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Subtotal							367,317.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							367,317.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,930,966.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	57,636.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		3,988,602.				
Program Service Revenue	2a		Business Code					
	PROGRAM SERVICE AND INSURANCE		624200	3,456,586.	3,456,586.	0.		
	b							
	c							
	d							
	e							
	f	All other program service revenue . .						
g	Total. Add lines 2a-2f ▶		3,456,586.					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	111,497.	0.	0.	111,497.	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	Gross rents						
			6a	(i) Real				(ii) Personal
				85,741.				
			6b	Less: rental expenses				6b
	c	Rental income or (loss)	6c	85,741.				
	d	Net rental income or (loss) ▶		85,741.	0.	0.	85,741.	
	7a	Gross amount from sales of assets other than inventory						
			7a	(i) Securities				(ii) Other
			7b	Less: cost or other basis and sales expenses				7b
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a	69,774.					
		8b	Less: direct expenses				8b	25,555.
c	Net income or (loss) from fundraising events . . . ▶		44,219.	0.	44,219.			
9a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b	Less: direct expenses				9b	
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b	Less: cost of goods sold				10b	
c	Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue	11a		Business Code					
	MISCELLANEOUS		900004	833.	833.	0.		
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶		833.					
12	Total revenue. See instructions ▶			7,687,478.	3,457,419.	0.	241,457.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	261,554.	205,780.	50,459.	5,315.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,273,070.	3,361,879.	824,355.	86,836.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,022,727.	832,417.	181,242.	9,068.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	390,400.	206,695.	154,132.	29,573.
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 Schedule O.)				
12 Advertising and promotion				
13 Office expenses	416,049.	282,793.	112,101.	21,155.
14 Information technology				
15 Royalties				
16 Occupancy	581,594.	544,612.	36,708.	274.
17 Travel	18,543.	12,331.	6,108.	104.
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	210,959.	175,596.	34,433.	930.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	25,432.	21,169.	4,151.	112.
b TELECOMMUNICATIONS	153,026.	141,646.	11,045.	335.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,353,354.	5,784,918.	1,414,734.	153,702.
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 <input type="checkbox"/> 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	2,856,315.	1	5,534,307.
	2 Savings and temporary cash investments	3,683,465.	2	2,316,523.
	3 Pledges and grants receivable, net	1,122,199.	3	1,133,743.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,649.	9	11,722.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,434,838.		
	b Less: accumulated depreciation	10b 2,670,652.	3,805,681.	10c 3,764,186.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 33)		11,479,309.	16	12,760,481.
Liabilities	17 Accounts payable and accrued expenses	385,457.	17	366,274.
	18 Grants payable		18	
	19 Deferred revenue	33,359.	19	115,590.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	929,404.
	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	45,404.	25	
	26 Total liabilities. Add lines 17 through 25	464,220.	26	1,411,268.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,015,089.	27	11,349,213.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,015,089.	32	11,349,213.	
33 Total liabilities and net assets/fund balances	11,479,309.	33	12,760,481.	

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	7,687,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,353,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	334,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,015,089.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,349,213.

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 checked="" type="checkbox"/> Separate basis <input 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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits.	X	

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Men & Women in Prison Ministries**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 West 35th Street
 City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60616

D Employer identification number
36-3850240

E Telephone number

F Name and address of principal officer: **Doris Green**
10 West 35th Street Chicago, IL 60616

G Gross receipts \$ **656,122.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2002**

M State of legal domicile: **IL**

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Provide comprehensive sustainable health and welfare services to the incarcerated, formerly incarcerated and their families.		
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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	0
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 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 524,462.	Current Year 637,990.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,136.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	524,462.	643,126.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	254,871.	333,647.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,780		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	191,081.	231,167.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	445,952.	564,814.	
19 Revenue less expenses. Subtract line 18 from line 12	78,510.	78,312.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 229,215.	End of Year 301,831.
	21 Total liabilities (Part X, line 26)	5,745.	49.
	22 Net assets or fund balances. Subtract line 21 from line 20	223,470.	301,782.

Part II Signature Block

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

Sign Here ▶ *Doris Green*
Signature of officer Date **10/13/2020**

▶ **Doris Green, CEO**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Oliver R Nichols	Preparer's signature <i>Oliver R Nichols</i>	Date 10/7/20	Check <input checked="" type="checkbox"/> if self-employed PTIN P01597295
Firm's name ▶ Oliver Nichols, CPA	Firm's EIN ▶ 47-4895821		Phone no. (708) 270-3551
Firm's address ▶ 276 Main Street PARK FOREST, IL 60466			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Primary goal is to provide comprehensive services to the incarcerated and their families, and the community at large by implementing sustainable re- entry programs.

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 \$ **328,713**, including grants of \$) (Revenue \$)

Health and Wellness Program-help families of incarcerated individuals adjust to life without that individual. Provide education and counseling to incarcerated individuals and their families on safe sex habits in order to prevent occurrence of HIV/AIDS.

4b (Code:) (Expenses \$ **110,061**, including grants of \$) (Revenue \$)

Social and Economic Recovery - provide individuals leaving incarceration with psychological and sociological help and temporary housing necessary to successfully re-enter society.

4c (Code:) (Expenses \$ **110,609**, including grants of \$) (Revenue \$)

Prison Advocacy- help individuals recently released from incarceration to identify unlawful employment practices and to become familiar with the resources available to them to enable them to assert their civil rights.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

549,383.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a <u>14</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>	X	
3 a	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 on Schedule O		
4 a	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).		
5 a	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?		
6 a	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?	X	
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 <u>0</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
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? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► **(708) 405-9522**
SWM Planning, LLC 7339 Madison Street Forest Park, IL 60130

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Hilda Richards President	04.00			X						
(2) Yaa Simpson Treasurer	02.00			X						
(3) Beryl Fitzpatrick Secretary	02.00			X						
(4) Laura McTighe	02.00	X								
(5) Rev. Joseph Garrett	02.00	X								
(6) DR. Lynne Mock	02.00	X								
(7) Mildred Williamson	02.00	X								
(8) Rev. Doris Green CEO	40.00			X			69,204.			
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Subtotal						69,204.			
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						69,204.			

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 ▶

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

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 ▶

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 1,374.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 630,976.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,640.					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f.		637,990.				
	Program Service Revenue	2a _____		Business Code			
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a (i) Real (ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a (i) Securities (ii) Other					
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ <u>1,374.</u> of contributions reported on line 1c). See Part IV, line 18	8a 18,132.					
		8b Less: direct expenses		12,996.			
		c Net income or (loss) from fundraising events		5,136.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
9b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold						
	c Net income or (loss) from sales inventory						
Miscellaneous Revenue	11a _____		Business Code				
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			643,126.				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	69,204.	63,978.	2,446.	2,780.
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	236,303.	233,856.	2,447.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,277.	1,277.		
9 Other employee benefits				
10 Payroll taxes	26,863.	26,404.	459.	
11 Fees for services (nonemployees):				
a Management	69,808.	67,840.	1,968.	
b Legal				
c Accounting	2,292.	2,292.		
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 Schedule O.)				
12 Advertising and promotion				
13 Office expenses	21,564.	19,992.	1,572.	
14 Information technology.	7,417.	6,959.	458.	
15 Royalties				
16 Occupancy	41,863.	40,963.	900.	
17 Travel	18,893.	18,213.	680.	
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				
23 Insurance	11,301.	11,195.	106.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Direct Program Expenses	58,029.	56,474.	1,555.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	564,814.	549,443.	12,591.	2,780.
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash — non-interest-bearing	115,328.	1	127,798.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	113,887.	4	174,033.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	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	
16 Total assets. Add lines 1 through 15 (must equal line 33)		229,215.	16	301,831.
Liabilities	17 Accounts payable and accrued expenses	5,745.	17	49.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	26 Total liabilities. Add lines 17 through 25		5,745.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	223,470.	27	301,782.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	223,470.	32	301,782.
33 Total liabilities and net assets/fund balances.	229,215.	33	301,831.	

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)	643,126.
2	Total expenses (must equal Part IX, column (A), line 25)	564,814.
3	Revenue less expenses. Subtract line 2 from line 1	78,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	223,470.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	301,782.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Men & Women in Prison Ministries

Employer identification number

36-3850240

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

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

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

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,582.	342,005.	360,433.	524,462.	643,126.	2,108,608.
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.	238,582.	342,005.	360,433.	524,462.	643,126.	2,108,608.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						2,108,608.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	238,582.	342,005.	360,433.	524,462.	643,126.	2,108,608.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,108,608.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3 % support test-2019. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test-2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2019. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2018. 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. ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

Men & Women in Prison Ministries

36-3850240

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	656,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,996.	
e	Add lines 2a through 2d.	2e	12,996.	
3	Subtract line 2e from line 1.	3	643,126.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b.	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	643,126.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	577,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,996.	
e	Add lines 2a through 2d.	2e	12,996.	
3	Subtract line 2e from line 1	3	564,814.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b.	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	564,814.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

P11, Ln 2d
 Revenue amounts included in financials not in 990

P12, Ln 2d
 Expense amounts included in financials not in 990

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 <u>GALA</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>0</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	18,132.		18,132.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	18,132.		18,132.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,500.		2,500.
	7	Food and beverages	5,120.		5,120.
	8	Entertainment	450.		450.
	9	Other direct expenses	4,926.		4,926.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			12,996.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			5,136.

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) ▶			0.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			0.

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: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . Yes No

b If "Yes," explain: _____

Name of the organization

Employer identification number

Men & Women in Prison Ministries

36-3850240

Part VI Line 1a

None

Part VI Line 11b

The agency's auditor reviews the 990 with the Board of

Part VI Line 11b

Directors and answers any questions at that time.

Part VI Line 12c

The Agency uses a questionnaire regarding conflicts of

Part VI Line 12c

interest that is completed and signed annually by each board member.

Part VI Line 15a or b

The Agency's CEO is the only key employee. Her salary level is

Part VI Line 15a or b

reviewed and approved by the Board.

Part VI Line 19

All relevant information is available on the Agency's website.

Part VII Column E

NA

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

 Terminated for Business Gross receipts are normally \$50,000 or lessC Name of Organization: GET TO WORK ILLINOIS INC932 N Lockwood Ave.
Chicago, IL, US, 60651

D Employee Identification

Number 83-3130899

E Website:

F Name of Principal Officer: Edie Jacobs932 N Lockwood Ave.
Chicago, IL, US, 60651

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Barbara A. Otto</p> <p>2 Business name/disregarded entity name, if different from above Smart Policy Works LLC</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ► _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 917 Wisconsin Avenue</p> <p>6 City, state, and ZIP code Oak Park, IL 60304</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
OR										
Employer identification number										
8	6		-	1	3	9	2	5	9	0

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ► 1/31/2021
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Extended to May 17, 2021

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
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.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Legal Council for Health Justice Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 17 N. State Street 900 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60602 F Name and address of principal officer: Thomas Yates same as C above	D Employer identification number 36-3563802 E Telephone number 312-427-8990 G Gross receipts \$ 2,957,013. 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.legalcouncil.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: 1987		M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Use the power of law to secure dignity, opportunity & well-being for people w/illness & disability. 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 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 42 6 Total number of volunteers (estimate if necessary) 6 44 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 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,373,630. Prior Year 2,202,288. Current Year 9 Program service revenue (Part VIII, line 2g) 737,023. 704,196. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,934. 6,485. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 160,520. 6,822. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,278,107. 2,919,791.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,520,043. 2,584,789. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 406,150. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 679,879. 652,957. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,199,922. 3,237,746. 19 Revenue less expenses. Subtract line 18 from line 12 78,185. -317,955.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,302,578. Beginning of Current Year 2,408,941. End of Year 21 Total liabilities (Part X, line 26) 321,729. 746,047. 22 Net assets or fund balances. Subtract line 21 from line 20 1,980,849. 1,662,894.	

Part II Signature Block

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

Sign Here	Signature of officer Thomas Yates, Executive Director Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name Paul Betlinski	Preparer's signature Paul Betlinski	Date 02/16/21	Check if self-employed <input type="checkbox"/>	PTIN P01960501
	Firm's name ▶ Desmond & Ahern, Ltd				Firm's EIN ▶ 36-3321958
	Firm's address ▶ 10827 S. Western Avenue Chicago, IL 60643				Phone no. 773-779-4720

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Legal Council for Health Justice uses the power of law to secure dignity, opportunity, and well-being for people living with illness or disability. All programs combine direct service, public policy, and education/outreach.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,116,283. including grants of \$) (Revenue \$ 215,729.) Children & Families Program: This program provided legal services to children with complex health conditions in medical-legal partnerships with ACCESS Community Health (two clinic sites), Children's Place Association, Comer Children's Hospital, Lurie Children's Hospital (hospital and clinic sites), and Mt. Sinai Hospital. Working collaboratively with our medical partners, Legal Council staff assisted children and their families in gaining access to educational services, health care, disability benefits, and other public benefits as well as providing assistance on other legal issues confronting families. Services included individual legal representation, outreach and education for medical and legal professionals, clients and low-income communities, and social services advocates. Project staff also advocate

4b (Code:) (Expenses \$ 605,824. including grants of \$) (Revenue \$ 110,400.) HIV Program: This program, continuing work started 32 years ago at the height of the AIDS crisis, provided legal services to people living with or impacted by HIV and other chronic health conditions. The project has medical-legal partnerships with the Core Center of Cook County Health and Hospitals System, Howard Brown Health (4 clinic sites), and Mercy Hospital. Working collaboratively with our medical partners, we ensured that our clients' rights were protected in the areas of employment, health care, housing, and public accommodations and we helped clients navigate the complex bureaucracies that provide critical health and other services that our clients need to survive and thrive. Project staff also advocated for legal changes to remedy client legal issues at state and national levels.

4c (Code:) (Expenses \$ 513,911. including grants of \$) (Revenue \$ 130,234.) Homeless Program: This program focused its legal advocacy on people who have serious mental and other health issues and are homeless. Working with social services agencies across Chicago including the Center for Housing & Health, Franciscan Shelter, Heartland Health Outreach, Thresholds, and Urban Breakthrough Ministries, program staff worked with clients to help them gain access to disability income, health care, substance abuse treatment, and other benefits that empower clients to stabilize their lives and sustain housing.

4d Other program services (Describe on Schedule O.) (Expenses \$ 257,973. including grants of \$) (Revenue \$ 247,833.)

4e Total program service expenses 2,493,991.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Trina Bauling - 773-330-4826**
17 N. State, Suite 900, Chicago, IL 60602

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) Jena L. Levin, Esq. President	1.00	X		X				0.	0.	0.
(2) Philip Tortorich, Esq. Vice President	1.00	X		X				0.	0.	0.
(3) Brian Fliflet, Esq. Treasurer	1.00	X		X				0.	0.	0.
(4) Michael Casner, MD, Esq Secretary	1.00	X		X				0.	0.	0.
(5) Braden Berkey, Psy.D. Director	1.00	X						0.	0.	0.
(6) Bryce Cooper, Esq. Director	1.00	X						0.	0.	0.
(7) Lally Gartel, Esq. Director	1.00	X						0.	0.	0.
(8) Alexander Bandza Director	1.00	X						0.	0.	0.
(9) Mark Greer, Esq. Director	1.00	X						0.	0.	0.
(10) Jennifer Butkus Director	1.00	X						0.	0.	0.
(11) Chris McAdam, Esq. Director	1.00	X						0.	0.	0.
(12) Swarup Mehta, Pharma.D. Director	1.00	X						0.	0.	0.
(13) Jonathan Motto, Esq. Director	1.00	X						0.	0.	0.
(14) Anthen Perry, Esq Director	1.00	X						0.	0.	0.
(15) Brian J. Tiemann, Esq. Director (left in Sept 2019)	1.00	X						0.	0.	0.
(16) Anthony D'Amato, Esq Director	1.00	X						0.	0.	0.
(17) Thomas Yates Executive Director	40.00			X				108,216.	0.	3,189.

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) Ruth Edwards Senior Director of Program Services	40.00					X	102,857.	0.	2,859.	
(19) Lisa Parsons Program Director, Homeless Outreach	40.00					X	100,078.	0.	3,127.	
(20) Amy Zimmerman Director of Children & Families Part	40.00					X	122,665.	0.	3,190.	
1b Subtotal							433,816.	0.	12,365.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							433,816.	0.	12,365.	

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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
17 N. State Street LLC, 55 E. Jackson Blvd., Suite 500, Chicago, IL 60604	Rent	195,815.

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 **1**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 8,862.					
	b	Membership dues	1b					
	c	Fundraising events	1c 15,664.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 624,661.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,553,101.					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f	▶ 2,202,288.					
Program Service Revenue	2 a	Program service fees	Business Code 541100	704,196.	704,196.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	▶ 704,196.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	6,485.			6,485.	
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)	▶					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)	▶						
8 a	Gross income from fundraising events (not including \$ 15,664. of contributions reported on line 1c). See Part IV, line 18	8a		44,044.				
b	Less: direct expenses	8b	37,222.					
c	Net income or (loss) from fundraising events	▶	6,822.			6,822.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities	▶						
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d	▶					
12	Total revenue. See instructions	▶ 2,919,791.	704,196.	0.	13,307.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	112,539.	2,251.	57,395.	52,893.
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	2,010,121.	1,653,876.	141,034.	215,211.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,113.	32,207.	1,524.	2,382.
9 Other employee benefits	264,816.	220,995.	15,277.	28,544.
10 Payroll taxes	161,200.	126,276.	14,640.	20,284.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,558.	7,532.	26.	
c Accounting	69,055.		69,055.	
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.)	78,865.	56,382.		22,483.
12 Advertising and promotion				
13 Office expenses	94,022.	70,238.	6,654.	17,130.
14 Information technology	47,930.	39,599.	3,501.	4,830.
15 Royalties				
16 Occupancy	193,268.	151,092.	17,723.	24,453.
17 Travel	14,940.	12,361.	944.	1,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	29,129.	26,950.	1,124.	1,055.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,687.	33,372.	3,914.	5,401.
23 Insurance	20,933.	16,365.	1,920.	2,648.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT fringe benefits	1,280.		1,280.	
b Medical records	20,454.	20,454.		
c Dues & subscriptions	19,519.	19,082.	89.	348.
d Miscellaneous	9,347.	989.	1,505.	6,853.
e All other expenses	3,970.	3,970.		
25 Total functional expenses. Add lines 1 through 24e	3,237,746.	2,493,991.	337,605.	406,150.
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 <input type="checkbox"/> 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	433,328.	1	965,657.
	2 Savings and temporary cash investments	1,074,365.	2	713,692.
	3 Pledges and grants receivable, net	584,925.	3	556,426.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,013.	9	8,866.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 262,081.		
	b Less: accumulated depreciation	10b 172,781.	122,947.	10c 89,300.
	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	75,000.	15	75,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,302,578.	16	2,408,941.	
Liabilities	17 Accounts payable and accrued expenses	181,394.	17	163,689.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	140,335.	25	582,358.
	26 Total liabilities. Add lines 17 through 25	321,729.	26	746,047.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,397,167.	27	986,983.
	28 Net assets with donor restrictions	583,682.	28	675,911.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,980,849.	32	1,662,894.
33 Total liabilities and net assets/fund balances	2,302,578.	33	2,408,941.	

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	2,919,791.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,237,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	-317,955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,980,849.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,662,894.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Legal Council for Health Justice
Employer identification number: 36-3563802

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1806180.	2162821.	1983070.	2373630.	2186624.	10512325.
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	1806180.	2162821.	1983070.	2373630.	2186624.	10512325.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1480704.
6 Public support. Subtract line 5 from line 4.						9031621.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1806180.	2162821.	1983070.	2373630.	2186624.	10512325.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,830.	2,555.	6,449.	6,934.	6,485.	24,253.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						10536578.
12 Gross receipts from related activities, etc. (see instructions)					12	3,531,626.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.72 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	87.75 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Legal Council for Health Justice

Employer identification number

36-3563802

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Legal Council for Health Justice	Employer identification number 36-3563802
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lawyers Trust Fund of Illinois 65 E. Wacker Place, Suite 1900 Chicago, IL 60601	\$ 285,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Illinois Children's Healthcare Foundation 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Polk Bros. Foundation 20 W. Kinzie, #1110 Chicago, IL 60654	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Micheal Reese Health Trust 150 N. Upper Wacker Drive, #2320 Chicago, IL 60606	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	City of Chicago 333 S. State Street, #200 Chicago, IL 60604	\$ 553,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AIDS Foundation of Chicago 200 W. Jackson, Suite 2100 Chicago, IL 60606	\$ 98,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Legal Council for Health Justice	Employer identification number 36-3563802
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Retirement Research Foundation 8765 W. Higgins Road, Suite 430 Chicago, IL 60631	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Healthy Communities Foundation 19 Riverside Road, No. 1 Riverside, IL 60546	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Equal Justice Works 1730 M Street NW, Suite 800 Washington, DC 20036	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Illinois Immigrant Funders Collaborative at The Chicago Community 225 N. Michigan Ave., No. 2200 Chicago, IL 60601	\$ 51,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Robert R. McCormick Foundation 205 N. Michigan Ave., Suite 4300 Chicago, IL 60601	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Logan Foundation 980 N. Michigan Ave, Suite 1122 Chicago, IL 60611	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Legal Council for Health Justice	Employer identification number 36-3563802
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization Legal Council for Health Justice	Employer identification number 36-3563802
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Legal Council for Health Justice	Employer identification number 36-3563802
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	209.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	13,992.													
c	Total lobbying expenditures (add lines 1a and 1b)	14,201.													
d	Other exempt purpose expenditures	3,223,545.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,237,746.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	311,887.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	77,972.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	268,725.	291,838.	309,996.	311,887.	1,182,446.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,773,669.
c Total lobbying expenditures	11,484.	14,971.	28,379.	14,201.	69,035.
d Grassroots nontaxable amount	67,181.	72,960.	77,499.	77,972.	295,612.
e Grassroots ceiling amount (150% of line 2d, column (e))					443,418.
f Grassroots lobbying expenditures	1,168.			209.	1,377.

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2019

Open to Public Inspection

Name of the organization: Legal Council for Health Justice; Employer identification number: 36-3563802

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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 Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,423.	10,433.	11,990.
d Equipment				
e Other		239,658.	162,348.	77,310.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,300.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) Deferred rent	136,900.
(3) Paycheck protection program	445,458.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	582,358.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,006,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	86,281.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	86,281.
3	Subtract line 2e from line 1		3	2,919,791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,919,791.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,324,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	86,281.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	86,281.
3	Subtract line 2e from line 1		3	3,237,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,237,746.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

FIN 48 Note from Audited Financial Statement

The Organization was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The tax-exempt purpose of the Organization and the nature in which it operates is described above.

Management's assertion is that there are no uncertain tax positions and the Organization continues to operate in compliance with its tax-exempt purpose. The Organization's annual informational and income tax returns

Part XIII Supplemental Information *(continued)*

filed with the federal and state governments are subject to examination generally three years after they are filed.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: Legal Council for Health Justice
Employer identification number: 36-3563802

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [] Yes [] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

932081 09-11-19

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))
		Gala/Sidetrack (event type)	AIDS Run & Walk (event type)	None (total number)	
Revenue	1	Gross receipts	45,424.	14,284.	59,708.
	2	Less: Contributions	1,380.	14,284.	15,664.
	3	Gross income (line 1 minus line 2)	44,044.		44,044.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	6,816.		6,816.
	8	Entertainment	450.		450.
	9	Other direct expenses	3,973.		3,973.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			11,239.
11	Net income summary. Subtract line 10 from line 3, column (d)			32,805.	

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			
	2	Cash prizes			
Direct Expenses	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		%
13b		%

b An outside facility

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.

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

2019

Open to Public
Inspection

Name of the organization

Legal Council for Health Justice

Employer identification number

36-3563802

Form 990, Part III, Line 4a, Program Service Accomplishments:

for legal changes to remedy client legal issues at state and national
levels.

Form 990, Part III, Line 4d, Other Program Services:

Special Projects

Expenses \$ 257,973. including grants of \$ 0. Revenue \$ 247,833.

Form 990, Part VI, Section B, line 11b:

The Form 990 was initially reviewed by the Executive Director, Office
Administrator and Board Treasurer. It was provided to the entire Board of
Directors for discussion and review prior to filing.

Form 990, Part VI, Section B, Line 12c:

An assessment of conflicts of interest is done annually and as potential
conflicts arise.

Form 990, Part VI, Section B, Line 15:

Compensation is determined using comparability data and is reviewed and
approved by the Board of Directors.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy
and financial statements available upon request.

Form 990, Part XII, line 2c:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

Legal Council for Health Justice

Employer identification number

36-3563802

The process has not changed from the prior year.

Lined area for providing additional information.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT # _____
AMT _____
INIT _____

**Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601**

CO # 01-018,866

Report for the Fiscal Period:

Beginning 07/01/2019

& Ending 06/30/2020
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Federal ID # 36-3563802

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 12/02/1987
MO DAY YR

<p>LEGAL NAME Legal Council for Health Justice</p> <p>MAIL ADDRESS 17 N. State Street, No. 900</p> <p>CITY, STATE Chicago, IL</p> <p>ZIP CODE 60602</p>	<p>Year-end amounts</p> <p>A) ASSETS A) \$ 2,408,941.</p> <p>B) LIABILITIES B) \$ 746,047.</p> <p>C) NET ASSETS C) \$ 1,662,894.</p>																
<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">PERCENTAGE</th> <th style="width: 70%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">78.656 %</td> <td>D) \$ 2,325,867.</td> </tr> <tr> <td style="text-align: center;">21.125 %</td> <td>E) \$ 624,661.</td> </tr> <tr> <td style="text-align: center;">0.219 %</td> <td>F) \$ 6,485.</td> </tr> <tr> <td style="text-align: center;">100 %</td> <td>G) \$ 2,957,013.</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	78.656 %	D) \$ 2,325,867.	21.125 %	E) \$ 624,661.	0.219 %	F) \$ 6,485.	100 %	G) \$ 2,957,013.						
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100 %	G) \$ 2,957,013.																
<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;"></td> <td style="width: 70%;">H) \$ 2,531,213.</td> </tr> <tr> <td></td> <td>I) \$ _____</td> </tr> <tr> <td></td> <td>J) \$ 2,531,213.</td> </tr> <tr> <td></td> <td>K) \$ _____</td> </tr> <tr> <td></td> <td>L) \$ 2,531,213.</td> </tr> <tr> <td></td> <td>M) \$ 337,605.</td> </tr> <tr> <td></td> <td>N) \$ 406,150.</td> </tr> <tr> <td></td> <td>O) \$ 3,274,968.</td> </tr> </tbody> </table>		H) \$ 2,531,213.		I) \$ _____		J) \$ 2,531,213.		K) \$ _____		L) \$ 2,531,213.		M) \$ 337,605.		N) \$ 406,150.		O) \$ 3,274,968.
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	N) \$ 406,150.																
	O) \$ 3,274,968.																
<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">100 %</td> <td>P) \$ 0.</td> </tr> <tr> <td></td> <td>Q) \$ _____</td> </tr> <tr> <td></td> <td>R) \$ _____</td> </tr> <tr> <td></td> <td>S) \$ 0.</td> </tr> </tbody> </table>	100 %	P) \$ 0.		Q) \$ _____		R) \$ _____		S) \$ 0.								
100 %	P) \$ 0.																
	Q) \$ _____																
	R) \$ _____																
	S) \$ 0.																
<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE: <u>Thomas Yates, Executive Director</u></p> <p>U) NAME, TITLE: <u>Amy Zimmerman, Director of Children & Families</u></p> <p>V) NAME, TITLE: <u>Ruth Edwards, Senior Director of Program Services</u></p>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">T) \$ 109,350.</td> </tr> <tr> <td>U) \$ 73,582.</td> </tr> <tr> <td>V) \$ 101,442.</td> </tr> </tbody> </table>	T) \$ 109,350.	U) \$ 73,582.	V) \$ 101,442.													
T) \$ 109,350.																	
U) \$ 73,582.																	
V) \$ 101,442.																	
<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION: <u>Legal services, education and advocacy</u></p> <p>X) DESCRIPTION: _____</p> <p>Y) DESCRIPTION: _____</p>																	
	<p>List on back side of instructions</p> <p>CODE</p> <p>W) # 090</p> <p>X) # _____</p> <p>Y) # _____</p>																

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>Fifth Third Bank, 222 S. Riverside Plaza, Chicago, IL 60606</u>		
<u>Northern Trust Company, 50 S. LaSalle Street, Chicago, IL 60603</u>		
<u>CIBC, 120 S. LaSalle Street, Chicago, IL 60603</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Trina Bauling - 773-330-4826</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

Thomas Yates

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Brian Fliflet

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Paul Betlinski

PREPARER (PRINT NAME)

SIGNATURE

DATE



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JUL 28 2020

Angela Ratcliffe
K.A.M. Alliance, Inc.
2215 W 95th Street, Suite 100
Chicago, IL 60643

Dear Ms. Ratcliffe:

We are pleased to inform you that **K.A.M. Alliance, Inc.** is certified as a **Minority-Owned Business Enterprise ("MBE")** and **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **7/31/2025**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **7/31/2021, 7/31/2022, 7/31/2023 and 7/31/2024**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **7/31/2025**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **5/31/2025**.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE/WBE** if you fail to:

DMW

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):

621420 – Outpatient Mental Health and Substance Abuse Centers

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Shannon E. Andrews
Chief Procurement Officer

SEA/ab

CMS: Certification Approved

State of Illinois Central Management Services <cms@diversitycompliance.com>

Wed 11/18/2020 1:27 PM

To: info kamalliance.com <info@kamalliance.com>

CMS

Angela Ratcliffe
K.A.M Alliance, Inc
2215 W. 95th Street
100
Chicago, IL 60643-1001

Dear Business Owner:

Re: NCA Certification Approval Women/Minority Business Enterprise (WMBE)
Certification Term Expires: November 28, 2021

Congratulations! After reviewing the No-Change Affidavit (NCA) information you supplied, we are pleased to inform you that your firm has been granted continued certification under the Business Enterprise Program (BEP) for Minorities, Females and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above as long as you continue to submit annual No -Change Affidavits and are found to still meet the requirements of the Program.

Your firm's name will appear in the State's Directory as a certified vendor with the BEP in the specialty area(s) of:

NIGP 95262: MENTAL HEALTH SERVICES: VOCATIONAL, RESIDENTIAL, ETC.

Also, please be advised that this certification does not guarantee that you will receive a State contract. Please visit the Vendor Registration page on [www.opportunities.illinois.gov]www.opportunities.illinois.gov and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program does not ensure you receive notifications; you must also register with the Procurement Bulletins.

Thank you for your participation in the BEP. We welcome your participation and wish you continued success.

Sincerely,

Carlos Gutiérrez
Certification Manager
Business Enterprise Program

Safer Foundation
Healthcare Transformation Collaboratives
Collaborative: PEERR Network
Supporting Documentation

Supporting documentation included in this document:

1. Letter from the Office of Lt. Governor to community organizations about PEERR
2. Follow-up email launching PEERR
3. PEERR Report
4. Link to video of PEERR/Panel including PEERR participants and providers
5. Letters of Support

To: [Arriazola, Sherie](#)
Subject: RE: Launch Call re- Prison Emergency Early Release Response w- LG Stratton
Date: Tuesday, March 23, 2021 6:49:50 PM

From: Delaney, Yaacov <Yaacov.Delaney@Illinois.gov>
Sent: Friday, April 3, 2020 4:33 PM
To: Harwell, Emily <Emily.Harwell@illinois.gov>; Drame, Ahmadou <ahmadou.drame@saferfoundation.org>
Subject: Launch Call re- Prison Emergency Early Release Response w- LG Stratton

April 3, 2020

Dear Reentry Service Provider,

On behalf of Lt. Governor Stratton, I am inviting you to participate in a conference call to learn about the **COVID-19 Prison Emergency Early Release Response (PEERR)**—a coordinated effort to facilitate the successful reentry of people leaving our state prisons and returning to our communities, especially during this pandemic. The PEERR team is currently developing a referral network of human services, healthcare, housing, and reentry providers that are open for business, whether in person or remotely, and have capacity to deliver services to people being released from IDOC custody. These services may include food, clothing, financial assistance, telehealth substance use and mental health services, physical healthcare, medication continuity, employment services, and housing. The PEERR effort in Cook County is being coordinated by the Safer Foundation.

The purpose of this call is to share information about the PEERR system and discuss coordination to help people being released from state prisons get connected to community-based organizations in their home counties and obtain the critical resources and services they need to successfully transition back into their communities. This call will take place from **9:30-10:30 am on Monday, April 6, 2020**. The call-in information and agenda is forthcoming. Please RSVP at ahmadou.drame@saferfoundation.org

Thank you in advance for your continued efforts during these challenging times. We acknowledge that this crisis is placing an unanticipated strain on our service delivery system, especially for those working on our front lines. However, we are confident that we can rise to the challenge. If you have any questions, or need additional information about the PEERR, please contact Ahmadou Drame at ahmadou.drame@saferfoundation.org.

Sincerely,

Yaacov Delaney

Yaacov Delaney

Policy Coordinator – Justice, Equity and Opportunity Initiative | Office of Illinois Lt. Governor Juliana Stratton

James R. Thompson Center

100 W. Randolph St., Ste. 15-200 | Chicago, IL 60601

O: (312) 814-1995

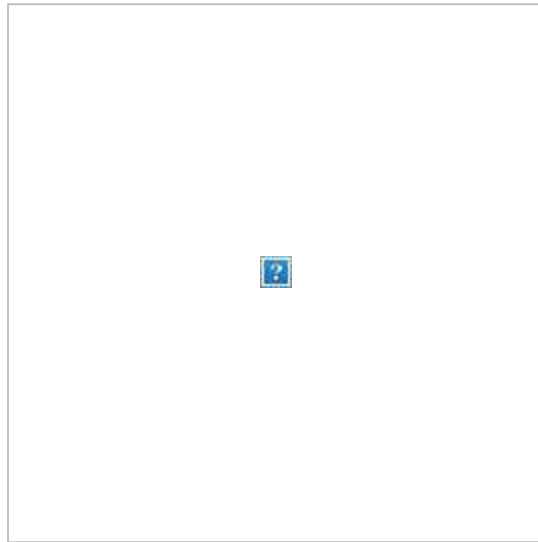
www2.illinois.gov/sites/ltg

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: [Arriazola, Sherie](#)
To: [Sherie \(Arriazola\) Martinez](#)
Subject: Fwd: Follow-up Items From PEERR Team Call with Lt. Governor Stratton and IDOC Director Jeffreys
Date: Tuesday, March 23, 2021 6:55:12 PM

Begin forwarded message:

From: Safer Foundation <ahmadou.drame@saferfoundation.org>
Date: April 6, 2020 at 12:35:27 PM CDT
To: "Arriazola, Sherie" <Sherie.Arriazola@saferfoundation.org>
Subject: **Follow-up Items From PEERR Team Call with Lt. Governor Stratton and IDOC Director Jeffreys**
Reply-To: ahmadou.drame@saferfoundation.org



Follow-up to this Morning's Prison Emergency Early Release (PEERR) Team Launch Call

Dear Reentry Service Providers,

Thank you for making time to join us on today's PEERR team call with Lt. Governor Stratton and IDOC Director Rob Jeffreys.

As a reminder, the PEERR team is a coordinated effort to facilitate the successful reentry of people leaving our state prisons and returning to Cook County. The PEERR effort in Cook County is being coordinated by the Safer Foundation.

Please click [here](#) to complete our survey. We are using this survey to develop a referral network of human services, healthcare, housing, and reentry providers that are open for business, whether in person or remotely, and have capacity to deliver services to people being released from IDOC custody. These services may include food, clothing, financial assistance, telehealth substance use and mental health services, physical healthcare, medication continuity, employment services, and housing.

If you have any questions about the coordination of care for people leaving IDOC, please contact Sherie Arriazola at Sherie.Arriazola@saferfoundation.org.

If you have any questions regarding advocacy and the PEERR team letter to leaders in philanthropy and government for resources to help facilitate the successful reentry of people leaving IDOC, please contact Ahmadou.Drame@saferfoundation.org.

Again, please complete the survey by clicking on the link [here](#) or the one below. Thank you again.

Sincerely,

The Team at Safer Foundation

[Click here to complete the PEERR CBO Survey](#)

Safer Foundation | 571 W. Jackson Blvd., Chicago, IL 60661

[Unsubscribe sherie.arriazola@saferfoundation.org](#)

[Update Profile](#) | [About Constant Contact](#)

Sent by ahmadou.drame@saferfoundation.org in collaboration with



Try email marketing for free today!

PEERRSM

Prison Emergency
Early Release Response
2020 Report



Smart Policy
Works

Acknowledgements

First and foremost, we want to thank the men and women who shared their reentry experiences with us. Their lived experience shaped the policy recommendations and without their voices, this report would not have been possible.

We also want to thank Dr. Keesha Middlemass for her thought leadership on social disability theory and her many contributions to create just and holistic reentry services. Her ideas play a central role in our efforts to improve reentry for returning residents in Illinois.

None of this good work would be possible without our partner organizations. We are so grateful to have them as our partners:

Partners	EMAGES	RISE Reentry
	Habilitative Systems Inc. (HSI)	St. Leonard's Ministries
	Healthcare Alternative Systems, Inc. (HAS)	Transforming Reentry Services/ Men and Women Prison Ministries
	Heartland Alliance Health	Trilogy
	Housing Choice Partners	Treatment Alternatives for Safe Communities, Inc. (TASC)
	KAM Alliance	University of Illinois Hospital and Health Sciences System
	Kolbe House Jail Ministry	Women's Justice Institute
	Legal Council for Health Justice	

Finally, we want to thank following organizations who contributed to the PEERRSM Network and its participants, including funding, cell phones, care packages, gift cards, and more:

Contributors	AT&T	Meridian Health
	Chicago Community Trust	The Robert R. McCormick Foundation
	Illinois Criminal Justice Information Authority	United Way

Acknowledgements

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Introduction

COVID-19 and the Governor's Executive Order 2020-21

Background

On April 6, 2020, Governor J.B. Pritzker issued Executive Order 2020-21 (COVID-19 Executive Order No. 19) to address the spread of the Coronavirus Disease 2019 (COVID-19) in Illinois prisons¹. The executive order gave the Director of the Illinois Department of Corrections (“IDOC”) the authority to provide “early release” to individuals who were near the end of their sentences and medical furloughs for incarcerated individuals with vulnerable health. The Executive Order zeroed in on the “36,000 male and female inmates in 28 facilities, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19.”²

A few weeks earlier, on March 21st, Safer Foundation (“Safer”) had received word from the Governor’s Office that these decarceration efforts would go into effect. Safer and several partner organizations throughout Cook County met to develop a process to address the immediate reentry needs of the “thousands of people” IDOC was considering releasing due to COVID-19. The state informed Safer Foundation that the early release program would target non-violent inmates; the elderly, pregnant women, people with medical conditions, and those nearing the end of their sentence who with sentencing discretionary credits could be released. Safer Foundation agreed to coordinate reentry services for participants in the COVID-19 Early Release effort that return to Chicago and Cook County; Treatment Alternatives for Safe Communities, Inc. (TASC) agreed to serve the rest of the state and those currently returning from Sheridan and Southwestern Illinois Correctional Center.

Between March and August 24, 2020, (the time period for this report), IDOC released 9,365 people³. To address the needs of those returning to Chicago and Cook County, Safer Foundation recruited a network of community-based providers. These providers specialize in providing social services that address social determinants of recidivism, such as: healthcare, behavioral health, housing, food & nutrition, and employment. Safer Foundation launched this network as the **Prison Emergency Early Release Response (PEERRSM)** program at the end of March 2020. This network received 1,029

calls to a dedicated hotline; triaged 660 direct referrals from IDOC, and provided intensive navigation supports to 323 residents returning to Chicago or other parts of Cook County.

The COVID-19 early release program provided a unique window into the reentry experience of returning residents to the city of Chicago and Cook County at large. As expected, several flaws in the reentry process were highlighted and exacerbated by the pandemic. This report seeks to shed light on the challenges faced by returning residents and recommend solutions towards a more holistic and just reentry process for individuals released from prison. The current moment offers a unique opportunity for the city, the county, and the state to invest in a sustainable social service model that can fulfill the needs of its returning residents and decrease recidivism. We believe that PEERRSM provides that model.

1 <https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-21.aspx>

2 Ibid.

3 <https://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx>

2

Safer Foundation's Response: The PEERRSM Network

Safer Foundation's Response

The PEERRSM Network



The PEERRSM Model

In response to the Governor's call for assistance, Safer Foundation created the PEERRSM model, launched a hotline and worked with IDOC on a referral process. IDOC shared information about the services available from Safer Foundation with people identified for early release. They then provided direct referrals if inmates chose to sign a consent form. The consent forms allowed Safer Foundation to contact people directly once they were back in their communities. Those that did not sign consent forms were provided the hotline number and information on Safer Foundation and TASC as a resource, if the need arose.

The Safer Foundation created Reentry Navigator positions for the PEERRSM program. These Reentry Navigators connected with returning residents and conducted an assessment for the following:



Food & Nutrition

Does the individual have access to food? Need to apply for SNAP?



Income

Does the individual have access to cash assistance until they secure employment?



Employment

Are they interested in employment? What is their work history? Do they need a resume?



Access to Technology

Does the individual have access to a cell phone, computer, laptop or desktop?



State Identification

Does the individual have a valid ID and social security card?



Medical and Behavioral Health

Was the individual taking medications while incarcerated and how much were they given upon release? Does the individual need a referral for health, behavioral health care or help securing prescriptions for continuity of care?



Coverage

Does the individual have medical coverage? Will they need coverage reinstated under Medicaid? Do they need a new application? If the need is urgent, does the application need to be expedited?



Housing stability

Does the individual have stable housing?

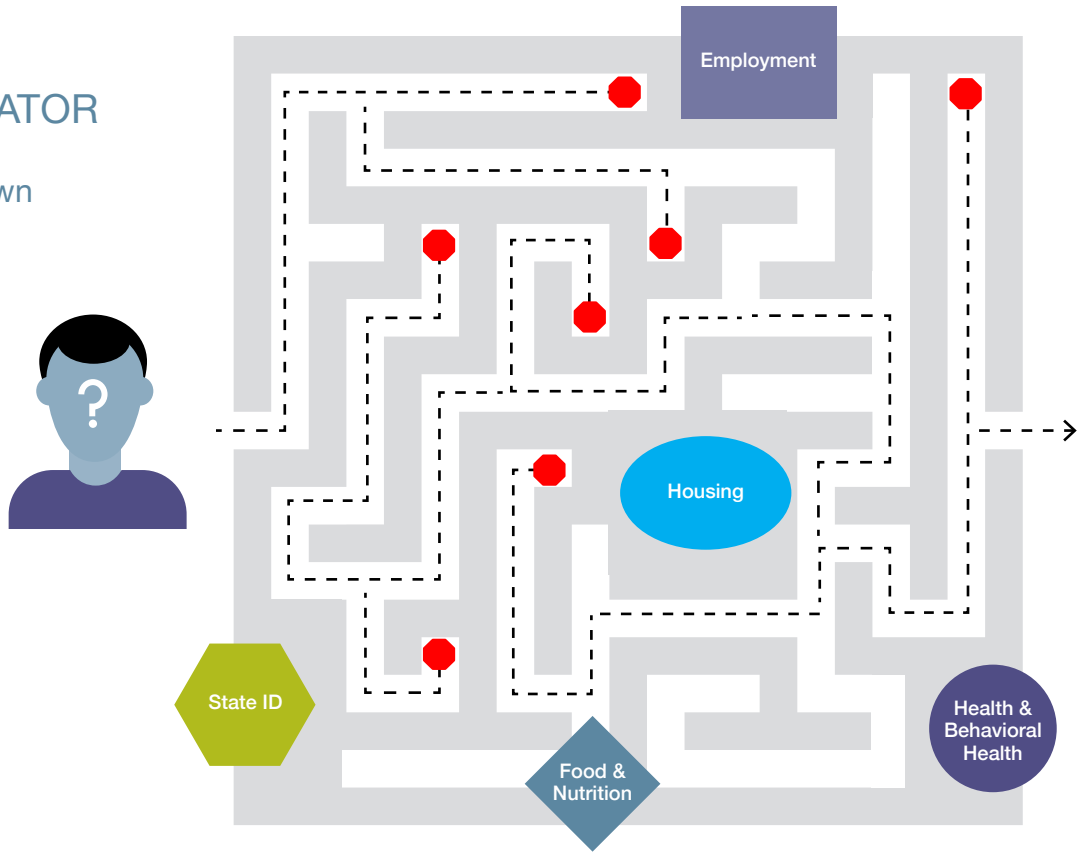


Parole Mandates

Are there any parole mandates that the individual needs help with? This could include enrolling in a substance use rehabilitation program, mental health evaluation, anger management, sex offender counseling, and domestic violence.

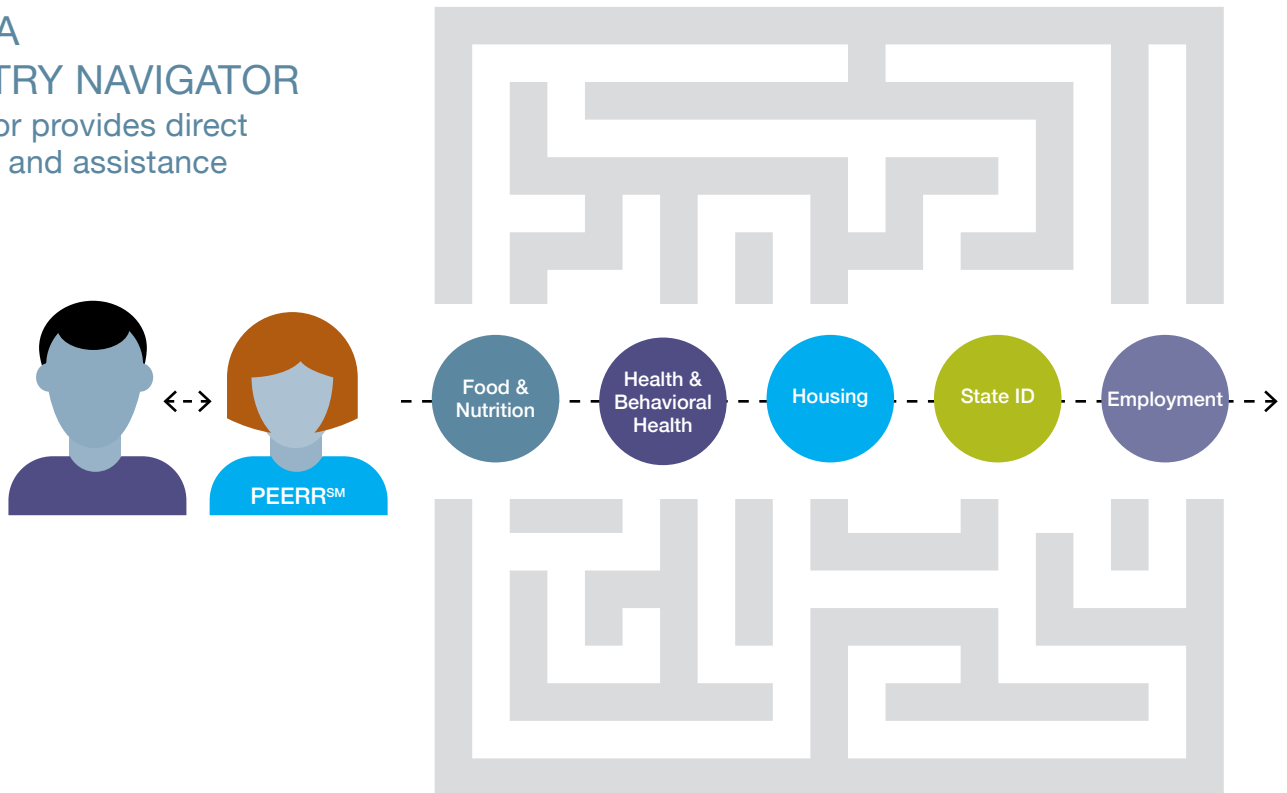
WITHOUT A REENTRY NAVIGATOR

Client has to navigate 5-10 CBOs on their own



WITH A REENTRY NAVIGATOR

Navigator provides direct referrals and assistance



PEERRSM Provider Network

The Safer Foundation recruited providers to participate in a network dedicated to serving those in the COVID-19 Early Release program. The providers addressed basic income and supports, healthcare & behavioral health, food & nutrition as well as assistance with Social Security applications. The Safer Foundation created a HIPAA compliant referral process for health and behavioral health providers. Participating providers established a dedicated process with a single point of contact for receiving PEERRSM referrals. These providers, and representatives from IDOC and the Lt Governor’s Office, participated in a bi-weekly trouble-shooting call with Safer Foundation to manage any service delivery challenges related to COVID-19, such as bureaucratic challenges related to Medicaid applications or securing state IDs via the IL Secretary of State’s Office. The weekly call also identified a running list of issues that are unique to service delivery during COVID-19 as well as long standing reentry challenges for returning residents.

PEERR SM Network Providers	EMAGES	RISE Reentry
	Habilitative Systems Inc. (HSI)	St. Leonard’s Ministries
	Healthcare Alternative Systems, Inc. (HAS)	Transforming Reentry Services/Men and Women Prison Ministries
	Heartland Alliance Health	Trilogy
	Housing Choice Partners	Treatment Alternatives for Safe Communities, Inc. (TASC) ⁴
	KAM Alliance	University of Illinois Hospital and Health Sciences System
	Kolbe House Jail Ministry	Women’s Justice Institute
	Legal Council for Health Justice	

4 *Serving individuals returning to areas outside of Cook County and all individuals returning from Sheridan and Southwestern Illinois Correctional Center.




Reentry Challenges Experienced by COVID-19 Early Release Population

Reentry Challenges Experienced by COVID-19 Early Release Population

Safer Foundation and Smart Policy Works conducted journey mapping with participants in the early release program and providers in the PEERRSM network. Journey mapping combines two powerful instruments –storytelling and visualization – to help define, detail and reveal barriers in the reentry process and systems. Mapping the PEERRSM participant’s experience with public systems and reentry services helps us capture another data point in understanding what worked and what could be “working better” for reentry, both for this population and for all reentry services.

Interviews were conducted with ten individuals who were a part of the early release program between March and June of 2020, and the Safer Foundation surveyed 323 of those they served during the period. These participants are a small sample of the 660 individuals referred to PEERRSM as of August 24th, 2020, but their narratives provide insights into the discharge process and the amount of assistance the state was able to provide its returning residents. Overall, they detailed the hardships of leaving prison with minimal assistance in the community. Their experiences echo the work of scholar Keesha M. Middlemass, who defines a felony conviction as a “social disability.” As she explains in *Convicted and Condemned: the Politics and Policies of Prisoner Reentry*:

 “Felons are legally disabled and incapacitated which limits their ability to engage with and in society. When felons exit prison, society stigmatizes, discredits, and fears them, which results in a societal exclusion that is more complete than for adults living with a disability.”⁵

Participants interviewed expressed feeling the weight of this social disability. They needed help navigating a whole new world, especially now that they were marked with a conviction. All interviewees emphasized the importance of both pre-release and post-release reentry services and navigation supports. The following themes were found across all interviews and illustrate some of the challenges that returning residents face.

5 Keesha M. Middlemass, *Convicted and Condemned: The Politics and Policies of Prisoner Reentry* (New York: New York University Press, 2017), 26.

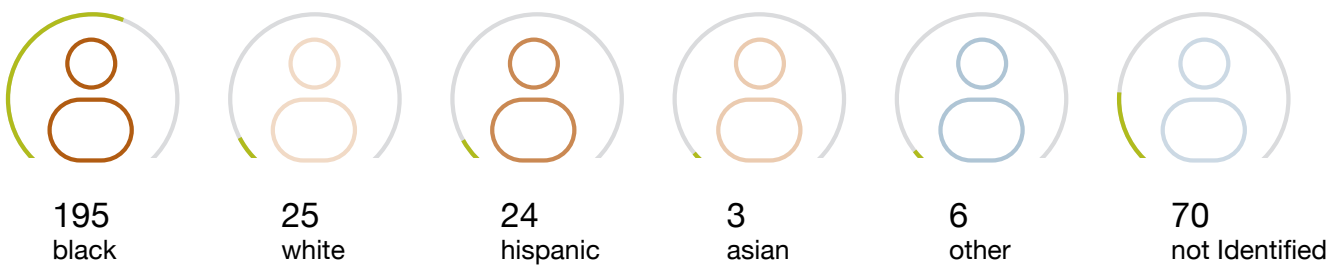
PEERRSM DEMOGRAPHIC

323 participants

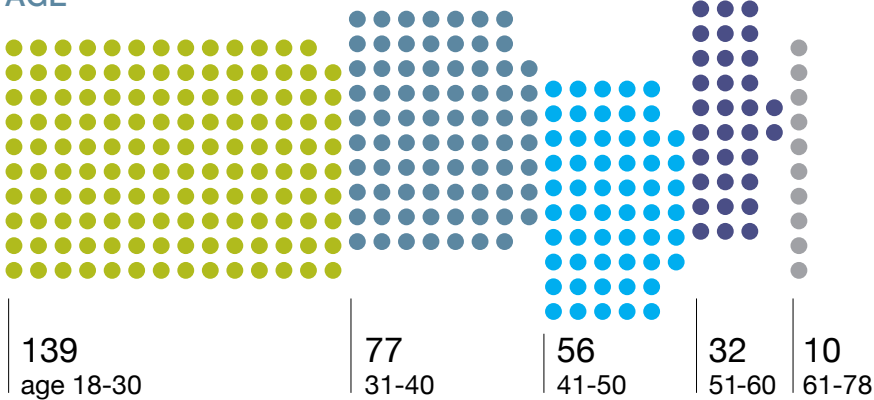
GENDER



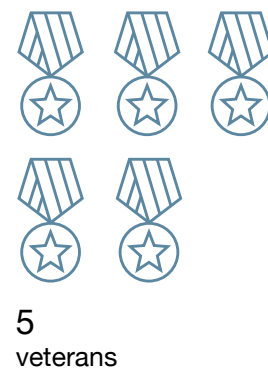
RACE



AGE



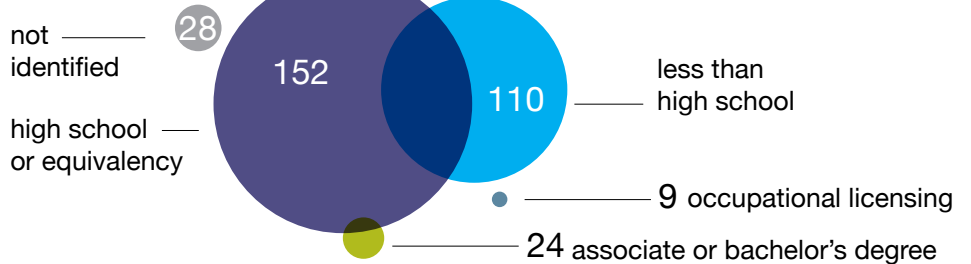
BACKGROUND



AVERAGE PARTICIPANT

- Black
- Male
- 18-30 years old
- High school or equivalency

EDUCATION



Basic Financial Needs and Access to Technology

Everyone interviewed received basic assistance from the PEERRSM network. Some of the basic needs Reentry Navigator's identified for participants included food, clothing, technology, and money. PEERRSM provided basic assistance in the form of care packages, Visa and grocery store gift cards, help in accessing SNAP benefits, assistance with receiving their stimulus checks, clothing and smartphones provided by Safer, and employment services. Of 323 individuals surveyed:

94

received help accessing SNAP benefits

58

58 were assisted in getting their stimulus check, of which 4 were referred to our Tax Fraud specialists due to identity theft

60

received a smartphone from Safer

160

requested help with employment

While these forms of assistance relieved some client needs, the most pressing need was financial. Most participants expressed that getting a job was their top priority after leaving IDOC. A job means economic opportunity and mobility. But interviewees often expressed that to make money, they needed to have money. As R.K., 56, puts it,

“Financially. You can't buy certain things with just food stamps. I do catering. I'm a caterer. I've done it for a bit of time. I need a nice shirt, a nice black tie, a few things that I need that I can't buy with food stamps. If I can get them then I'd probably be on my way to qualify for different jobs that I'm qualified for.”

Besides the stigma that participants already face for their conviction records, the pandemic, lack of State ID, lack of digital literacy, limited financial resources, and unstable housing made employment even harder to come by for PEERRSM participants. A job is a pathway for a better life, but PEERRSM participants lacked the map, the gear, and the equipment to find the path.

Parole requirements and electronic monitoring also limited movement during the summer months of 2020. Of 273 clients who were surveyed on the condition of their parole, 39% were on electronic monitoring. These restrictions on movement make it difficult to gain part-time employment that operate during overnight shifts or early morning shifts, jobs which are typically more friendly to people with records. In many cases participants were on complete lockdown due to the quarantine and civil unrest. It hindered them from getting access to care packages, food, clothing, employment, and healthcare services. As T.J. explains, “We were told we can’t get a job here when I was first released, because of the COVID. There was very strict movement. And when that actually got released on the 3rd of this month [June], then parole put us on lockdown because of the protests. So, just recently, like, last week we’ve been released off of this and I went out running around getting my ID, filing my taxes, getting my bank cards... Now it’s time to start looking for a job.” T.J. was unable to get his finances in order, get his ID, or get a job due to these limitations. Restrictions in movement disable returning residents from accessing the resources they need to reacclimate in their first two months home.

Lack of digital literacy was a major barrier that limited access to resources, as well. PEERRSM participants that spent over 10 years in prison had difficulty navigating reentry services during the time of COVID-19 because they lacked basic technology and the skills to operate it. Of the 323 individuals in the PEERRSM program:

60

did not have access to a smartphone

139

did not have access to a computer

104

did not have access to internet

Even though some had access to technology (smart phone, computer, laptop) they had no idea how to navigate it. According to A.D., 50, who served a 26.5-year sentence, “Right now I’m still learning of the gigabytes and the different apps that come on the computer, so I’m still learning. It gets a little frustrating sometimes when I’m not able to get into my meetings and do certain things, but I’m still learning about how to work the computer and the phone and stuff like that.” Clients who served longer sentences like A.D. had the most difficulty. The world of technology has changed so much year to year, that even younger participants felt lost. J.H., 28, who was imprisoned for nearly ten years,

puts it simply, “my last phone was a BlackBerry Pearl.” Returning residents come to the modern world with a major gap in knowledge about technology.

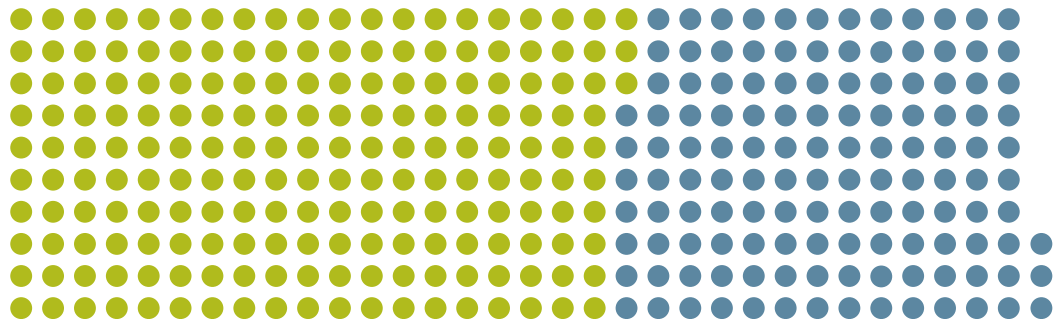
The gap in digital literacy makes access to essential services very difficult. Having an email and access to the internet is often a required part of accessing services, benefits, and employment applications. When cash assistance was made available online, for example, some Reentry Navigators spent 1-2 hours on the phone with people trying to help them access their email, do two-step verifications to log in, enter necessary information, and eventually submit these web-based applications for financial assistance. Due to office closures related to COVID-19, this was the only way Safer could connect individuals to these critical benefits. Without digital literacy, returning residents face an uphill battle in accessing services and supports. The first two months after release are pivotal to readapting to society. All these factors gave returning residents a late start on financial access and economic mobility.

Access to a State Issued ID Card

Obtaining State ID cards proved to be among the greatest challenges expressed by PEERRSM participants. Of the PEERRSM participants surveyed, 60% did not have state IDs when they returned to the community.

60%

did not have state IDs




COVID-19 made access to State IDs even more complicated because the Secretary of State (SOS) offices were closed from March 24th, 2020 until June 1st, 2020. The Secretary of State was able to offer a limited number of IDs during the pandemic, but the complications from COVID-19 made accessing IDOC facilities challenging for SOS staff.

The state tried to ameliorate the closure of SOS offices by issuing temporary IDs that could be redeemed for a permanent ID from the SOS' Division of Motor Vehicles. However, these temporary IDs were not recognized by other government agencies, financial institutions and employers as valid IDs. As A.D. explains, "They gave me this piece of paper and told me that I can use that as a temporary ID. It had my photo on it, it had the information on my case on the bottom of it, and it also had... my IDOC number and a few numbers on it... Every time I took it out and showed it to somebody, they said I need a number that they need to type into the computer that I just didn't have." Nearly all who were interviewed for this report had a similar experience. Banks, government agencies, and employers would not accept this form of identification. PEERRSM participants' reentry progress stalled without a recognized and accepted form of identification in the community

During the period when the SOS was closed, 90 PEERRSM participants stated that they did not have a state ID and so were unable to start jobs. W.W. explains how this made the transition more difficult, "We need IDs to do most anything you need to do. We want to work, but we can't work because, one, we don't have IDs. Not having IDs is the biggest thing. Everybody wants identification, especially if you want to work. And all these guys here do want to work." Not having identification became socially disabling for these clients.

Having no ID card also prevented clients from having access to their own finances. They were not able to withdraw or deposit funds in their own bank account – or set up a bank account. T.J., who was serving a 7-month sentence, explains the financial hardships he experienced:

 "My girlfriend went and picked up my property and Will County, for whatever reason, I guess they held my ID, which had been a real problem when I got out... Like, I couldn't get a bank card, I couldn't do anything. I couldn't file my taxes, nothing like that. So with everything shut down because of COVID it made it really hard to do everything. And then when I went to the DMV and they had to turn me away because they said they weren't doing any duplicate IDs there, and they said to get it online, and I'm like, "How can I get it online if I can't get my bank card without an ID?" And they were like, "I don't know. You're going to have to talk to the bank manager about that." So, I had to go through all this thing... I'm waiting for the one in the mail. I don't know why Will County could take my ID. It wasn't expired at all."

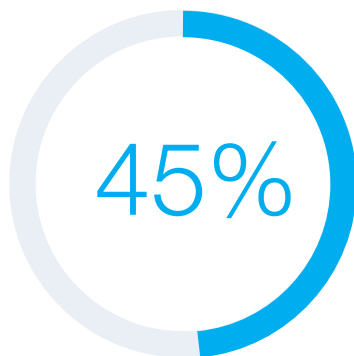
T.J. / 41 years old

Those who were able to acquire ID through one of IDOC’s existing programs had a smoother reentry process. J.H. was able to get her ID through the SOS Mobile Unit. She explains, “The Secretary of State came to IDOC one day and gave everybody that was like a month, two months till release, to get their ID card while incarcerated.” This facilitated JH’s ability to get a job with UPS shortly after release.

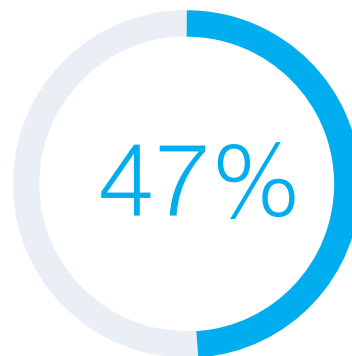
Providers in the PEERRSM network, like Transforming Reentry Services, have been critical pre-COVID, and continue to provide essential services to help those released getting their ID now that the Secretary of State has opened. They help individuals with the required documentation they need to get a permanent ID including a birth certificate — or a suitable alternative such as a school transcript, a social security card or substitute documentation — and the proof of residency that is needed. IDOC also worked with the PEERRSM network and SOS during COVID-19 to develop a manual process to help those released quickly to obtain their identifications. If programs like the SOS Mobile Unit and the manual ID process were automated and uniform across IDOC facilities, it would greatly help facilitate the reentry experience for so many individuals.

Continuity of Health & Behavioral Healthcare

COVID-19 has changed the Illinois landscape for healthcare. According to the Illinois Department of Health, as of July 23, 2020 there were 166,476 confirmed COVID cases and 7,540 deaths in the State. Health coverage proved to be a significant challenge for those interviewed. Reentry Navigators served 323 participants, and of those, 45% of returning residents had inactive Medicaid Coverage (benefits restricted) or no coverage upon release. They received assistance from PEERRSM with either reactivation of Medicaid benefits or new applications for Medicaid. Of the 323 participants surveyed on medical history, 47% said they were taking medication for a chronic medical condition or mental health condition at IDOC.



45% of returning residents had inactive Medicaid Coverage



47% had a chronic medical condition or mental health condition at IDOC

Most PEERRSM participants leaving IDOC facilities reported receiving access to consistent healthcare while imprisoned, some for the first time in their lives. Finding access to health services in the community, however, proved challenging. B.B. is bipolar and was taking prescribed medication for his condition. When IDOC released him, he was given a fourteen-day supply of his medication, but he was not given a prescription to refill it. Trying to find a healthcare provider who would prescribe him his medication was complicated. As he describes, “I reached out to this program out here and they said they couldn’t help me because the physicians aren’t there for mental health, and then they wanted to sign me up for all these classes and stuff, and I said, ‘I can’t do that right now.’ They directed me to the hospital, to the emergency room, and then the lady said she had no problem with giving me a script for my meds.” Without a “warm hand-off” between IDOC and a community-based health provider, returning residents end up going to the Emergency Room for services that could have been managed in the community. Without support and without health insurance coverage, returning residents are often lost as to where they can go and experiences gaps in care.

While most people had at least a two-week to a month supply of their medication and a prescription for a refill, the majority did not have health insurance to use the prescription afterwards. E.B., for example, critically needed his medications for his arthritis and bipolar disorder. As he explains, “If it wasn’t for Victor, I wouldn’t have my medication, because when I got out, they told me to call him, and he set up, because I didn’t have no insurance, no nothing, and everything was closed, so IDOC just gave me a prescription with a two-week supply. And then they gave me a 30 days prescription, but I didn’t have a doctor to go to, so Victor had to find me it.” Most returning residents do not have access to the kind of help Victor at Safer Foundation was able to provide EB. Without support and without employment, it is very difficult for returning residents to get access to medical insurance, especially if they do not have access to technology or are not digitally literate. This lack of coverage and delays in activating benefits delayed Safer’s ability to assist with continuity of care concerning medications, substance use, and mental health care. Many providers cannot get paid if the client is uninsured and most pharmacies will not dispense unless the client has active coverage.

There is also a significant barrier for continuity of care due to lack of communication between IDOC healthcare providers and community-level or governmental healthcare providers for returning residents. For example, W.W. could not get his medication for his diabetes because the VA didn’t have any information on his health status other than the IDOC issued prescription he had on hand:

“When I got out, I called my physician. And because I hadn’t seen him in basically two years, he basically told me, ‘I can’t just fulfill a prescription that they give you.’ He had me come down to the VA and do some blood work. And after he got my numbers and everything, he basically ordered some medicine for me. So I was on a phone call earlier today, checking on my medication. And it hadn’t been mailed yet. It’s supposed to be mailed in the next day or two.”

W.W. / 66 years old

Communication between the U.S. Veterans Affairs Department (“VA”) and IDOC is important for justice impacted veterans. Without a medical record to communicate his health history, W.W.’s ability to immediately attain medicine for his diabetes was delayed. While adequate care in prison is accessible, access to care once individuals return to their communities is uncertain and often left to individuals to navigate themselves. Dr. Dempsey from Heartland Alliance Health said, “It’s really difficult for providers to effectively treat people when all they have when you see them is a prescription. We need to know why people were prescribed medication and what treatment they received while incarcerated.”

Those PEERRSM participants who managed to secure health and behavioral health care in the community, especially for mental health and counseling, stressed the importance it had for their transition. For many people returning to the community, mental health services are the difference between moving forward with their lives or going back to old habits. D.H. explains:

“I was incarcerated for 10 years, and I had planned to get myself together, get my life together. I get ready, get released, and I come to find out we have a pandemic out here. Now, all my plans was shot, going down the drain. So it was real easy for me to have a thought to just call my drug dealer and go back around to the old neighborhood, the old playground, the old friends, and start by doing what I used to do. And here come the lootings. The lootings and the riots, the chaos is going on in Chicago, and I almost fell right back down the same slump hole. [But] I stuck that out and I stayed in contact with Ms. Arriazola. I stayed in contact with Safer, and I stayed home for a couple of days and I got refocused. [Then] Home Depot called and they hired me. I was so happy I didn’t give up. So, now, everything is fine and looking up... I’m working for CORE and I’m working for Home Depot.”

D.H. / 50 years old

D.H.'s contact with and support from Safer Foundation's PEERRSM teams gave him the hope he needed to stay sober and find a job, to a point where he no longer felt like he needed to return to his old habits. Without access to these services, D.H. could have had a very different story.

Housing & Family Support

Of 323 PEERRSM participants served, 244 went home to family or friends and 62 were released to IDOC contracted halfway houses, most of which were also licensed as recovery homes. Additionally, 7 were renting, 5 were transitioning from Adult Transition Centers (ATC), and one was living on the streets. From the interviews conducted, 7 went home to family or friends and 4 were at halfway houses or shelters.

HOUSING UPON RELEASE

of 323 participants



A PEERRSM network provider at Kolbe House explains the difficulty recently released individuals face upon release to halfway houses. “If an individual gets released, they really don’t know what they need to do, and they have no idea how they’re going to begin the integration process. So, they’re coming out without contacts. They get put somewhere if they’re lucky, for a temporary place to live. But once they get to the place to live, the people that are there that are maybe a week or two ahead of them are basically their teachers on what to do and how to navigate the world.”

Those who returned to recovery or transitional homes often felt like they had little support and few resources, being far from their family. The participants who reunited with family reported having more access to basic needs and financial support than those returning to recovery homes, however, many felt they were not always understood or supported by family in an emotional way. Those interviewed talked about how grateful they were

to reunite with family especially during COVID-19, but also noted the difficulties of reconnecting after incarceration. Providers interviewed talked about the importance of families in successful reentry. “Families want to support their loved ones when they come back, but they don’t know what they don’t know,” said Jacqueline Hernandez, H.A.S. While the state has on-line resources for families, they are hard to find and navigate.

 “... because you’re a felon now, everybody judges you.”

Families also need help with understanding the impact of incarceration on their loved ones. Many leaving prison have few if any digital literacy skills, so they had to rely on their families to help with applying for services or employment on-line. This leads their family to become very involved in their reentry process. J.H. explains how she felt a lot of pressure and feelings of not belonging at home: “Honestly, at first, it was really...I thought it was like picture perfect. But the third day in, a lot of my family was kind of on my back about a lot of decisions and I kind of had to tell them to back off because it was too much for me at one time... But since I’ve been home, I honestly feel like I walk on eggshells. I feel like I’m different. Nobody can relate to me, and it’s really hard to be accepted, especially, not only because I am gay, or lesbian, that’s also very judgmental, but also because you’re a felon now, everybody judges you.” J.H. felt that her identities, not only as a lesbian but also as a felon, were not understood or accepted by her family. Several participants expressed that hostile family situations had them urgently looking for their own place, but it is difficult for those with certain convictions and no credit or job to find housing. Individuals who feel misunderstood at home may turn to the streets, looking for a place to belong.

Most people who serve long sentences must reintroduce themselves to their families. They are different people from when they first went into prison. Reacclimating socially becomes another source of frustration that is added on to the other systemic barriers that returning residents encounter daily upon return. J.H. said that anger management and therapy services were helping her navigate this reintroduction to her family with more patience. Resources to help families anticipate some of the issues and supports needed for successful reentry – for example conditions of parole, electronic monitoring, and programming requirements – could go a long way in helping them understand the pressures their loved one is facing.

Reentry Challenges Experienced by COVID-19 Early Release Population

PEERRSM providers made a significant impact for those trying to reacclimate into the community. The services were critical, but the support and care they gave were essential to their overall well-being showing the high need for intensive case management services. A.D. shares how her community navigator helped: “I’m so grateful for Rucha. I feel like God sent her. Every time I speak with her, I let her know. Her spirit is calm, she’s very sweet, she’s very helpful, she always thinks of me. I be so excited just to speak to her because I know she’s on my side, she believes in me, she know I can do it.” While family members may not always know what to do or how to help, case managers provided support for both individuals and their families to readjust.

Throughout their experiences, all PEERRSM participants expressed that they felt like they had to fend for themselves. Reentry Navigators like Rucha and the providers in the PEERRSM network helped fill those gaps in supportive services that made all the difference in reacclimating.



The Reentry Journey: A Case Study

DISCHARGED

Gary was discharged from IDOC on April 15th. He went directly to his sister's house upon discharge. He received a packet of materials upon release about his conditions of parole and he got one month's worth of medication for his diabetes.

TECHNOLOGY GAP

Gary doesn't have a cell phone, computer or laptop. Applications for benefits and services Gary needs are online. His sister lets him use her smart phone, but she doesn't have a computer so he is completely reliant upon her cell phone to submit applications for benefits and to look for jobs. This adds to the tension between Gary and his sister.

NO HEALTHCARE INSURANCE

Gary's diabetes flared up and he doesn't have a Medicaid card. He has difficulty applying for Medicaid because he still doesn't have a state ID. Gary spent the day sitting at the Emergency Department at Cook County Hospital so he could get treated for his diabetes and get more insulin.



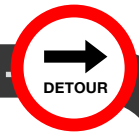
NO STATE ID OR SSN

Gary can't access his bank account without a state ID. His sister wants him to help pay for food and to reimburse her for clothing she bought for him, but he can't get money out of his account nor can he deposit his benefits until he gets a state ID.



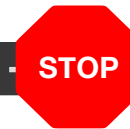
NEEDS A JOB

Gary can't apply for work without a state ID. He's also worried about going to interviews because he doesn't know how to talk about the fact that he has a record. Until he gets a job, he can't afford to get a cell phone so he has his own phone number for potential employers.



MENTAL HEALTH EVALUATION

Gary needs a mental health evaluation as a condition of parole. He received a referral for behavioral health when he was at the Cook County Hospital ER, and he calls the office several times but he doesn't have a cell phone, so he can't leave a call back number.



HOUSING FALLS THROUGH

Gary needs to leave his sister's house because of family dynamics. He needs to find new housing fast or he could be returned to prison on a technical violation of parole. His sister told him he has two weeks to find a new place to live. Gary doesn't know what to do.

4

Recommendations for Improved Reentry Services for Returning Residents

Recommendations for Improved Reentry Services for Returning Residents

Long before COVID-19, the reentry community has called for investment in service coordination around social determinants of recidivism and supporting social determinants of health (SDOH) for returning residents. While the Safer Foundation created the PEERRSM model specifically for the COVID-19 early release population, the model itself and lessons learned should continue beyond the pandemic. The City of Chicago, Cook County and the State of Illinois have an opportunity to make strategic investments and targeted systems change to improve reentry services for returning residents.

Recommendations for Cook County and the City of Chicago

We believe the county and city have both a strategic and an economic interest in ensuring returning residents have access to a broad range of services and supports to facilitate successful reentry. To that end, the Safer Foundation and Smart Policy Works have the following recommendations for Cook County and City of Chicago:

Recommendation 1

Cook County and the City of Chicago should each invest in an Office for Returning Residents.

Given more than 50% of those leaving IDOC's custody return to Cook County and Chicago, we believe the county and city can play a pivotal role in improving reentry services in Illinois. Specifically, an Office for Returning Residents at both the county and city can coordinate across respective County and City departments and sister agencies to establish and meet county and citywide reentry and recidivism reduction goals. In addition, the county and city offices can work directly with the State of Illinois on critical data and information technology infrastructure that connects returning residents with important documentation like state IDs, reactivates public benefits like Medicaid, and enrolls people in important public benefits that will position them to be successful members of our community.

Specifically, an Office of Returning Residents for Cook County and the City of Chicago can:



Coordinate with community-based organizations in Chicago and Cook County for post-release services that address the needs of returning residents.

The Office of Returning Residents should designate direct points of contact to reentry service providers in Cook County and the City of Chicago who can immediately connect people to subsidized transitional housing and shelters. What is needed is a direct point of contact who can be responsive to reentry service providers and cut through the bureaucratic red tape and gain timely access to transitional housing during this crucial period.



Develop and implement a meaningful Second Chance Hiring Pledge that increases employment of returning residents in government positions in the City of Chicago and Cook County by 20% by 2023.

A county and city government-wide second chance hiring pledge should require all Cook County and City of Chicago departments and sister agencies to identify meaningful positions that lead to career pathways. Within three years, the county and the city should meet the established goal of increasing meaningful employment in city government for returning residents by 20%. The County and Citywide hiring pledge should prohibit any blanket bans on city hiring based on specific conviction types. Further, the city should adopt a hiring policy that prohibits the use of non-conviction records in city hiring decisions.



Offer grants for Digital Literacy and Access to Technology.

As organizations move to virtual and remote service delivery, people being released from jails and prisons need access to cellphones and the internet to connect with the organizations providing critical services. Instruction on how to navigate these devices, how to set up an email, and the equipment required for this is significant enough to warrant its own funding. Cook County and the City of Chicago should partner with telecommunication companies to create grants to subsidize the purchase of cell phones and short-term coverage for individuals released by IDOC.

Recommendation 2

Cook County and the City of Chicago should invest in post-release reentry

services like the PEERRSM Network model. Safer Foundation created PEERRSM in

response to COVID-19, however, we've known for decades that post-release case management model should be a standard benefit provided to all individuals leaving prison that individuals can opt-into. The case management should address the whole person connecting the individual to resources that span from basic needs support, to medical and behavioral health needs, educational needs, employment and housing. The PEERRSM network provides a blueprint for coordinating and formalizing post-release services for Chicago's returning residents. Specifically, the city and county should substantially increase the number of Reentry Navigators helping individuals access these critical services.

Highest Areas of Return for Chicago's Returning Residents

The majority of PEERRSM participants returned to two Chicago communities—Roseland and Chatham followed by Auburn Gresham, West Garfield Park and Austin.

Neighborhood	Returning Residents
Roseland	44
Chatham	20
Auburn Gresham	18
West Garfield Park	15
Austin	13
North Lawndale/ Little Village	11
Englewood	10
South Shore/ Jackson Park	10
Back of the Yards	9
Humboldt Park/ Austin	9
Calumet City	7
Calumet Heights	7
Hyde Park	7
Palmer Square	7
Blue Island	6
Chicago Heights	6
Chicago Lawn/ Marquette Park	6
Archer Heights/ Brighton Park	6
Bronzeville/Oakland	6
Calumet Park/ Riverdale	6
Hanson Park/ Belmont Craigin/ Hermosa	5
West Englewood	4
Morgan Park/ Beverly	4
West Ridge	4
—	1-3

Currently, immediate assistance services like the PEERRSM Network is not a service solution funded by local and state governments. The philanthropy and corporate community provided funding for PEERRSM including the Chicago Community Trust, United Way, AT&T and Meridian Health. In order to sustain this critical service and scale it to meet the needs of all those returning to their communities, government funding needs to be prioritized for this service model.

Recommendation 3

Cook County and the City of Chicago should each create an Interagency Reentry Council to ensure that each county and city agency is responsive to the needs of returning residents.

Modeled after the Obama administration's Interagency Reentry Council, the Cook County and Chicago councils could be key vehicles to promote county and city-wide adoption and implementation of reentry programs and initiatives.

Recommendation 4

Cook County and the City of Chicago should each create a Reentry Advisory Committee.

The Advisory Committee should develop a long-term reentry plan for Cook County and the City of Chicago. The Reentry Advisory committees should engage key stakeholders including service providers, advocates, people impacted by the justice system and their families. Leaders from the business community as well as housing providers should be engaged as well.

Recommendation 5

The City of Chicago should embrace and promote the adoption of the Just Housing Ordinance to eliminate barriers to the Chicago Housing Authority ("CHA") housing services and supports based on non-conviction records.

The Chicago Reentry Housing Pilot has demonstrated that many CHA's policies around Chicagoans with records is outdated and unnecessary. Currently, CHA considers non-conviction records in housing decisions. Aligning CHA policies with the Just Housing Ordinance will increase access to much needed housing for Chicago's returning residents. The city should also ensure that notices on the Just Housing Ordinance are accessible to people with limited English proficiency and people with limited literacy skills. If a housing applicant speaks any other language spoken by more than 5% of the Cook County population, the housing provider must provide the applicant with a notice in their respective language.

Although the city faces economic shortages the cost of inaction in supporting our returning residents would far exceed the cost of ensuring returning residents become healthy, productive and law-abiding residents.

Recommendations for the State of Illinois

Governor JB Pritzker and Lieutenant Governor Julianna Stratton have expressed their desire to improve reentry services for Illinois' returning residents. Key to successful reentry is a concerted investment in both pre-release and post-release services for Illinois' returning residents. Based on the needs participants expressed during our Journey Mapping interviews (see Section III), Safer Foundation and Smart Policy Works created recommendations that fall in the following three categories:



Direct funding for post-release community-level non-profit organizations for reentry services coordination, case management and programming support; .



Direct funding to IDOC for pre-release discharge planning services including case management and family engagement in service planning at least 60 days prior to release from custody of IDOC; and,



Funding for information technology for state agencies to ensure returning residents are able to secure state IDs, reactivate benefits like Medicaid and/or apply for public benefits at the time of release from IDOC.

Recommendation 1

The State of Illinois should make an investment in post-release reentry services

like the PEERRSM Network model. Navigation supports and case management services should be a standard benefit provided to all individuals leaving prison. People need everything ranging from basic needs support, to medical and behavioral health needs, educational needs, employment and housing. The PEERRSM network provides a blueprint for coordinating and formalizing post-release services for returning residents in the State of Illinois. Specifically, the state should substantially increase the number of Reentry Navigators helping individuals access these critical services. Non-profit and corporate philanthropy have been the only consistent source of funding for community-level reentry services for Illinois returning residents. If the state wants to see recidivism rates in Illinois decrease it must commit to strategic and targeted investments in services like the PEERRSM network.

Recommendation 2

The Illinois Secretary of State's office should automate the issuance of state IDs for returning residents prior to release from IDOC custody.

People released from IDOC custody need state identification cards to access critical resources such as employment, prescription medications, and certain public benefits. Employers will not hire people without this piece of identification and banks will not establish bank accounts to people with this identification.

Recommendation 3

Illinois should make the infrastructure investments to fully automate Medicaid enrollment to ensure active Medicaid coverage on day 1 of release for all returning residents.

Approximately half of the individuals engaged in PEERRSM either had no health insurance coverage or their Medicaid benefits were still suspended for weeks post-release. Lack of health insurance coverage and delays in benefits activation creates barriers to health and behavioral health care and much needed medications. Many community-level providers can't get paid if the client is uninsured and most pharmacies won't dispense medications unless the client has active coverage. Until federal Medicaid law is modified, the only systematic, fool-proof solution to is for Illinois to automatically enroll individuals in Medicaid prior to leaving IDOC custody. Such a change will require an inter-agency data exchange between IDOC and the Illinois Department of Healthcare and Family Services ("HFS") database systems to verify identity and complete the enrollment. The state of Pennsylvania has been doing automatic enrollment in Medicaid since 2018 via a partnership between their state Medicaid agency and their Department of Corrections, through a mixture of federal and state funds.¹²³

Recommendation 4

IDOC should provide a "medical record" for people released from its custody that documents known medical and behavioral health conditions and medications prescribed, including detail on conditions for prescriptions.

As mentioned previously, returning residents often had very little information on their health status and why medication was prescribed. Without a medical record, continuity of care is almost impossible for returning residents with vulnerable health.

Recommendation 5

IDOC should provide at least one month of medication and a prescription for people being released from its custody.*

Often people are being released with two weeks' worth of medications. The process of reinstating Medicaid benefits that were suspended during incarceration and applying to Medicaid often takes more than two weeks. In recent months, Safer Foundation has seen people released with a month's worth of medication. Safer recommends this process be permanently continued and that an additional month's worth be covered via a prescription. Doing so gives individuals more time to ensure their benefits are activated and more time to ensure linkage to a medical home upon release.

*IDOC put this policy in place in September of 2020 after the report was completed.

Recommendation 6

Illinois should permit Restore, Reinvest and Renew (R3) funds to be used to acquire and rehab property to create stable housing for returning residents.

Many grants released by the state with the goal of promoting housing development often prohibit the use of said funds to purchase and rehab property. This includes the recent release of R3 funds. There are a number of funding streams available for housing and support services (i.e. 1115 waiver, Medicaid, emergency grants, etc. and for daily beds in recovery homes). However, there is a general lack of sufficient funding to help organizations cover the up-front costs associated with acquisition and development which would increase the state's overall transitional housing stock. The up-front costs associated with housing are often omitted from grant opportunities. This barrier prevents organizations from being able to tap into the previously mentioned funding streams. Grants to fund case management activities related to housing do not address the brick and mortar need to provide actual housing. Grants allocated at this issue must include funding to purchase and rehab property into transitional housing and subsidized affordable housing.

Recommendation 7

Establish a housing subsidy that can be administered by community-based organizations to subsidize the transitional housing costs of people leaving jails and prisons.

A subsidy that provides six months' worth of rent could be funded by the state's share of the Emergency Solutions Grants or its share of the Community Development Block Grants provisions of the Federal CARES Act.² The subsidy could be issued by the Illinois Housing Development Authority and foundations to be administered by community-based organizations that are providing reentry services to people reentering communities. Operating the program this way would allow community-based organizations to connect people reentering communities to critical transitional housing.

Recommendation 8

Direct funding to provide take-home Narcan kits to individuals upon release that are identified as having a substance use disorder.

Studies show that Individuals released from prison are at higher risk of death due to overdose in the weeks following release⁶. Providing Naloxone to these individuals is a public health approach to the high-risk period after being released from incarceration.

Recommendation 9

Offer grants for Digital Literacy and Access to Technology.

As organizations move to virtual and remote service delivery, people being released from jails and prisons need access to cellphones and the internet to connect with the organizations providing critical services. Instruction on how to navigate these devices, how to set up an email, and the equipment required for this is significant enough to warrant its own funding. The State should partner with telecommunication companies to create grants to subsidize the purchase of cell phones and short-term coverage for individuals released by IDOC.

6 Merrall, E. L. C., Karmininia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J. ... & Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction*, 105(9), 1545-1554

Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Nooth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science Clinical Practice*, 7(1), 1-9

Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., & Marshall, S. W. (2018). Opioid overdose mortality among former North Carolina inmates: 2000–2015. *American Journal of Public Health*. 108(9). 1207-1213. doi:10.2105/ajph.2018.304514

5

The Impact of PEERRSM – A Path Forward

The Impact of PEERRSM – A Path Forward


When Governor Pritzker issued Executive Order 2020-21 (COVID-19 Executive Order No. 19), the returning residents we talked to were quickly thrust into a brave new world. On one hand, they were relieved to be released from prison after months, years, or even decades of confinement; on the other, they were bewildered and stymied by a fragmented services system they had no idea how to access but desperately needed. For many, the bureaucratic maze of services is unnerving. As Dr. Middlemass explains in *Convicted and Condemned*:

“While living in a total institution, prisoners have no autonomy; they are told what to do, how to do it, and when to do it every day. Therefore, the process of transitioning home is challenging as former prisoners must largely manage their own transition from a highly regulated environment of mundane predictability to an unknown environment where they have to make their own choices. This is a tough transition: the ultimate goal of surviving prison is to get out but coming home and learning how to navigate a new world is daunting.”⁷

The returning resident’s new world can be overwhelming and feel nearly impossible to navigate on one’s own. D.H., for example, needed help accessing a state ID, Medicaid, and behavioral health services. He told us, “Without Safer Foundation a lot of ex-offenders would be lost because I’m going to tell you, you have those thoughts when you are released from prison, and then to be released and it looks like everything is knocking you back down, even if you come out with right intentions, but coming out during this pandemic, coming out during this looting, all this happening at one time, and even if you take that out of the equation, it’s hard.” D.H. was better positioned than most prior to leaving IDOC– he had acquired his truck driving certification and was ready to

work. However, he couldn't plan for the obstacles created by COVID-19. By the time he connected with a reentry navigator he had experienced several failures and was close to despair. He credits Safer's services with helping him persevere and stay on the right path.

Dr. Middlemass suggests that D.H.'s experience is all too common, even without a global pandemic:

 “To make not going back to prison a reality entails participants renegotiating society's rules and relearning how to be in the world as a contemporary outlaw. Theoretically the process of reentering is easy: get a job, find a place to live, stay out of trouble, and desist from crime. However, rarely does this ‘simple process’ unfold in an orderly sequence of steps when one is homeless, hungry, and marked by a felony... instead of an orderly process, the reality of reentry resembles a series of forward, backward, and sometimes side way steps.”⁸


With the many challenges that individuals face upon release, and the high numbers returning to communities, the PEERRSM network has emerged as an effective, collaborative approach to provide holistic wraparound services to returning residents. Those that participated in PEERRSM - providers and participants alike – spoke of the substantial positive impact of holistic wraparound services and a strong network of care. Tom Marthaler from Kolby House, shared, “We serve the same community and one of the most positive things that have come out of these last few months has been collaboration across organizations. So we just found it to be a great way to work more effectively to support those who are being released. Working together I think allowed us to kind of use our resources more efficiently, count on some organizations for certain parts of the process, like as an example with Safer.” PEERRSM providers were able to combine strengths and capacity to best serve returning residents, in an unprecedented way.

7 Middlemass, *Convicted and Condemned: The Politics and Policies of Prisoner Reentry*, 79.


8 *Ibid.*, 28.

Support received from the Reentry Navigators and PEERRSM providers not only helped increase access to basic needs and services, but those interviewed reported improved social connectedness and a feeling of belonging and purpose. Many of the policy recommendations in this report came directly from the experiences and suggestions of interviewees. Participants reported feeling empowered to think further into how they can start becoming productive members of society.


A.D. shares:

 “I want to be able to go out and get a nonprofit organization for people who are incarcerated, that are dealing with having to sign up as a sex offender, because there are a lot of different places that are out there for me, but there are none for women [with sex offenses].”

M.M. explains how her connections with other formerly incarcerated women have led her towards social entrepreneurship:

 “There’s somebody who wants me to help them start their dog grooming, daycare, and boarding center for them. This dog training program is going to be a non-profit organization of pilot programs for women who have successfully completed [dog grooming] training while they’ve been incarcerated and got their certificate. If they want to come out here and get a job with us, they’re welcome.”

J.H. says:

 “I definitely want to give back to the community. Gun and gang violence and let, especially, young girls know not to end up like me. As long as I can help change one life to not get into the system, that would mean the world to me.”

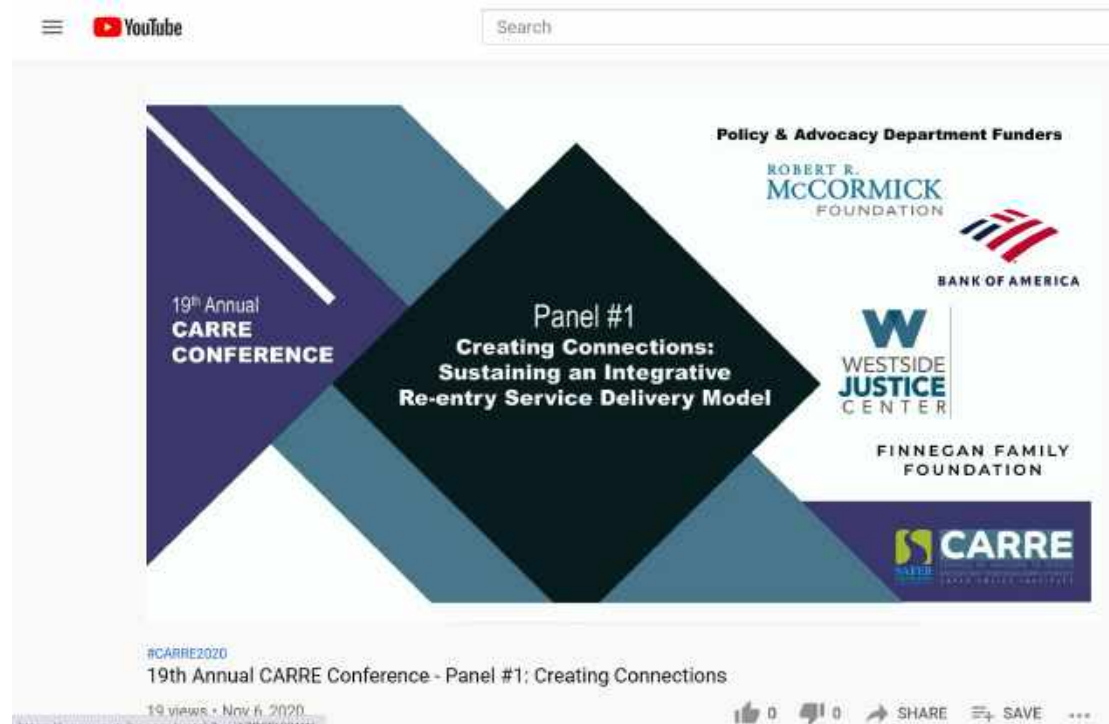
The Impact of PEERRSM – A Path Forward

These outcomes were achieved because PEERRSM participants were given a fair chance to access all the services they needed to successfully reenter society. The recommendations set forth in this report provide a pathway towards making the reentry process as smooth as possible for returning citizens. In this moment, the City of Chicago, Cook County, and the State of Illinois have an opportunity to make restorative justice the new status quo.

The Safer Foundation and Smart Policy Works are indebted to the men and women who shared their experiences with us for this report. While COVID-19 crisis put a spotlight on the gaps in services returning residents need, it also highlighted how community-level providers are uniquely situated to improve reentry services. As the State, County and City seek ways to improve reentry for its returning residents, we believe that the PEERRSM network model provides policymakers a blueprint for making strategic investments in reentry services. We look forward to continuing the work with our partners to make some of the recommendations in this report a reality.



Supporting Documentation: HFS Healthcare Transformation Pilot
Link to Conference Panel Video Featuring PEERR Providers and Participants
(Clients)



Full video available at: <https://www.youtube.com/watch?v=sYoMmD9jHkY>



Illinois House of Representatives

April 12, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

RE: HFS Healthcare Transformation Collaboratives

Dear Director Eagleson:

I am writing this letter in strong and urgent support of investing in the Prison Emergency Early Release Response (PEERR) Network, led by Safer Foundation, as an innovative, holistic, cross-siloed approach to addressing the complex needs of Medicaid-enrolled individuals released from incarceration returning to the west and south sides of Chicago and Cook County. PEERR developed as a crisis response to the Governor's call to support the "thousands" of individuals that were going to be released early from prison in order to limit the spread of COVID-19 in these congregate settings. Within 7 days, Safer Foundation worked to develop a crisis response team and hotline to receive these individuals, and with the help of Lt. Governor's Office of Justice, Equity, and Opportunity (JEO), put out a call to providers who would help them in this effort.

Since March 24, 2020, PEERR has received 1,242 referrals from the Illinois Department of Corrections of individuals leaving prisons across the state and who were returning to Cook County to help support their needs. This work was done out of a sense of urgency and was done without compensation from the state yet has developed into a model approach to care for this population—a population that is high risk for overdose, hospitalizations, and death and that is also returning to communities that have faced serious disinvestment. An investment in this population will show returns not only on the Medicaid rolls, but also in the justice system as well as in areas of economic development for the state's workforce. PEERR in the days after a person's release from prison addresses the following:

- Medication continuity
- Medicaid benefit assistance (including application assistance or benefit reactivation after suspension due to incarceration)
- SNAP Applications
- SSI/SSDI Applications
- State ID, social security cards, birth certificates
- GED/HSE attainment
- Job coaching and job placement, including transportation to and from work for jobs in the far suburbs
- Substance use treatment (SUPR)
- Mental health counseling (CMHCs)
- FQHCs (Primary Care, Psychiatry, and Medication Assisted Treatment)
- Basic needs support such as clothing, food, PPE, naloxone, temporary cell
- phones for those with no way of communicating.
- Financial counseling (Classes and one-on-one)
- Housing assistance (Linkages and rental assistance)

Theresa Eagleson

April 9, 2021

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My office is committed to this population, understanding the effect of reentry and incarceration of the communities that these individuals are returning to each year and how the lack of socioeconomic opportunity plays not only on an individual's health, a family's health, but an entire communities' health in terms of physical health, mental health, safety, and financial stability. The PEERR Network's work to address barriers and provide services to support the efforts of those released from incarceration is crucial in addressing many issues of our highest poverty communities. These efforts not only help to rehabilitate members of society and bring together families, but also keeps us all safe.

I am equally invested in seeing how initiatives like this will be continued beyond the life of the grant. To that end, I'm pleased to see Safer Foundation is working with Smart Policy Works LLC to build in sustainability planning on the front end of this work, increasing the likelihood of sustaining the PEERR Network model after the grant.

Thank you for your consideration of this important program. Please feel free to contact me at repford@lashawnford.com regarding my support.

Sincerely,

A handwritten signature in black ink, appearing to read 'La Shawn K. Ford', written in a cursive style.

La Shawn K. Ford
State Representative



Lakesia Collins

STATE REPRESENTATIVE | 9TH DISTRICT

2165 S. Millard Ave.
Chicago IL, 60623
April 12, 2021

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Theresa Eagleson

April 12, 2021

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Thank you for your consideration of this important program. Please feel free to contact me at (312)-298-9181 or office@lakesiacollins.com regarding my support.

Sincerely,

Representative Collins,

A handwritten signature in black ink that reads "Lakenia Collins". The signature is written in a cursive, flowing style.