

Memorandum

To: Housing and Homelessness Commissioners

From: Savannah Clement, Housing Policy and Planning Analyst

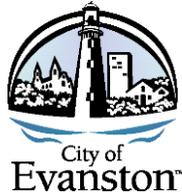
Subject: May 2, 2019 HHC Meeting Cover Memo

Date: April 30, 2019

Attached please find:

- The meeting agenda
- Item 1: Draft minutes of the March 7, 2019 meeting for approval
- Item 2: HMIS application from the Alliance to End Homelessness of Suburban Cook County

We look forward to seeing you on May 2nd.



HOUSING AND HOMELESSNESS COMMISSION

Thursday, May 2, 2019

7:00 PM

Lorraine H. Morton Civic Center, 2100 Ridge, Room 2402

- 1. CALL TO ORDER / DECLARATION OF QUORUM**
- 2. APPROVAL OF MEETING MINUTES** March 7, 2019
- 3. PUBLIC COMMENT**
- 4. FUNDING APPLICATION FOR HMIS BY THE ALLIANCE TO END HOMELESSNESS OF SUBURBAN COOK COUNTY**
- 5. DEMOLITION TAX INDEX DISCUSSION**
- 6. STAFF REPORTS**
- 7. CHAIR'S REPORT**
- 8. NEW/OTHER BUSINESS**
- 9. ADJOURNMENT**

Next Meeting: June 6, 2019 at 7:00 p.m. in room 2402

Order & Agenda Items are subject to change. Information about the Housing and Homelessness Commission is available at: www.cityofevanston.org/government/agendas-minutes. Questions may be directed to Savannah Clement at 847.448.8679.

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La ciudad de Evanston está obligada a hacer accesibles todas las reuniones públicas a las personas minusválidas o las quines no hablan inglés. Si usted necesita ayuda, favor de ponerse en contacto con la Oficina de Administración del Centro a 847/866-2916 (voz) o 847/448-8052 (TDD).



DRAFT

MEETING MINUTES

HOUSING AND HOMELESSNESS COMMISSION

Thursday, March 7, 2019, 7:00 P.M.

Lorraine H. Morton Civic Center, Room 2402

Present: Chair Ellen Cushing, Alderman Eleanor Revelle, Monika Bobo, Larry Donoghue, Noelle Gilbreath, Moika Long, Renee Phillips

Absent: N/A

Staff: Savannah Clement, Housing Policy and Planning Analyst

Call to order

Chair Ellen Cushing called the meeting to order at 7:04 PM with a quorum present.

Approve minutes for February 7, 2019 meeting

Ald. Revelle moved approval, Renee Phillips seconded and the motion was approved unanimously.

Public comment

Doreen Price provided public comment on the demolition tax, and in support of a fund helping people make their homes more resilient to climate change.

Sue Loellbach provided public comment in writing on the Affordable Housing Fund description.

Housing and Homelessness Commission Bylaws Discussion Continued

Commissioners decided to wait and see what happens with the Affordable Housing Plan Steering Committee before making changes to both the bylaws and Affordable Housing Fund description.

Affordable Housing Fund Revisions Discussion Continued

Commissioners decided to wait and see what happens with the Affordable Housing Plan Steering Committee before making changes to both the bylaws and Affordable Housing Fund description.

Election of Chair and Vice-Chair

Commissioners nominated people for Chair and Vice-Chair:

- Chair: Larry Donoghue
- Vice-Chair: Monika Bobo

Alderman Revelle motioned for approval of the nominees for each position, Noelle Gilbreath seconded and the motion was approved unanimously.

Staff Reports

DRAFT

Staff provided updates on the City's affordable housing work. The next Affordable Housing Plan Steering Committee meeting is scheduled for Tuesday, March 19th, at 7:00 p.m. in the Parasol Room (4900) at the Civic Center.

Chair's Report

No report.

New/Other Business

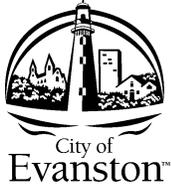
No new business.

Adjournment

Ald. Revelle motioned to adjourn, Monika Bobo seconded, and the meeting was adjourned at 8:23 p.m.

The next scheduled meeting of the commission is Thursday, April 4, at 7:00 p.m. in room 2402.

Respectfully submitted,
Savannah Clement, Housing Policy and Planning Analyst



Memorandum

To: Members of the Housing and Homelessness Commission

From: Johanna Leonard, Community Development Director
Sarah Flax, Housing and Grants Administrator
Savannah Clement, Housing Policy and Planning Analyst

Subject: Homeless Management Information System (HMIS) application for funding

Date: April 18, 2019

Recommended Action

Staff recommends approval of a renewal grant of \$20,500 from the Affordable Housing Fund for the Homeless Management Information System (HMIS) to the Alliance to End Homelessness in Suburban Cook County (“The Alliance”). The Alliance receives funding from HUD for HMIS, and has a 20% non-federal match requirement to make full use of this funding. The \$20,500 grant from the Affordable Housing Fund will enable the Alliance to access \$82,000 in HUD funds.

Funding Source:

Funding is from the Affordable Housing Fund, 250.21.5465.65500. The 2019 Affordable Housing Fund has \$21,000 budgeted for HMIS and an uncommitted cash balance of approximately \$750,000.

Livability Benefits:

Built Environment: Support housing affordability;

Equity & Empowerment: Ensure equitable access to community benefits, and support poverty prevention and alleviation.

Discussion

The Alliance to End Homelessness in Suburban Cook County is charged by HUD to create a standard HMIS workflow and to train all users at the Continuum of Care (CoC) homeless system agencies. This not only allows Evanston and the Alliance to better track the individuals served but also tracks the services provided to eliminate duplication and achieve increased efficiencies. HMIS is the source of data for the Alliance’s and City’s monthly, quarterly and annual reports to HUD. Ongoing training and data quality checks enable the CoC to provide data with a less than 10% error ratio for all federally funded homeless programs in suburban Cook County, including Evanston.

The Alliance leverages about \$10.8 million annually in HUD CoC funds for permanent supportive housing and other programs in Cook County for which HMIS participation is a requirement. As an ESG entitlement community, Evanston's 2019 grant amount is \$151,731 plus \$25,374.88 in carryover funds from the 2018 grant amount. ESG requires use of HMIS to track people receiving ESG-funded services and quarterly and annual reporting from that system. Local support for HMIS helps maintain system capacity and funds additional portals. HMIS is the only database of its kind in suburban Cook County, including Evanston.

Evanston agencies currently using HMIS include: Connections for the Homeless, Impact Behavioral Health (formerly Housing Options for the Mentally Ill), and Interfaith Action of Evanston. These agencies collectively receive approximately 15% of total dollars awarded to Cook County CoC projects.

The City of Evanston's HMIS grant is 4% of the HMIS budget, while almost 10% of the total Cook County clients served through the CoC and tracked in HMIS are Evanston households. Approximately 15% of the Continuum's Federal funding goes to Evanston agencies, a total of \$1,408,495 in the current CoC funding year.

The HMIS database is a valuable tool for agencies serving the homeless and their funders, including the City, which uses HMIS data in its reports to HUD. The use of local funds for HMIS helps maintain compliance with the Federal mandate that all ESG recipients use the database, and leverages significant federal funds for needed services in our community. Supporting the HMIS database is consistent with the Consolidated Plan and the Plan to End Homelessness developed by the Mayor's taskforce.

Legislative History

The City has provided \$148,570 in HMIS matching funds from the Affordable Housing Fund over ten years, including \$20,500 approved by City Council on April 9, 2018.

Attachments

- Alliance to End Homelessness in Suburban Cook County application and supporting documents for HMIS matching funds

2019 APPLICATION FORM

Affordable Housing Fund

Include these attachments with your application:

- Organization's most recent completed fiscal year budget and current year budget
- Organization's non-discrimination, equal employment opportunity and affirmative action plan
- Audited financial statement and Form 990 for the most recent completed fiscal year
- Evidence of non-profit status
- Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for providing a written response (new applicants or previously funded agencies if changed).
- Completed Conflict of Interest Disclosure form

Please submit 1 hardcopy and 1 electronic copy of your application and attachments. For questions, contact Savannah Clement, Housing Policy and Planning Analyst.

AGENCY: Alliance to End Homelessness in Suburban Cook County

PROGRAM NAME: HMIS

CONTACT PERSON: Jennifer C. Hill

TELEPHONE: 708-236-3261

EMAIL: jennifer@suburbancook.org

ADDRESS: 4415 Harrison Street, Suite 228. Hillside, IL 60162

AMOUNT REQUESTED: \$20,500

PROGRAM DESCRIPTION

- 1. Provide a summary of your program, including the need(s) that it addresses. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service?*

The Alliance requests funding to support Homeless Management Information (HMIS) related expenses to ensure full participation and exceptional data quality for all Evanston homeless services programs. The Alliance leads the HMIS for all of suburban Cook County, which provides support to the SubCook Built for Zero initiative, the further development of a county-wide coordinated entry process, and the homelessness prevention call center. The Alliance has been leading a successful implementation of the HMIS since 2008, which has grown from a system with 27 providers entering data on 1300 clients to over 40 agencies entering data on over 8,000 clients each year. This is an ongoing project mandated by HUD and is expected to continue and evolve for the foreseeable future.

- 2. Who participates in or benefits from your program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.*

Individuals and families who are homeless or who are at risk of becoming homeless will benefit from this program. In addition to the general homeless population, clients served will include chronically homeless individuals and families, homeless or at-risk veterans, and homeless or at-risk youth. The attached demographic report offers more detail on race, ethnicity, and special populations.

3. *What other agencies or programs address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others? (Include agencies that serve Evanston residents but are not located here.)*

The HMIS is the only database of its kind in suburban Cook County including Evanston. In 2011, the Evanston Alliance on Homelessness merged with the suburban Cook Alliance. At the end of 2013, Connections for the Homeless transferred the entire responsibility for maintaining this database to the Alliance. At this time, the Alliance to End Homelessness in Suburban Cook County is in need of matching funds to make full use of federal funding for HMIS. By having the Alliance lead the HMIS implementation, Evanston is avoiding duplicating this effort while at the same time expanding the benefit to its residents by ensuring solid data is available for affordable housing funding decisions. The Alliance coordinates a variety of nonprofit, municipal, county, state and federal representatives to ensure a comprehensive approach to shortening the time any person spends homeless and to minimize the number of people becoming homeless each year. For example, the Alliance is active in the Regional Round Table, where CoCs in the northeastern region of Illinois collaborate to share ideas and coordinate efforts related to CoC and HMIS activities. In mid-2014, the Alliance completed a merger of the Suburban Cook HMIS and the DuPage HMIS, creating the start of a northeast Illinois regional HMIS which is creating better economies of scale for homeless data collection and analysis.

4. *Discuss the need for this type of service including:*

- *existing level of services* -- From October 2017 through September 2018, the CoC served and recorded data on 5,799 households comprising 8,017 individuals, including nearly 784 households comprising 964 individuals from Evanston. Data entry is required for all clients served by HUD-funded projects (with exception for domestic violence survivors).
- *how the need has changed over the past two to three years*, -- In previous years, the City of Evanston has funded the match, and HUD has provided the majority of funding for the Evanston HMIS. The Alliance has placed a greater emphasis on chronic and veteran homelessness since 2014, and the impact on HMIS is that we now do monthly housing placement reports in order to track progress toward ending veteran homelessness and chronic homelessness in 2019.
- *the gaps in providing this service*-- The Alliance is engaged in an effort to grow our capacity to respond with greater detail to the needs of Evanston as an entitlement community, as the HEARTH Act requires a more formal consultative relationship between the CoC and Evanston as an ESG recipient and its participation in the continuum-wide coordinated entry system.

5. *Complete the chart below with the unduplicated total of people you expect to serve in 2019, number that are low/moderate income, and the number of them that are Evanston residents. If an existing program, provide the same numbers for 2018.*

8,200 *Unduplicated people to be served in 2019*
1,000 *Unduplicated Evanston residents to be served in 2019*
8,200 *Unduplicated low/moderate income people to be served in 2019*
1,000 *Unduplicated low/moderate Evanston residents to be served in 2019*
8,215 *Unduplicated people served in 2018*
1,052 *Unduplicated Evanston residents served in 2018*
8,215 *Unduplicated low/moderate income people served in 2018*
1,052 *Unduplicated low/moderate income Evanston residents served in 2018*

6. *Describe your program. Be specific about the activities/services provided, days/times of services and the frequency/duration of service for the average participant. Is there a wait list? If yes, explain its size and the length of wait time.*

The Homeless Management Information System (HMIS) is a database used throughout the Cook County Continuum of Care (CoC) to record client demographics and service records for those enrolled in HUD homeless system programs and is required by HUD for its CoC housing programs. The Alliance to End Homelessness in Suburban Cook County (Alliance) as lead agency for the CoC is charged with implementing and administering the HMIS. The Alliance is responsible for training all users on how to enter client data accurately into the HMIS using the standard HMIS workflow and to pull usable data for monthly, quarterly, and annual reporting requirements. Alliance staff monitors the data of participating agencies on a monthly basis, assessing data completeness and accuracy of point-in-time inventories of beds and persons served.

7. *Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?*

The Alliance is the designated HMIS lead agency for the Cook County Continuum of Care and has ten years of experience administering the HMIS project. The Alliance employs four full-time staff dedicated to the HMIS project, including Peggy Troyer, director of information services, Jeremy Heyboer, data quality manager and lead trainer, Lynn Suchwalko and Erin Matheny, HMIS support specialists. This fourth position was added in March, 2019, to better equip the Alliance to support the coordinated-entry process in HMIS. All four are active in the National Human Services Data Consortium and bring this national level expertise to suburban Cook County. Through its other staff, the Alliance offers supervision and administrative support to the HMIS project. The Alliance's knowledgeable HMIS team plays a leadership role in the region, often advising neighboring Continuum of Care on their HMIS implementations and leading an HMIS partnership with the DuPage County continuum. Although the Alliance anticipates the ability to retain this level of staffing in future years, the Evanston funding provides the Alliance with a valuable match which supports our ability to leverage our other funding sources.

8. *Describe program goals and outcomes you anticipate in 2019, including any change from 2018. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?*

The Alliance to End Homelessness in Suburban Cook County is charged by HUD to create a standard HMIS workflow and to train all users from CoC homeless system agencies. This standardization of forms and workflow will not only allow Evanston and the Alliance to better track the individuals served but will also track the services provided to eliminate duplication of services and achieve better outcomes. The HMIS provides data for monthly, quarterly and annual reporting to HUD, and better training helps our Continuum to provide data with a less than 10% error ratio for most required data elements. The Alliance will therefore be able to provide quality data to guide the development of Evanston programs and plans.

In collaboration with suburban Cook County homeless service providers, the Alliance also oversees the recently launched, HUD-mandated coordinated-entry system that serves clients throughout the entire suburban Cook County geography. This coordinated-entry system relies upon the HMIS as a tool to facilitate referrals and to track the effectiveness of this service delivery system.

9. *Where (address/location) does your program take place and how will clients get to the location or facility?*

Alliance staff will provide support and training from their office located at 4415 Harrison Street, Hillside, IL 60162, which includes a computer training facility accommodating up to twelve trainees. The Alliance will provide on-site assistance at participating agencies as needed. Staff members of

participating agencies use the HMIS at their own locations, accessing the HMIS program via the Internet.

10. Is this location in compliance with the requirements of the federal ADA (Americans with Disabilities) Act?

Yes

No *If "No," explain how disabled clients will be able to access the program.*

11. How is eligibility for this program determined and what demographic data are collected about clients?

Homeless persons are presumed to be low-income. Within the HMIS, Evanston clients will be identified by the zip code of their last permanent address or current city of residence as provided during the intake process. Case managers at each agency collect the appropriate documentation of income and residence, including housing status, as required by their respective programs. These data are recorded in HMIS.

12. Provide a summary of your organization's mission and work including services, organizational structure, size and functions of the board, and any significant changes in the last year.

The Alliance leads the suburban Cook County Continuum of Care and the suburban Cook County HMIS. The Alliance is a 501(c)(3) organization and is governed by a board of directors comprised of over 35 members representing providers from each of the three, geographical Community Based Service Areas (CBSAs), other community representatives, and persons having lived homeless experience. Alliance staff include an executive director, four full-time HMIS staff, a CoC program director, a CoC program specialist, a community liaison, an office manager/bookkeeper, and 1-2 program interns.

13. Program Outcomes and Indicators

Outcome (What is the program designed to achieve?)	Indicator (How is success determined?)	Number or percent of total that will achieve this
Data-Informed planning through more complete data.	The participation rate for emergency shelter (ES) & transitional housing (TH) projects.	86%+
Data-Informed planning through improved data quality.	The missing data rate for required data elements	10%-

BUDGET

Complete the table below for your program budget. Total revenues should be equal to or greater than total program expenditures. Line item expense and revenue descriptions should match your chart of accounts. If your program is new, leave fiscal year 2018 blank. Include all funding sources/revenues for your program. Total sources/revenues should equal total uses/expenses. Line items must match your chart of accounts/operating budget. Show any source of funding of \$20,000 or more in a separate line. Show any grants/donations that have been secured, and unrestricted revenues that are committed to this program, in the "2019 Committed" column.

Line Item Revenues	2018	% of Budget	2019	% of Budget	2019 Committed
CDBG	55,000	12	55,000	10	55,000
ESG	45,000	10	55,000	10	55,000
ESG Oak Park	10,144	2	10,144	2	10,144
EV HMIS AHF	20,500	4	20,000	4	
DuPage County HMIS	22,000	5	20,000	4	
CoC HMIS Alliance	270,641	58	303,387	57	303,387
Foundations	35,000	7	62,300	12	21,000
User Fees for Computer System	2,500	1	2,500	1	
Misc Food Donation	900	0	900	0	
Legal-In Kind					
Member Contributions	7,000	1			
Total Revenues:	466,685	100%	529,231	100%	

Line Item Expenses					
Payroll Expenses	310,252	67	362,970	69	
Space Costs	27,125	6	31,115	6	
Operations	27,336	6	34,050	6	
HMIS Vendor Fees	84,000	18	93,000	18	
HMIS Consulting & Training	7,500	1	6,000	1	
Equipment or Furniture	9,956	2	2,000	0	
Legal-In Kind					
Total Expenditures:	466,169	100%	529,135	100%	

Indicate your fiscal year. If requesting funds for an existing program, explain any significant differences in revenues or expenses between your 2018 and 2019 program budgets, particularly funding cuts from major funders such as the State of IL, and its impact on service levels, staffing, etc. Describe your efforts to secure other sources of funding and justify any increased request from the City of Evanston. Why is Evanston's Affordable Housing Fund an appropriate funding source for this program?

Alliance fiscal year: January 1 – December 31

The Alliance added an additional HMIS staff person in early 2019, and the revenue and expense shown above for 2019 reflect this expansion in staffing and space costs. The Alliance has been awarded a \$60,000 increase in HUD funding and is seeking additional match funding to support this expansion. Every dollar of Evanston AHF support will leverage \$4 in HUD funding. Evanston clients represent

12.8% of total suburban Cook County clients served, while this request represents less than 4% of the HMIS project budget. The Alliance's work helps to secure over \$13 million annually in HUD CoC funds for affordable supportive housing in Cook County for which HMIS participation is a requirement. In 2019, Evanston as an entitlement community will receive ESG funding, which requires quarterly and annual reporting based on HMIS data. The City of Evanston plans to enter data on recipients of General and Emergency Assistance funds into HMIS. Because of Evanston's commitment to creating affordable housing, investing Affordable Housing Fund dollars into this data system will ensure that scarce housing funds are targeted effectively.

CERTIFICATION

We, the undersigned duly authorized agents of Alliance to End Homelessness in Suburban Cook County (applicant), do hereby state, that to the best of our knowledge, the information contained in this application is true and correct. Applicant assures the City of Evanston that funds will be administered by the applicant, and that funds received shall be used solely for the purpose described in this application.

Jennifer C. Hill, Executive Director

Name & Title

J C Hill

Signature

4-11-2019

Date

PROGRAM ADMINISTRATOR

Peggy Troyer, Director of Information Systems

Name

Peggy Troyer

Signature

4-11-2019

Date

Alliance to End Homelessness in Suburban Cook County

Profit & Loss

January through December 2018

	Jan - Dec 18
Income	
4010 - Grant Income	
4010-15 - CDBG	
150018 - CDBG *1802-026	17,299.83
150017 - CDBG *1702-025	38,448.03
Total 4010-15 - CDBG	55,747.86
4010-26 - ESG	
260018 - ESG *E18-01	55,000.00
Total 4010-26 - ESG	55,000.00
4010-45 - CoC Planning Grant	
450019 - CoC Planning Grant *19	184,581.30
460019 - CoC HF Planning Grant *19	31,071.22
460018 - CoC HF Planning Grant *18	51,034.50
450018 - CoC Planning Grant *18	157,672.22
Total 4010-45 - CoC Planning Grant	424,359.24
4010-76 - CoC HMIS Alliance	
750019 - CoC HMIS Admin *19	10,780.00
750018 - CoC HMIS Admin *18	4,772.00
760019 - CoC HMIS Alliance *19	140,989.80
760018 - CoC HMIS Alliance *18	126,363.00
Total 4010-76 - CoC HMIS Alliance	282,904.80
4010-80 - EV HMIS AHF	
800018 - EV HMIS AHF *18	20,500.00
800017 - EV HMIS AHF *17	0.00
Total 4010-80 - EV HMIS AHF	20,500.00
4010-84 - CoC Coordinated Entry	
860018 - CoC HF CE Admin *18	2,232.35
860017 - CoC HF CE Admin *17	29,071.73
850018 - CoC Alliance CE Admin *18	2,093.67
850017 - CoC Alliance CE Admin *17	26,865.83
840018 - CoC HF CE Services *18	57,731.29
840017 - CoC HF CE Services *17	541,732.46
Total 4010-84 - CoC Coordinated Entry	659,727.33
4010-92 - DuPage County HMIS	
920018 - DuPage County HMIS *18	21,384.25
Total 4010-92 - DuPage County HMIS	21,384.25
4010-95 - Village of Oak Park	
950019 - ESG S18-1 Oak Park	4,285.37
950018 - ESG S17-1 Oak Park	5,916.88
Total 4010-95 - Village of Oak Park	10,202.25
Total 4010 - Grant Income	1,529,825.73
4011 - Donation Income	
4011-1 - Individual Giving	
4011-19 - Combined Fed Campaign	919.83
4011-1 - Individual Giving - Other	10,535.00
	10,535.00

Alliance to End Homelessness in Suburban Cook County

Profit & Loss

January through December 2018

	<u>Jan - Dec 18</u>
Total 4011-1 · Individual Giving	11,454.83
4011-14 · Foundation & Corporate Giving	
4011-15 · Corporate Giving	1,750.00
4011-16 · Foundations	
4011-30 · Healthy Communities Foundation	25,000.00
4011-29 · Campbell Family Charitable Trus	500.00
4011-28 · Cuore E Mani Foundation - P Vil	10,000.00
4011-26 · Oak Park River Forest Cmty Foun	
001 · Oak Park RF Pane E Pesci Fund	10,000.00
4011-26 · Oak Park River Forest Cmty Foun - Other	10,000.00
Total 4011-26 · Oak Park River Forest Cmty Foun	<u>20,000.00</u>
4011-25 · Waterton Philanthropic Fund	30,000.00
4011-23 · Westlake Health Foundation	20,000.00
4011-17 · Chicago Community Trust	60,000.00
4011-20 · Community Memorial Foundation	15,000.00
4011-22 · Evanston Community Foundation	9,750.00
4011-16 · Foundations - Other	1,100.00
Total 4011-16 · Foundations	<u>191,350.00</u>
Total 4011-14 · Foundation & Corporate Giving	193,100.00
4011-2 · Board Gifts	2,952.00
4011-6 · In Kind	61,037.00
Total 4011 · Donation Income	<u>268,543.83</u>
4015 · Member Contributions	6,700.00
4017 · User Fees for Computer System	2,000.00
4300 · Other Income	
4300-3 · Misc Food Donation	1,180.00
4300 · Other Income - Other	3,284.86
Total 4300 · Other Income	<u>4,464.86</u>
Total Income	<u>1,811,534.42</u>
Gross Profit	1,811,534.42
Expense	
4001 · Reconciliation Discrepancies	0.00
6001 · Payroll Expenses	
6000 · Wages Expense	472,116.15
6050 · Employee Benefit Programs Exp	81,747.48
6060 · PTO Expense	-604.01
6100 · Payroll Tax Expense	35,231.12
6001 · Payroll Expenses - Other	1,296.33
Total 6001 · Payroll Expenses	<u>589,787.07</u>
6010 · Non-Employee Compensation	19,382.50
6080 · HMIS Vendor Fees	90,926.79
6090 · Professional Fees	
6095 · Legal Fees	61,037.00
6094 · Accounting	19,165.00
6093 · Professional Fees/Consulting	18,430.00

Alliance to End Homelessness in Suburban Cook County

Profit & Loss

January through December 2018

	<u>Jan - Dec 18</u>
6091 · Organizational Consulting	60,444.04
6092 · HMIS Consulting & Training	6,889.33
Total 6090 · Professional Fees	165,965.37
6301 · Space Costs	
6300 · Rent or Lease Expense	29,263.00
6400 · Utilities Expense	17,373.86
Total 6301 · Space Costs	46,636.86
6411 · Operations	
6410 · Printing Expense	5,188.43
6420 · Travel & Conference Expense	
6420-1 · Travel Expense	8,146.20
6420-2 · Conference Expense	34,536.01
Total 6420 · Travel & Conference Expense	42,682.21
6430 · Postage & Delivery	1,572.31
6450 · Office Supplies Expense	11,951.67
6550 · Other Office Expense	3,195.91
Total 6411 · Operations	64,590.53
6500 · Equipment or Furniture	
6565 · Disposal of Asset	513.00
6500-1 · Software	6,958.20
6500 · Equipment or Furniture - Other	8,895.43
Total 6500 · Equipment or Furniture	16,366.63
6640 · Pass Thru Grant Distribution	
6640-30 · CE HF Planning	90,072.94
6640-20 · CE HF Admin	31,304.08
6640-10 · CE HF Services	599,463.75
Total 6640 · Pass Thru Grant Distribution	720,840.77
6850 · Service Charge Expense	321.36
6950 · Insurance Expense	6,381.00
7050 · Depreciation Expense	7,323.76
Total Expense	1,728,522.64
Net Income	83,011.78

2019 Alliance Budget

Last Revised:

12/12/2018

SUMMARY	Continuum	HMIS	Coord. Entry	Other	TOTAL
Total income	345,858.00	529,231.00	724,309.00	134,564.00	1,733,962.00
Total expenses	345,829.50	529,135.50	724,309.00	133,855.00	1,733,129.00
Income less expenses:	28.50	95.50	0.00	709.00	833.00

INCOME	Continuum	HMIS	Coord. Entry	Other	TOTAL	NOTES
Cook County CDBG		55,000.00			55,000.00	Used for HMIS salaries
Cook County ESG		55,000.00			55,000.00	Used for HMIS licenses
Oak Park ESG		10,144.00			10,144.00	
CoC HMIS grant		303,387.00		20,654.00	324,041.00	
CoC planning grant	288,058.00		73,100.00		361,158.00	6 mo of \$349,081 and 6 mo of \$373,234
CoC coordinated entry grant			651,209.00	31,010.00	682,219.00	\$682,219 grant (Alliance keeping 5% admin)
DuPage HMIS revenue		20,000.00			20,000.00	Used as HMIS match source
Evanston HMIS grant		20,000.00			20,000.00	Used as HMIS match source
Foundations	57,800.00	62,300.00		42,900.00	163,000.00	\$40K temp restricted + \$60K committed as of 1/1/19
Corporate giving				2,500.00	2,500.00	
Board giving				4,000.00	4,000.00	
Individual giving				17,500.00	17,500.00	
Member contributions				15,000.00	15,000.00	
User fees for HMIS		2,500.00			2,500.00	
Misc. food donation		900.00			900.00	
Other				1,000.00	1,000.00	
Total income:	345,858.00	529,231.00	724,309.00	134,564.00	1,733,962.00	
Percent of total:	19.95%	30.52%	41.77%	7.76%	100.00%	

EXPENSE	Continuum	HMIS	Coord. Entry	Other	TOTAL	NOTES
PAYROLL						
Salaries and wages	204,300.00	288,300.00		67,200.00	559,800.00	
Employee benefits	36,774.00	51,894.00		12,096.00	100,764.00	18.00% Changed to 18%
Payroll taxes	15,629.00	22,055.00		5,141.00	42,825.00	7.65%
Payroll expense - other	511.00	721.00		168.00	1,400.00	0.25%
Non-employee compensation	28,000.00				28,000.00	VISTA (4K), ISU Fellow (13K), Consumers (count; board)
Total payroll expenses:	285,214.00	362,970.00	0.00	84,605.00	732,789.00	
Percent of total:					42.28%	
SPACE COSTS						
Rent	18,840.50	18,840.50			37,681.00	Based on actual
Utilities	12,275.00	12,275.00			24,550.00	25% increase (full year in larger space, add staff)
Total space costs:	31,115.50	31,115.50	0.00	0.00	62,231.00	
Percent of total:					3.59%	
OPERATIONS						
Printing	2,367.00	2,367.00		2,366.00	7,100.00	Even thirds
Local travel	5,100.00	5,100.00			10,200.00	50/50 split; 20% increase
Conference travel/professional development	10,000.00	20,000.00			30,000.00	33/67 split; 25% increase
Postage and shipping	833.00	833.00		834.00	2,500.00	Even thirds
Office supplies	4,600.00	5,750.00		1,150.00	11,500.00	Based on payroll allocation (40/50/10)
Other office expense				3,500.00	3,500.00	
Total operations expenses:	22,900.00	34,050.00	0.00	7,850.00	64,800.00	
Percent of total:					3.74%	
OTHER						
HMIS vendor fees		93,000.00			93,000.00	Est. \$89K vendor fee + \$4K throughout year
Consulting / Professional Fees	5,000.00	6,000.00		29,500.00	40,500.00	Planning/CE, HMIS, grant writing (7500), acting (22K)
Coordinated Entry subrecipient expense			724,309.00		724,309.00	
Equipment, furniture, software	1,600.00	2,000.00		400.00	4,000.00	Add \$8K Equip. capitalized (See below)
Service Charge or Interest				500.00	500.00	Combined service charge and interest categories
Insurance				6,500.00	6,500.00	
Depreciation				4,500.00	4,500.00	See below
Total other expenses:	6,600.00	101,000.00	724,309.00	41,400.00	873,309.00	
Percent of total:					50.39%	
Total expense:	345,829.50	529,135.50	724,309.00	133,855.00	1,733,129.00	



JENNIFER C. HILL • EXECUTIVE DIRECTOR

Personnel Policy

Adopted October 5, 2004
Updated March 1, 2011

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I) Introduction and Extent of Coverage

These personnel policies govern the action of all parties in relationship with The Alliance to End Homelessness in Suburban Cook County (the "Alliance") including employees, volunteers, interns, and contractual employees. The Alliance to End Homelessness in Suburban Cook County employs its employees on an at-will basis; there is no contract, promise, or guarantee of employment. The Alliance reserves the right, at any time, to alter, amend, revoke, or modify any and all provision(s) or policies contained in this handbook. Ordinarily, written notice of any change(s) shall be adequately communicated to the employee. The Alliance to End Homelessness in Suburban Cook County values the input of employees in development and reviews of personnel policies and includes them in the review and modification process.

II) Employment Environment

The Alliance to End Homelessness in Suburban Cook County is an EQUAL OPPORTUNITY EMPLOYER, therefore, all persons will be considered for employment, compensation, promotion, and training based on qualification and merit, without regard to race, color, creed, religion, gender, age, marital status, veteran status, medical status, sexual orientation, physical disability or handicap, or any other legally protected status.

A) Affirmative Action

To ensure equal employment opportunities for all, The Alliance to End Homelessness in Suburban Cook County will attempt to pursue the following affirmation action steps: actively recruit and employ minorities, people with disabilities as job duties allow; and ensure that changes in employee status will be made without regard to race, religion, color, creed, gender, age, marital status, medical status, veteran status, sexual orientation, physical disability or handicap as job duties allow.

B) Drug and Alcohol-Free Workplace

The Alliance to End Homelessness in Suburban Cook County complies and adheres to the requirements of the Drug Free Workplace Act of January 1, 1992. Any and all employees, volunteers, clients, visitors and contractors for services are notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis and alcohol is prohibited in the workplace, inclusive of surrounding grounds. This prohibition extends to all sites where the agency's business may be engaged.

Drug and alcohol abuse in the workplace jeopardizes the welfare and safety of clients, residents, other employees, or volunteers, and the welfare of the agency as a whole. Maintaining a drug and alcohol free workplace is mandatory for continuation of state licensing compliance and all federal, state, and local contracting.

Violations of the above prohibition will result in immediate discharge without notice as defined by gross misconduct. The employer retains the right to require a drug test at any time at the employer's expense for staff members that have direct care responsibilities.

As a condition of employment, each employee or contractor will (1) abide by the above policy of The Alliance to End Homelessness in Suburban Cook County's drug free workplace and notify (2) The Alliance of any criminal drug statute or DUI's conviction no later than five working days after said conviction. Failure to notify The Alliance to End Homelessness in Suburban Cook County is cause for discharge.

C) Harassment

Harassment for any reason, sexual, ethnic, racial, sexual orientation, etc. will not be tolerated.

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2018 AND 2017**

TOGETHER WITH AUDITOR'S REPORT



Certified Public Accountants
4320 WINFIELD ROAD, SUITE 450
WARRENVILLE, IL 60555
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Alliance to End Homelessness
in Suburban Cook County

We have audited the accompanying financial statements of Alliance to End Homelessness in Suburban Cook County (the Alliance) (a nonprofit organization), which comprise the statement of financial position as of December 31, 2018 and 2017, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

To the Board of Directors of
Alliance to End Homelessness
in Suburban Cook County
Page two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alliance to End Homelessness in Suburban Cook County as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated March 27, 2019, on our consideration of the Alliance's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal controls over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Alliance's internal control over financial reporting and compliance.

Dugan + Lopatka

DUGAN & LOPATKA

Warrenville, Illinois
March 27, 2019

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 245,560	\$ 128,206
Accounts receivable - Contract billings	285,047	239,008
- Contributions	-	56,250
Prepaid expenses and other assets	14,592	13,280
	<hr/>	<hr/>
Total current assets	545,199	436,744
PROPERTY AND EQUIPMENT, net	<hr/>	<hr/>
	15,833	13,345
	<hr/>	<hr/>
Total assets	<u>\$ 561,032</u>	<u>\$ 450,089</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	\$ 72,097	\$ 46,350
Accrued vacation	18,194	18,798
	<hr/>	<hr/>
Total current liabilities	90,291	65,148
COMMITMENTS		
NET ASSETS:		
Without donor restrictions	374,063	273,404
With donor restrictions	96,678	111,537
	<hr/>	<hr/>
Total net assets	470,741	384,941
	<hr/>	<hr/>
Total liabilities and net assets	<u>\$ 561,032</u>	<u>\$ 450,089</u>

The accompanying notes are an integral part of this statement.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
STATEMENT OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018			2017		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE:						
Contract income	\$ 1,529,825	\$ -	\$ 1,529,825	\$ 1,389,464	\$ -	\$ 1,389,464
Contributions	84,457	129,750	214,207	108,953	145,000	253,953
In-kind professional services	61,037	-	61,037	203	-	203
Other	6,465	-	6,465	6,505	-	6,505
Net assets released from restrictions	144,609	(144,609)	-	43,463	(43,463)	-
Total support and revenue	<u>1,826,393</u>	<u>(14,859)</u>	<u>1,811,534</u>	<u>1,548,588</u>	<u>101,537</u>	<u>1,650,125</u>
FUNCTIONAL EXPENSES:						
Program services -						
Data Collection	475,550	-	475,550	386,194	-	386,194
Coordinated Entry	720,841	-	720,841	736,253	-	736,253
Continuum of Care Planning	397,452	-	397,452	221,848	-	221,848
Total program services	<u>1,593,843</u>	<u>-</u>	<u>1,593,843</u>	<u>1,344,295</u>	<u>-</u>	<u>1,344,295</u>
Supporting services -						
Management and general	93,217	-	93,217	74,383	-	74,383
Fundraising	38,674	-	38,674	53,986	-	53,986
Total supporting services	<u>131,891</u>	<u>-</u>	<u>131,891</u>	<u>128,369</u>	<u>-</u>	<u>128,369</u>
Total functional expenses	<u>1,725,734</u>	<u>-</u>	<u>1,725,734</u>	<u>1,472,664</u>	<u>-</u>	<u>1,472,664</u>
CHANGE IN NET ASSETS	100,659	(14,859)	85,800	75,924	101,537	177,461
NET ASSETS, Beginning of year	<u>273,404</u>	<u>111,537</u>	<u>384,941</u>	<u>197,480</u>	<u>10,000</u>	<u>207,480</u>
NET ASSETS, End of year	<u>\$ 374,063</u>	<u>\$ 96,678</u>	<u>\$ 470,741</u>	<u>\$ 273,404</u>	<u>\$ 111,537</u>	<u>\$ 384,941</u>

The accompanying notes are an integral part of this statement.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
STATEMENT OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	<u>\$ 85,800</u>	<u>\$ 177,461</u>
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Depreciation	7,324	8,169
Loss on sale of property and equipment	513	-
Changes in assets and liabilities:		
(Increase) decrease in accounts receivable	10,211	(94,744)
(Increase) in prepaid expenses and other assets	(1,312)	(1,409)
Increase (decrease) in accounts payable and accrued liabilities	25,747	(564)
Increase (decrease) in accrued vacation	<u>(604)</u>	<u>685</u>
Total adjustments	<u>41,879</u>	<u>(87,863)</u>
Net cash provided by operating activities	127,679	89,598
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of equipment	<u>(10,325)</u>	<u>(7,269)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	117,354	82,329
CASH AND CASH EQUIVALENTS, Beginning of year	<u>128,206</u>	<u>45,877</u>
CASH AND CASH EQUIVALENTS, End of year	<u>\$ 245,560</u>	<u>\$ 128,206</u>
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ -</u>	<u>\$ 10</u>

The accompanying notes are an integral part of this statement.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>Program Services</u>			Total Program Services	<u>Supporting Services</u>		Total
	Data Collection	Coordinated Entry	Continuum of Care Planning		Management and General	Fundraising	
Salaries	\$ 209,927	\$ -	\$ 220,700	\$ 430,627	\$ 40,608	\$ 20,263	\$ 491,498
Payroll taxes	15,048	-	15,820	30,868	2,911	1,452	35,231
Employee benefits	34,658	-	36,437	71,095	6,704	3,345	81,144
Grants to subrecipients	-	720,841	-	720,841	-	-	720,841
Consultant fees	6,889	-	49,179	56,068	2,963	8,302	67,333
Depreciation	3,128	-	3,289	6,417	605	302	7,324
Equipment rental and maintenance	8,432	-	5,432	13,864	1,990	-	15,854
Homeless Management Information							
System vendor fees	90,927	-	-	90,927	-	-	90,927
In-kind legal services	61,037	-	-	61,037	-	-	61,037
Insurance	-	-	-	-	6,381	-	6,381
Meetings and travel	18,230	-	19,166	37,396	3,526	1,760	42,682
Postage and shipping	-	-	1,099	1,099	74	400	1,573
Printing	330	-	2,324	2,654	-	250	2,904
Professional fees	554	-	16,262	16,816	22,022	53	38,891
Rent	12,499	-	13,140	25,639	2,418	1,206	29,263
Supplies	5,105	-	5,367	10,472	988	493	11,953
Utilities and other office	8,786	-	9,237	18,023	1,699	848	20,570
Other	-	-	-	-	328	-	328
Total functional expenses	\$ 475,550	\$ 720,841	\$ 397,452	\$ 1,593,843	\$ 93,217	\$ 38,674	\$ 1,725,734

The accompanying notes are an integral part of this statement.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2017

	<u>Program Services</u>			Total Program Services	<u>Supporting Services</u>		Total
	<u>Data Collection</u>	<u>Coordinated Entry</u>	<u>Continuum of Care Planning</u>		<u>Management and General</u>	<u>Fundraising</u>	
Salaries	\$ 207,966	\$ -	\$ 148,006	\$ 355,972	\$ 37,345	\$ 24,487	\$ 417,804
Payroll taxes	15,530	-	10,754	26,284	2,789	1,805	30,878
Employee benefits	33,219	-	23,003	56,222	5,965	3,860	66,047
Grants to subrecipients	-	736,253	-	736,253	-	-	736,253
Consultant fees	6,277	-	-	6,277	4,929	18,020	29,226
Depreciation	4,109	-	2,844	6,953	738	478	8,169
Equipment rental and maintenance	2,907	-	2,238	5,145	2,038	-	7,183
Homeless Management Information System vendor fees	75,880	-	-	75,880	-	-	75,880
In-kind legal services	203	-	-	203	-	-	203
Insurance	-	-	-	-	4,156	-	4,156
Interest	-	-	-	-	10	-	10
Meetings and travel	11,633	-	8,056	19,689	2,089	1,352	23,130
Postage and shipping	-	-	1,330	1,330	157	260	1,747
Printing	-	-	5,903	5,903	-	415	6,318
Professional fees	703	-	487	1,190	8,861	82	10,133
Rent	13,013	-	9,011	22,024	2,337	1,512	25,873
Supplies	4,670	-	3,234	7,904	839	543	9,286
Utilities and other office	10,084	-	6,982	17,066	1,810	1,172	20,048
Other	-	-	-	-	320	-	320
Total functional expenses	\$ 386,194	\$ 736,253	\$ 221,848	\$ 1,344,295	\$ 74,383	\$ 53,986	\$ 1,472,664

The accompanying notes are an integral part of this statement.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Alliance to End Homelessness in Suburban Cook County (the Alliance) was incorporated in August, 2004, in the State of Illinois as a not-for-profit organization. The Alliance was created to oversee the Continuum of Care programs established by the U.S. Department of Housing and Urban Development (HUD) for reviewing requests for block grant money from HUD for Suburban Cook County, Illinois. The Alliance serves as a convener for the collaborative, community-based endeavors of homeless service providers, affordable housing developers, local governments, foundations, and the private sector.

The financial statements were available to be issued on March 27, 2019, with subsequent events being evaluated through this date.

The following is a summary of the significant accounting policies applied by management in the preparation of the accompanying financial statements.

Basis of Accounting -

The Alliance records its financial transactions and maintains its books and records on the accrual basis of accounting which recognizes revenue as it is earned and expenses as they are incurred.

Basis of Presentation -

The financial statements of the Alliance have been prepared in accordance with U.S. generally accepted accounting principles (GAAP). Under GAAP, the Alliance is required to report information regarding its financial position and activities according to two classes of net assets, which are without donor restrictions and with donor restrictions.

Without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Alliance.

With donor restrictions - Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Alliance or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity. As of December 31, 2018 and 2017, net assets with donor restrictions were as follows:

Waterton Philanthropic Fund grant restricted		
for salary of Program Director	\$ 30,000	\$ 21,542
Funding received for subsequent period	<u>66,678</u>	<u>89,995</u>
	<u>\$ 96,678</u>	<u>\$ 111,537</u>

Use of Estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Cash and Cash Equivalents -

For purposes of the statement of cash flows, the Alliance considers all highly liquid instruments with an original maturity of three months or less to be cash equivalents.

Contract Billings Receivable -

Management has elected to record bad debts using the direct write-off method. Generally accepted accounting principles require that the allowance method be used to reflect bad debts. However, the effect of the use of the direct write-off method is not materially different from the results that would have been obtained had the allowance method been followed.

Property and Equipment -

Property and equipment are carried at original cost or fair market value at date of receipt for donated assets less accumulated depreciation. The Alliance follows the practice of capitalizing all expenditures for property and equipment in excess of \$1,000. Depreciation is computed using straight-line method over the estimated useful lives of the assets.

Revenue and Support -

Grants and contributions that are restricted by the grantor/donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends, or a purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Functional Allocation of Expenses -

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include occupancy and depreciation, which are allocated on a square footage basis, as well as salaries, payroll taxes, benefits, consultant fees, meetings and travel, and professional fees, which are allocated on the basis of estimates of time and effort.

Income Taxes -

The Alliance has been determined by the Internal Revenue Service to be exempt from income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). Accordingly, no provision for income tax has been established. In addition, the Alliance qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under IRC Section 509(a)(1).

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Income Taxes – (Continued)

The Alliance files income tax returns in the U.S. federal jurisdiction and Illinois. With few exceptions, the Alliance is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2015. The Alliance does not expect a material net change in unrecognized tax benefits in the next twelve months.

New Accounting Pronouncement –

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. Alliance to End Homelessness in Suburban Cook County has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

(2) DONATED SERVICES, MATERIALS, AND FACILITIES:

Donations of services are recorded if they create or enhance non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. During the years ended December 31, 2018 and 2017, the Alliance received donated legal services valued at \$61,037 and \$203, respectively.

In-kind donations of materials are recorded at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated assets to a specific purpose. Conditional transfers of assets are recognized when the conditions upon which they depend are substantially met. During the years ended December 31, 2018 and 2017, there were no such donations.

(3) PROPERTY AND EQUIPMENT:

Property and equipment consist of the following at December 31:

	<u>2018</u>	<u>2017</u>
Office equipment	\$ 65,629	\$ 58,103
Less - Accumulated depreciation	<u>(49,796)</u>	<u>(44,758)</u>
	<u>\$ 15,833</u>	<u>\$ 13,345</u>

Depreciation expense for the years ended December 31, 2018 and 2017, was \$7,324 and \$8,169, respectively.

(4) LINE OF CREDIT:

The Alliance has a \$100,000 line of credit from a bank, bearing interest at prime plus one percent, with a minimum rate of 3.00%, and due in August, 2019. The Alliance had no outstanding borrowings as of December 31, 2018 and 2017.

(5) COMPENSATED ABSENCES:

The Alliance has a vesting vacation policy. The amount of existing vacation time remaining as of December 31, 2018 and 2017, is \$18,194 and \$18,798, respectively.

(6) LEASE COMMITMENTS:

The Alliance entered into a long-term lease agreement for its office space which expires June 30, 2022. Rent expense paid under the lease amounted to \$29,263 and \$25,872 for the years ended December 31, 2018 and 2017, respectively.

Minimum lease payments due for the years ending December 31 are as follows:

2019	\$	37,872
2020		39,012
2021		40,182
2022		<u>20,388</u>
	\$	<u>137,454</u>

(7) CONTINUUM OF CARE COMPETITION:

The Alliance successfully negotiated \$13,107,890 and \$12,080,398 in Homeless Assistance Grants on behalf of its member agencies in the 2018 and 2017 HUD Continuum of Care competitions, respectively, with amounts awarded in the subsequent calendar year.

(8) CONCENTRATIONS:

The Alliance received approximately 75% and 73% of its total public support and revenue from the U.S. Department of Housing and Urban Development for the years ended December 31, 2018 and 2017, respectively. For those years then ended, 40% and 45% of total public support and revenue was pass-through funds to sub-recipients, respectively. Excluding amounts passed-through to sub-recipients, for the years ended December 31, 2018 and 2017, 59% and 52% of its total public support and revenue was received from the U.S. Department of Housing and Urban Development, respectively.

(9) AVAILABILITY AND LIQUIDITY:

The following represents the Alliance's financial assets at December 31, 2018:

Financial assets at year end:

Cash and cash equivalents	\$ 245,560
Receivables	<u>285,047</u>

Total financial assets	530,607
------------------------	---------

Less amounts not available to be used within one year:

Net assets with donor restrictions	96,678
------------------------------------	--------

Less net assets with purpose restriction to be met in less than a year

<u>(96,678)</u>

Financial assets available to meet general expenditures

Over the next twelve months	<u>\$ 530,607</u>
-----------------------------	-------------------

The Alliance's goal is to generally maintain enough financial assets to meet 3 months of operating expenses (approximately \$250,000, excluding grants to sub-recipients). Excess cash is invested in money market accounts. The Alliance also has a \$100,000 line of credit to meet cash flow needs.



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER
MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Alliance to End Homelessness
in Suburban Cook County

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Alliance to End Homelessness in Suburban Cook County (the Alliance) which comprise the statement of financial position as of December 31, 2018, and the related statements of activities, cash flow and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 27, 2019.

Internal Control over Financial Reporting

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

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

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

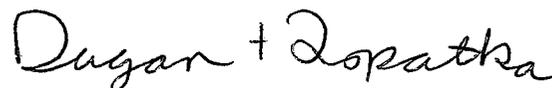
Independent Auditor's Report on Internal Control over
Financial Reporting and on Compliance and Other
Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing
Standards*
Page two

Compliance and Other Matters

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

Purpose of this Report

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



DUGAN & LOPATKA

Warrenville, Illinois
March 27, 2019



Certified Public Accountants

4320 WINFIELD ROAD, SUITE 450
WARRENVILLE, IL 60555
630 665 4440

duganlopatka.com

INDEPENDENT AUDITOR'S REPORT
ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY UNIFORM GUIDANCE

To the Board of Directors of
Alliance to End Homelessness
in Suburban Cook County

Report on Compliance for Each Major Federal Program

We have audited Alliance to End Homelessness in Suburban Cook County (the Alliance) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Alliance's major federal programs for the year ended December 31, 2018. The Alliance's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

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

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

Opinion on Each Major Federal Program

In our opinion, the Alliance complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2018.

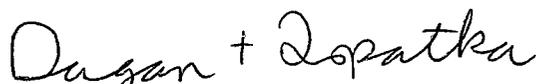
Report on Internal Control Over Compliance

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

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

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

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


DUGAN & LOPATKA

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2018

Federal Grantor/Program Title	Federal CFDA Number	Pass-Through Grantor	Pass- Through Number	Passed Through to Sub-Recipients	Total Program Expenditures
Department of Housing and Urban Development:					
Continuum of Care	14.267				\$ 597,670
Continuum of Care	14.267				62,057
Continuum of Care	14.267				131,135
Continuum of Care	14.267				151,770
Continuum of Care	14.267				208,707
Continuum of Care	14.267				<u>215,653</u>
Total Continuum of Care				\$ <u>720,841</u>	<u>1,366,992*</u>
Community Development Block Grant	14.218	Cook County Department of Planning and Development	1702-025		38,448
Community Development Block Grant	14.218	Cook County Department of Planning and Development	1802-026		<u>17,300</u>
Total Community Development Block Grant					<u>55,748</u>
Emergency Solutions Grants Program	14.231	Village of Oak Park	S17-1		5,917
Emergency Solutions Grants Program	14.231	Village of Oak Park	S18-1		4,285
Emergency Solutions Grants Program	14.231	Cook County Department of Planning and Development	E18-01		<u>55,000</u>
Total Emergency Shelter Grants Program					<u>65,202</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS				\$ <u>720,841</u>	\$ <u>1,487,942</u>

*Major program

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2018

Note A - Basis of Presentation:

The accompanying schedule of expenditures of federal awards includes the federal award activity of Alliance to End Homelessness in Suburban Cook County (the Alliance) under programs of the federal government for the year ended December 31, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Alliance, it is not intended to and does not represent the financial position, changes in net assets, or cash flows of the Alliance.

Note B - Summary of Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note C - Indirect Cost Rates:

The Alliance has elected not to use the ten percent de minimis indirect cost rate as allowed under the Uniform Guidance.

Note D - Non-Cash Awards:

The Alliance did not have any outstanding federal loans or loan guarantees or insurance at December 31, 2018, and did not receive any federal non-cash awards during the year ended December 31, 2018.

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2018

PART 1: SUMMARY OF AUDIT RESULTS -

1. The auditor's report expresses an unmodified opinion on the financial statements of Alliance to End Homelessness in Suburban Cook County.
2. There were no material weaknesses disclosed during the audit of the financial statements. No significant deficiencies related to the audit of the financial statements are reported.
3. No instances of noncompliance material to the financial statements of Alliance to End Homelessness in Suburban Cook County were disclosed during the audit.
4. There were no significant deficiencies in internal control over compliance disclosed during the audit of the major federal award programs. There were no material weaknesses disclosed during the audit of the major federal award programs.
5. The auditor's report on compliance for the major federal award programs for Alliance to End Homelessness in Suburban Cook County expresses an unmodified opinion on all major federal programs.
6. There are no audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516 (a).
7. The programs tested as major programs included:

Continuum of Care Program	14.267
---------------------------	--------
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. Alliance to End Homelessness in Suburban Cook County was determined not to be a low-risk auditee.

PART 2: FINDINGS - FINANCIAL STATEMENTS AUDIT (GAGAS) -

There were no audit findings or questioned costs.

PART 3: AUDIT FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARDS PROGRAM
AUDIT -

There were no audit findings or questioned costs.

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.

A For the **2017** calendar year, or tax year beginning and ending

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 ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY		D Employer identification number 20-1880398
	Doing business as		E Telephone number (708) 236-3261
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4415 W. HARRISON STREET	228	G Gross receipts \$ 1,649,922.
City or town, state or province, country, and ZIP or foreign postal code HILLSIDE, IL 60162		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: MONIQUE WILLIAMS SAME AS C ABOVE		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: ▶ SUBURBANCOOK.ORG		L Year of formation: 2004 M State of legal domicile: IL	
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: OVERSEE CONTINIUM OF CARE PROGRAM ESTABLISHED BY HUD FOR HOMELESS PREVENTION.		
	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	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 759,954.	Current Year 1,643,417.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,995.	6,505.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	765,949.	1,649,922.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,358.	736,253.
	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)	469,336.	514,729.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,986.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	231,604.	221,479.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,298.	1,472,461.	
19 Revenue less expenses. Subtract line 18 from line 12	29,651.	177,461.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 272,507.	End of Year 450,089.
	21 Total liabilities (Part X, line 26)	65,027.	65,148.
	22 Net assets or fund balances. Subtract line 21 from line 20	207,480.	384,941.

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 5/25/2018			
	MONIQUE WILLIAMS, CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARK SCHULTZ	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01401491
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC	Firm's EIN ▶ 36-2886485			
	Firm's address ▶ 104 E. ROOSEVELT ROAD SUITE 102 WHEATON, IL 60187-5267	Phone no. 630-665-4440			

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

ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY

Form 990 (2017)

20-1880398 Page 2

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:
THE MISSION OF THE ALLIANCE TO END HOMELESSNESS IS TO STRIVE FOR THE ELIMINATION OF HOMELESSNESS IN SUBURBAN COOK COUNTY THROUGH THE COORDINATION AND MAXIMIZATION OF AVAILABLE RESOURCES TO ASSIST HOMELESS INDIVIDUALS AND FAMILIES. THE ALLIANCE SERVES AS A CONVENER

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 \$ 385,991. including grants of \$) (Revenue \$ 6,505.)
DATA COLLECTION - MAINTENANCE OF THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS), A SYSTEM DESIGNED TO CAPTURE CLIENT-LEVEL INFORMATION ON THE CHARACTERISTICS AND SERVICE NEEDS OF INDIVIDUALS EXPERIENCING HOMELESSNESS

4b (Code:) (Expenses \$ 221,848. including grants of \$) (Revenue \$)
CONTINUUM OF CARE PLANNING

4c (Code:) (Expenses \$ 736,253. including grants of \$ 736,253.) (Revenue \$)
COORDINATED ENTRY - SUBRECIPIENT GRANTS TO HOUSING FORWARD

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

4e Total program service expenses **1,344,092.**

Form 990 (2017)

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

Part IV Checklist of Required Schedules

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

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

Part IV Checklist of Required Schedules *(continued)*

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

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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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	36		
b Enter the number of voting members included in line 1a, above, who are independent	1b	36		
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, or 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
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?	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 in Schedule O	9			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?	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			
11a 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.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
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).				
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?	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JENNIFER HILL - (708) 236-3261**
4415 W. HARRISON STREET, NO. 228, HILLSIDE, IL 60162

**ALLIANCE TO END HOMELESSNESS IN
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONIQUE WILLIAMS CHAIR	1.00	X		X			0.	0.	0.	
(2) TINA ROUNDS VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) CARL WOLF PAST CHAIR	1.00	X		X			0.	0.	0.	
(4) KATHRYN STRANIERO SECRETARY	1.00	X		X			0.	0.	0.	
(5) VINCE HENEGHAN TREASURER	1.00	X		X			0.	0.	0.	
(6) BETSY BENITO DIRECTOR	1.00	X					0.	0.	0.	
(7) HUGH BRADY DIRECTOR	1.00	X					0.	0.	0.	
(8) DENNIS CONDON DIRECTOR	1.00	X					0.	0.	0.	
(9) ANNE CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(10) DON DONAHUE DIRECTOR	1.00	X					0.	0.	0.	
(11) CHRIS CHAMBLISS DIRECTOR	1.00	X					0.	0.	0.	
(12) BRYAN DUNLAP DIRECTOR	1.00	X					0.	0.	0.	
(13) KHEN NICKELE DIRECTOR	1.00	X					0.	0.	0.	
(14) HOLLIS HUTCHINS DIRECTOR	1.00	X					0.	0.	0.	
(15) SONIA IVANOV DIRECTOR	1.00	X					0.	0.	0.	
(16) LUKASZ OBROCHTA DIRECTOR	1.00	X					0.	0.	0.	
(17) CHRIS O'HARA DIRECTOR	1.00	X					0.	0.	0.	

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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) TROY O'QUIN DIRECTOR	1.00	X					0.	0.	0.	
(19) MILLICENT NTIAMOAH DIRECTOR	1.00	X					0.	0.	0.	
(20) SUE SHIMON DIRECTOR	1.00	X					0.	0.	0.	
(21) DAVID THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(22) JEFFREY RABIN DIRECTOR	1.00	X					0.	0.	0.	
(23) SARAH FLAX DIRECTOR	1.00	X					0.	0.	0.	
(24) MONICA SLAVIN DIRECTOR	1.00	X					0.	0.	0.	
(25) DEBRA HOWARD-FRYE DIRECTOR	1.00	X					0.	0.	0.	
(26) ANGELIA SMITH DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							76,157.	0.	2,394.	
d Total (add lines 1b and 1c)							76,157.	0.	2,394.	

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 0

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	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>	5	X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 (check all that apply)						(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			
(27) KIM STEPHENS DIRECTOR	1.00	X						0.	0.	0.
(28) PAMELA WARD DIRECTOR	1.00	X						0.	0.	0.
(29) CHARLES WARNER DIRECTOR	1.00	X						0.	0.	0.
(30) CHRISTI WESSEL DIRECTOR	1.00	X						0.	0.	0.
(31) SUE WIEMER DIRECTOR	1.00	X						0.	0.	0.
(32) GRANADA WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(33) CORNELL LURRY DIRECTOR	1.00	X						0.	0.	0.
(34) LYNDY SCHUELER DIRECTOR	1.00	X						0.	0.	0.
(35) ALBERT ABNEY DIRECTOR	1.00	X						0.	0.	0.
(36) DAVE CAMBENSY DIRECTOR	1.00	X						0.	0.	0.
(37) KATHY CHAN DIRECTOR	1.00	X						0.	0.	0.
(38) CAROL GSELL DIRECTOR	1.00	X						0.	0.	0.
(39) JENNY HANSEN DIRECTOR	1.00	X						0.	0.	0.
(40) MICHAEL MALLORY DIRECTOR	1.00	X						0.	0.	0.
(41) MARGARITA NIEVES-GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(42) TRACY MCKEITHEN DIRECTOR	1.00	X						0.	0.	0.
(43) DR GERI PALMER DIRECTOR	1.00	X						0.	0.	0.
(44) TAHITA SMALLING DIRECTOR	1.00	X						0.	0.	0.
(45) JENNIFER HILL EXECUTIVE DIRECTOR	40.00			X				76,157.	0.	2,394.
Total to Part VII, Section A, line 1c								76,157.		2,394.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,379,889.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	263,528.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,643,417.				
Program Service Revenue	2 a _____	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						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER	624200	6,505.	6,505.				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		6,505.					
12 Total revenue. See instructions.		1,649,922.	6,505.	0.	0.		

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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 **X**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	736,253.	736,253.		
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	89,181.	80,263.	1,784.	7,134.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	341,647.	287,431.	35,822.	18,394.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,023.	44,500.	5,704.	2,819.
10 Payroll taxes	30,878.	26,284.	2,789.	1,805.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,735.		8,735.	
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.)	30,624.	7,467.	5,055.	18,102.
12 Advertising and promotion				
13 Office expenses	24,534.	20,282.	3,034.	1,218.
14 Information technology				
15 Royalties				
16 Occupancy	45,921.	39,090.	4,147.	2,684.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,130.	19,689.	2,089.	1,352.
20 Interest	10.		10.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,169.	6,953.	738.	478.
23 Insurance	4,156.		4,156.	
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 HMIS VENDOR FEES	75,880.	75,880.		
b OTHER	320.		320.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,472,461.	1,344,092.	74,383.	53,986.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

Form 990 (2017)

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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	45,877.	1	128,206.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	200,514.	3	295,258.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,671.	9	11,080.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	58,103.		
	b Less: accumulated depreciation	44,758.		
	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	2,200.	15	2,200.
16 Total assets. Add lines 1 through 15 (must equal line 34)	272,507.	16	450,089.	
Liabilities	17 Accounts payable and accrued expenses	65,027.	17	65,148.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	65,027.	26	65,148.
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	197,480.	27	273,404.
	28 Temporarily restricted net assets	10,000.	28	111,537.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	207,480.	33	384,941.	
34 Total liabilities and net assets/fund balances	272,507.	34	450,089.	

Form **990** (2017)

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

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	1,649,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,472,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	177,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,480.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	384,941.

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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

ALLIANCE TO END HOMELESSNESS IN

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	497,035.	601,283.	679,806.	759,954.	1,643,417.	4,181,495.
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	497,035.	601,283.	679,806.	759,954.	1,643,417.	4,181,495.
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.						4,181,495.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	497,035.	601,283.	679,806.	759,954.	1,643,417.	4,181,495.
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.)	3,012.	4,653.	10,129.	5,995.	6,505.	30,294.
11 Total support. Add lines 7 through 10						4,211,789.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.28 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.06 %

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
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.		
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.		
1		
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?		
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).		
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.		
1		
2		
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.			
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.			
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.			
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.			
2a			
2b			
3a			
3b			

ALLIANCE TO END HOMELESSNESS IN

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).		

ALLIANCE TO END HOMELESSNESS IN

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

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

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

ALLIANCE TO END HOMELESSNESS IN

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2013 AMOUNT: \$ 3,012.

2014 AMOUNT: \$ 4,653.

2015 AMOUNT: \$ 10,129.

2016 AMOUNT: \$ 5,995.

2017 AMOUNT: \$ 6,505.

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

2017

Name of the organization

ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY

Employer identification number

20-1880398

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY	Employer identification number 20-1880398
--	---

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	THE CHICAGO COMMUNITY TRUST 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COOK COUNTY 118 N CLARK STREET CHICAGO, IL 60602	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410	\$ 1,280,825.	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.)
_____	_____	\$ _____	Person <input 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 ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY	Employer identification number 20-1880398
--	---

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 ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY	Employer identification number 20-1880398
--	---

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY Employer identification number 20-1880398

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

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)	
(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

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

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	1,650,125.
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	203.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	203.
3	Subtract line 2e from line 1	3	1,649,922.
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	1,649,922.

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	1,472,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	203.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	203.
3	Subtract line 2e from line 1	3	1,472,461.
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	1,472,461.

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:

THE ALLIANCE FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND ILLINOIS. WITH FEW EXCEPTIONS, THE ALLIANCE IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014. THE ALLIANCE DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

**Employer identification number
20-1880398**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** 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
HOUSING FORWARD 1851 S 9TH AVENUE MAYWOOD, IL 60153	36-3876660	501(C)(3)	736,253.	0.			GENERAL ASSISTANCE

- 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

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

Schedule I (Form 990) (2017)

**ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY**

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 noncash assistance

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

PART I, LINE 2:

THE ALLIANCE FOLLOWS FEDERAL COMPLIANCE REQUIREMENTS FROM THE US DEPARTMENT
OF HOUSING AND URBAN DEVELOPMENT IN ADMINISTERING AND MONITORING ITS
ASSISTANCE PROGRAMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY	Employer identification number	20-1880398
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE COLLABORATIVE, COMMUNITY-BASED ENDEAVORS OF HOMELESS SERVICE
PROVIDERS, AFFORDABLE HOUSING DEVELOPERS, LOCAL GOVERNMENTS,
FOUNDATIONS, AND THE PRIVATE SECTOR.

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

THE BOARD REVIEWS THE FORM 990 PRIOR TO FILING.

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

THE ORGANIZATION REQUIRES AN ANNUAL ASSESSMENT OF ANY POTENTIAL CONFLICTS
OF INTEREST.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	6,277.
MANAGEMENT AND GENERAL EXPENSES	4,929.
FUNDRAISING EXPENSES	18,020.
TOTAL EXPENSES	29,226.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,190.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

732211 09-07-17

Name of the organization ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY	Employer identification number 20-1880398
---	--

MANAGEMENT AND GENERAL EXPENSES	126.
FUNDRAISING EXPENSES	82.
TOTAL EXPENSES	1,398.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,624.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
 AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION
 OF AN INDEPENDENT ACCOUNTANT.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 08 2005

ALLIANCE TO END HOMELESSNESS IN
SUBURBAN COOK COUNTY
C/O ERIC R DECATOR
8000 SEARS TOWER
CHICAGO, IL 60606-0000

Employer Identification Number:
20-1880398
DLN:
17053112001005
Contact Person:
DALE T SCHABER ID# 31175
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
AUGUST 9, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2008

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

ALLIANCE TO END HOMELESSNESS IN

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

R19717

TE3

201880398



Department of the Treasury
Internal Revenue Service
EO Rulings and Agreements
P O BOX 2508
CINCINNATI OH 45201

Date of this notice: November 10, 2008
Notice Number: CP-158
Taxpayer Identification Number:
20-1880398

025002.505604.0124.003 1 AT 0.346 865



Advance Ruling Period Ending Date:
December 31, 2008



ALLIANCE TO END HOMELESSNESS IN
% JENNIFER HILL
1107 S MANNHEIM RD STE 304
WESTCHESTER IL 60154-2560795

For assistance, call:
1-877-829-5500

025002

Our records indicate that you were issued an advance ruling letter that treated you as a public charity, rather than a private foundation, during an advance ruling period that ends on the date indicated above. That letter required you to file IRS Form 8734 at the end of your advance ruling period to establish that you qualify as a public charity.

New IRS regulations changed the procedures governing your public charity status. You are no longer required to file Form 8734 at the end of the ruling period. The regulations also provide that donors can rely on your advance ruling letter with respect to your public charity status unless the IRS changes that status, based on the organization no longer meeting an applicable public support test, and publishes notice of the change.

If you have received Form 8734 from the IRS, please do not file it. Please keep your advance ruling letter along with this letter for your permanent records.

The regulations also changed the rules for computing public support, consistent with the redesigned Form 990, Return of Organization Exempt from Income Tax. For more information regarding those rules and the redesigned Form 990, please see the IRS website at www.irs.gov/eo.

RECEIVED
NOV 10 2008

BY:.....



TINA ROUNDS • CHAIR
GRANADA WILLIAMS • VICE CHAIR
MONIQUE WILLIAMS • PAST CHAIR
KATHRYN STRANIERO • SECRETARY
VINCENT HENEGHAN • TREASURER
JENNIFER C. HILL • EXECUTIVE DIRECTOR

February 20, 2019

ADA Compliance

The Alliance to End Homelessness in Suburban Cook County is located in a wheelchair accessible building at 4415 Harrison, Hillside.

The Alliance does not discriminate against people with disabilities in hiring practices.

The Alliance does not provide direct service to homeless or at-risk individuals at its location.

Sincerely,

Jennifer C. Hill
Executive Director



TINA ROUNDS • CHAIR
GRANADA WILLIAMS • VICE CHAIR
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VINCENT HENEGHAN • TREASURER

JENNIFER C. HILL • EXECUTIVE DIRECTOR

February 20, 2019

Conflict of Interest Statement

This is an organizational statement that addresses the HUD Conflict of Interest Regulations:

U.S. HUD's Conflict of Interest provisions are set forth at 24 CFR 570.611(b) which provide in relevant part that "...no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to ESG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a ESG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a ESG-assisted activity, or with respect to the proceeds of the ESG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter..." 24 CFR 570.611(c) describes the persons covered by the above rule as being applicable to "Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient, or any designated public agencies, or of subrecipients that are receiving funds under this part."

Sincerely,

A handwritten signature in black ink that reads "J C Hill".

Jennifer C. Hill
Executive Director



TINA ROUNDS • CHAIR
GRANADA WILLIAMS • VICE CHAIR
MONIQUE WILLIAMS • PAST CHAIR
KATHRYN STRANIERO • SECRETARY
VINCENT HENEGHAN • TREASURER

JENNIFER C. HILL • EXECUTIVE DIRECTOR

February 20, 2019

Anti-Lobbying Statement

To the best of the agency's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement; and
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Sincerely,

Jennifer C. Hill
Executive Director



TINA ROUNDS • CHAIR
GRANADA WILLIAMS • VICE CHAIR
MONIQUE WILLIAMS • PAST CHAIR
KATHRYN STRANIERO • SECRETARY
VINCE HENEGHAN • TREASURER
JENNIFER C. HILL • EXECUTIVE DIRECTOR

April 11, 2019

Savannah Clement
City of Evanston
Housing Policy and Planning Analyst
2100 Ridge Ave
Evanston, IL 60201

RE: 2018 Affordable Housing Fund Grant

Dear Savannah,

The Alliance requested funds to support Homeless Management Information System (HMIS) related expenses to ensure full participation and exceptional data quality for all Evanston homeless services programs and to meet our match to make full use of federal funding for HMIS.

The funds received from the City of Evanston in the amount of \$20,500 were used as match for wages to help meet the following specific accomplishments for 2018:

- Updated Initial Intake Form to better track individuals served and track the services provided to eliminate duplication
- Updated and trained 150+ users on the Homeless Management Information System
- Used HMIS data to prepare and submit the Longitudinal System Analysis Report (LSA) to HUD and other monthly and quarterly reporting due
- Measured HMIS bed coverage and missing values to ensure high data quality
- Measured progress toward HUD goals for reducing chronic and veteran homelessness
- Supported implementation of the suburban Cook County coordinated entry system

The chart below shows the unduplicated total of people we actually served in 2018. The data show the number of people that are low/moderate income, and the number of them that are Evanston residents.

- 8,215 Unduplicated people in 5,997 households served in 2018
- 1,052 Unduplicated Evanston residents in 856 households served in 2018
- 8,215 Unduplicated low/moderate income people served in 2018
- 1,052 Unduplicated low/moderate income Evanston residents served in 2018

Race/Ethnicity/Special Populations of Evanston Clients in 2018

Race	
American Indian or Alaska Native	4
American Indian or Alaska Native and White	2
American Indian or Alaska Native and Black or African American	1
Asian	18
Black or African American	738
Black or African American and White	21
Native Hawaiian or Other Pacific Islander	1
Other/Other Multi-racial	49
White	213
Sum:	1,047

Ethnicity	
Hispanic/Latino (HUD)	111
Non-Hispanic/Non-Latino (HUD)	927
Data not collected (HUD)	9
Sum:	1,047

Special Populations	
Veterans	22
Severely Mentally Ill	152
Chronic Substance Abuse	48
Persons with HIV/AIDS	8
Victims of Domestic Violence (Adults only)	136
Any Disability	243
Age 62 and over	111

Outcomes	Indicator (How is success determined?)	Number or percent of total achieved
Data-Informed planning through more complete data.	The participation rate for emergency shelter (ES) & transitional housing (TH) projects.	100% *
Data-Informed planning through improved data quality	The missing data rate for required data elements	<10%

*2018 Continuum of Care Application reported 100% bed coverage for both ES & TH.

Sincerely,



Jennifer C. Hill
Executive Director