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LETTER FROM THE EXECUTIVE DIRECTOR

In the coming weeks, Illinois will begin the process of enrolling our state's uninsured, including thousands of people with HIV, into health plans offering meaningful coverage at an affordable cost.

Implementing the Affordable Care Act will be a monumental and complex undertaking, reshaping the delivery of health care in our nation while revolutionizing how people with HIV access treatment. Currently, fewer than 1 in 5 people with HIV have private health insurance and nearly 30% have no coverage at all. Once implemented, however, the law will allow people with HIV to access insurance on the private market without lifetime caps on coverage, or fear of denials due to their pre-existing condition. And for the first time, our poorest clients will qualify for Medicaid without having to meet a tortuous disability standard. I do not exaggerate when I say that this is one of the most far-reaching and important pieces of legislation in our long fight against the epidemic.

Here at the AIDS Legal Council of Chicago, our expertise and ability to adapt to clients' needs and evolve with the epidemic mean that we can be on the frontlines of this historic moment. That is why we are proudly partnering with AIDS Foundation of Chicago to educate and enroll people with, or at risk for, HIV into the new insurance marketplace. We've hired two staff members and are working with partners throughout Chicago to identify those areas and populations where our outreach can do the most good. This is ALCC at its very best, using its expertise in the law and its flexibility on the ground to secure health, dignity and stability for people with HIV.

But promising as health care reform is, there are still numerous challenges our clients are certain to face in the months and years ahead. Access to private insurance is a critical first step, but navigating the maze, rules and bureaucracies of insurance companies can be daunting for anyone. And stigma, discrimination, poverty and other barriers will continue to be ever-present challenges for our clients with HIV. The landscape may be changing, but our work is far from done.

I leave you with our 2013 annual report and hope you'll take some time to learn about our work and accomplishments over the last year. I also invite you to read our clients' stories and become acquainted with some of the men and women we were able to help. They are the reason we are still here, 25 years after we first opened our doors in a small apartment in Lakeview. And you, our friends and supporters, are the reason that we are still here to deliver services in these critical and encouraging times.

On behalf of the clients that we serve, thank you again for believing in our work and for supporting us in our mission.

Sincerely,

A handwritten signature in blue ink that reads "Ann Hilton Fisher". The signature is written in a cursive, flowing style.

Ann Hilton Fisher, Esq.
Executive Director



PROGRAM HIGHLIGHT CLIENT STORIES

CHARLES

Charles was suffering from ongoing seizures. They became so severe that he was taken via ambulance to an emergency room, accompanied by his wife and teenage son. Charles made it clear to the medical staff that he did not want his health information discussed in front of his son, who was unaware of Charles' HIV status. The medical staff, including the physicians, honored this request and waited for the son to leave before discussing Charles' medical conditions. However, one physician—who had previously requested that the son leave—asked Charles right in front of his son, “Any other problems besides your HIV?” Charles attempted to play it off by giving him a look and nodding in the direction of his son. Charles responded, “Are you talking to me? You must be confused.” The doctor insisted, “Of course I am talking to you. So, any other problems aside from your HIV?”

This breach of confidentiality clearly violates the AIDS Confidentiality Act. The doctor was aware of Charles' wishes to not disclose his status to his son. This one disclosure complicated the relationship between Charles and his son. It was the right of Charles, not the doctor, to disclose his HIV status to his son. ALCC went to work on Charles' behalf and sent a formal demand letter to the hospital. The hospital immediately complied with all of ALCC's demands. In addition to winning a legal settlement for Charles, ALCC now conducts routine legal trainings at the hospital on confidentiality.

ALCC BY THE NUMBERS

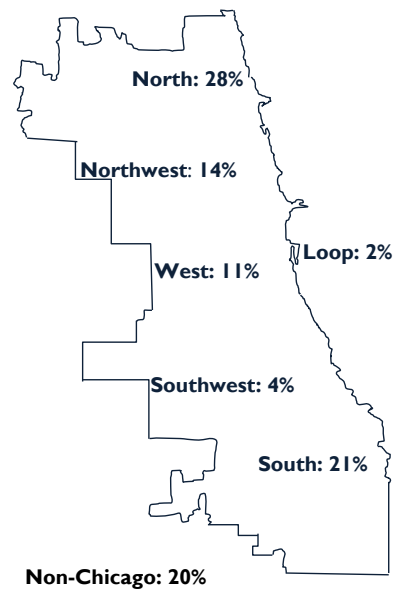
CASE & CLIENT PROFILE

TOTAL CASES: 1,480

TOTAL CLIENTS: 810

AFRICAN-AMERICAN.....	51%	PUBLIC BENEFITS.....	41%
WHITE.....	28%	ESTATE PLANNING.....	15%
LATINO.....	19%	INSURANCE.....	12%
ASIAN.....	1%	CONFIDENTIALITY.....	6%
OTHER.....	1%	DEBTOR/CREDITOR.....	6%
		EMPLOYMENT.....	6%
MALE.....	79%	IMMIGRATION.....	4%
FEMALE.....	20%	MISCELLANEOUS.....	4%
TRANSGENDER.....	1%	OTHER.....	5%
UNINSURED.....	38%	AGE 1-19.....	1%
		AGE 20-29.....	9%
NO INCOME.....	35%	AGE 30-39.....	18%
		AGE 40-49.....	34%
WITH MENTAL ILLNESS.....	43%	AGE 50-59.....	28%
		AGE 60+.....	11%
MSM*.....	57%	STABLE HOUSING.....	71%
HETEROSEXUAL.....	35%	NO STABLE HOUSING.....	29%
UNKNOWN/OTHER.....	8%		

Where our clients come from:



MITCHELL

Mitchell, once a successful insurance company executive, came to the Council and was in dire need of help. He was forced to go on disability because HIV-related dementia made it impossible for him to focus, concentrate, or attend to the details of his job, let alone his daily life. Having been on short-term disability for two years, Mitchell was now supposed to be moving on to long-term disability. But Mitchell was in a fog, facing dozens of overwhelming questions: *Do I still get a disability check? Will my premiums skyrocket? How will the changes impact my dependents?*

One of the first things Case Manager Justin Hayford did was begin a review of Mitchell's company-provided employee benefits manual. This manual was a collection of five separate employee handbooks totaling over 300 pages! Understanding everything in the manuals would have been challenging for anyone, but it was nearly impossible for Mitchell because of his illness. After reviewing the hundreds of pages of benefits documentation, Justin began making calls on Mitchell's behalf. These calls went from Human Resources to the Benefits Center to the Outsourcing Center—each of which was in a different state and had a different understanding of which office handled which benefit. After days of calls and circling back to the different benefits-related divisions of Mitchell's employer, ALCC determined that the new benefits could not be initiated until Mitchell's employment status was changed to "retired due to disability."

So with his status now updated, Mitchell was set, right? Not so fast. At this point the Benefits Center—located in Colorado—stated that Mitchell could continue on his employment-based health insurance for another six months. Luckily Justin had already earmarked page 247 of the insurance handbook. It stated that due to Mitchell's many years of service and high-level position, he was actually guaranteed employer-covered health insurance *for life*. Not a single person in any department with which ALCC spoke was aware of this benefit. After weeks of research, phone calls, and scouring hundreds of pages of employee benefits manuals, Mitchell can now live the rest of his life with peace and dignity. Without ALCC, he would have lost coverage within a few short months.

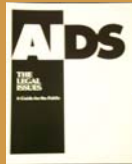
25 YEARS OF AIDS LEGAL COUNCIL OF CHICAGO



1988 ALCC is founded by James Monroe Smith. ALCC starts seeing clients in the living room of Jim Smith's North Side apartment.



1991 With rising rates of HIV among people of color, ALCC opens an office on the campus of Cook County Hospital to better serve uninsured clients from the South and West Sides.



1994 ALCC publishes its first bilingual guide on HIV and the law and distributes more than 3,000 copies. ALCC also wins two high-profile discrimination cases, obtaining a settlement of \$160,000 for a mortgage company executive who was fired for having HIV, and winning an important case for a man with HIV who was refused care by his doctor.



1995 ALCC helps write the landmark bill that ultimately grants parents with HIV the option of designating standby guardians for their minor children. ALCC also launches its Latino Outreach Project and hires its first bilingual attorney.



1997 New advances in HIV treatment lead ALCC to initiate its Return-to-Work Project to help clients with HIV who want to go back to work. ALCC also starts the Family Options program for parents with HIV who want to plan for the future care of their children.



KATRINA & SUSAN

Katrina came to ALCC in 2006. A mother of two young girls, she wanted to ensure that her children would be properly cared for in the event of her passing. Despite her HIV, Katrina was in sound health and things were looking good. She had routine medical care and was taking her medications. ALCC had handled a number of cases for Katrina over the years and she was extremely grateful for this assistance.

Katrina was also receiving help from her best friend Susan. Since the day her two daughters were born, Katrina and her daughters had been living with Susan, who provided food and shelter as best as she could, and helped care for the two girls. As far as Katrina's daughters were concerned, Susan was their grandmother. They had always known her, and she had always been there for them.

In the spring of 2012, however, Katrina's health took a sudden and dramatic turn for the worse. That's when ALCC jumped into action and began working to make Susan the short-term guardian for the two girls. Sadly, Katrina passed away shortly thereafter. Since then, ALCC has helped Susan gain full legal custody of the children. This was especially complicated because she is not a blood relative. Had ALCC not be there to fight for Katrina's children, the two girls would have been forced into the foster care system. Because of these successful legal actions, Susan has custody of the two daughters and is also receiving Social Security which helps her provide stability and care for Katrina's girls.



1999 ALCC opens a new office in the Ruth M. Rothstein CORE Center. ALCC also teams up with Lambda Legal and the firm of Schiff, Hardin & Waite to file suit against Mutual of Omaha Insurance, claiming that its lifetime caps on HIV care discriminate against people with AIDS. ALCC loses on appeal, but the company agrees to eliminate its caps on people with HIV.



2000 ALCC takes a lead role in the “100% Campaign” and helps pass a historic state bill that expands Medicaid access to more than 100,000 people in Illinois, including 1,500 individuals who are living with HIV.



2002 — ALCC launches the HIV+ Immigrants’ Rights Project, a model of service expansion that reflects the Council’s commitment to meet the evolving needs of its clients. Within a few short years, immigration becomes the Council’s third most-requested area of legal assistance.



2005 — ALCC continues to expand services, undertaking programs to reach more at-risk youth and women. ALCC also intervenes successfully in a crucial case before the Illinois Supreme Court, *Doe v. Dilling*, protecting the confidentiality rights of people with HIV.



2007 ALCC lobbies successfully for strong language to preserve informed consent in Illinois’s HIV testing statute. ALCC also begins to see a surge in clients who live outside of Cook County, showing the reach of our services across Illinois.

1,645

2009 ALCC has its biggest year ever, helping 992 individuals with 1,645 cases and conducting nearly 100 community trainings on HIV and the law across Illinois.

25
YEARS

2012 / 2013 ALCC successfully lobbies the Illinois Department of Public Health to do away with onerous requirements that would keep people with HIV from accessing the AIDS Drug Assistance Program. After years of working with other partners, ALCC also sees welcome changes made to the Illinois Criminal Transmission statute —changes that better reflect how HIV is spread and stop criminalizing the sexual activity of people with HIV. Finally, ALCC’s efforts to repeal the state’s HIV Principal Notification law are finally met with success, thus protecting the confidentiality rights of school children and teens with HIV.

ISAAC

Isaac, a Spanish-speaker with limited English skills, came to ALCC because he was accused of having received an overpayment from Social Security in the amount of \$7,000. He received a letter stating that his monthly check would be reduced by more than \$100, but since Isaac and his wife had a combined monthly income of only \$800, this reduction would have been devastating. So ALCC went to work, explaining with detailed reasoning to Social Security why this reduction would cause hardship and managing, with time and persistence, to have the amount reduced to only \$20 per month instead.

But that was hardly the end of it. Two months later Isaac received a letter saying that the monthly deduction would rise to \$100 again because he'd had a "change in income." ALCC proved this to be untrue, so the deduction went back to \$20, but then came another letter with another increase to \$100. Finally, after multiple phone calls and extensive research, ALCC tracked down the individual at Social Security who was incorrectly entering Isaac's information into the database. When we informed her of Isaac's rollercoaster situation and proved that his income had not changed at all, she admitted her mistake and apologized, immediately changing Isaac's status so he and his wife could get by again. This case involved a simple solution, but because of their limited English skills, Isaac and his wife would have never been able to resolve this without the help of ALCC's multi-lingual legal team.

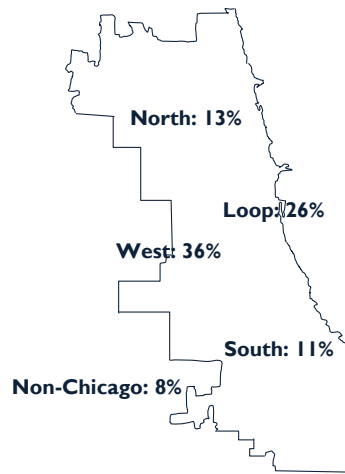
TOTAL TRAININGS: 106

INDIVIDUALS REACHED: 2,294

MOST REQUESTED TOPICS IN FY'13

PUBLIC BENEFITS.....	24%
CONFIDENTIALITY.....	23%
EMPLOYMENT / RETURN TO WORK.....	11%
HIV LEGAL BASICS.....	11%
AFFORDABLE CARE ACT.....	8%
CRIMINAL TRANSMISSION OF HIV.....	7%
IMMIGRATION.....	5%
ESTATE PLANNING.....	4%
HIV & MENTAL HEALTH.....	4%
YOUTH ISSUES.....	3%

TRAININGS BY AREA IN FY'13



SERVICE PROVIDER CONSULTATIONS IN FY'13

Access Community Health	Edge Alliance	Northwestern Memorial Hospital
ADAP	Englewood Specialty Clinic	Open Door Clinic
Agape Mission	Erie Family Health Center	PACPI
AIDS Foundation of Chicago	FCAN	Private Attorney
Asian Human Services	HAS	Private doctor
Attorney General's Office	Haymarket House	Project Vida
Austin Health Center	Healthspring	PSLS
Bonaventure House	Heart of Illinois	Rush Hospital
Boys Hope Girls Hope	Heartland Alliance	SHARC
Care Program	Heartland Health Outreach	South Side Help Center
Carle Clinic Champaign	Hines VA Hospital	St Clair County HIV Consortium
Center on Halsted	Howard Area Community Center	TASC
Champagne Public Health Dept.	Howard Brown Health Center	TPAN
Champagne public school	IDHS	Trans Action
Chicago House	Illinois Department of Public Health	Trinity Hospital
Children's Memorial Hospital	Illinois Masonic	U of C Hospital
Christian Community Health Center	Jackson County Health Dept	UIC
Cook County Sherriff	Legal Assistance Foundation	Universal Family Care
CORE Center	Loretto Hospital	University of Chicago
Cottage Grove Health Center	Lurie Children's Hospital	Uptown Clinic
DeKalb County Health Dept.	MATEC	Vital Bridges
Division of Rehabilitative Services	Mercy Hospital	Will County Behavioral Health
DuPage County Public Health	Mt. Sinai Hospital	



PROGRAM HIGHLIGHT ADVOCACY

At ALCC, protecting the confidentiality rights of people with HIV has always been one of our highest legislative priorities. That is why we could not be more excited when, after many years of hard work, our coalition of partners was finally able to pass a repeal of the HIV Principal Notification Law in Illinois.

Under the old law, local public health departments were required to disclose the names of HIV-positive children to their school principals, who, in turn, could notify other persons of the staff as he or she deemed necessary. We'd heard from families and children who no longer felt safe in their schools or communities once news of their HIV status had become widespread. It was also worrisome that the lack of confidentiality safeguards for school-aged children was impacting HIV testing rates among youth, a segment of the population where HIV rates are on the rise. This is an important victory for people with HIV in Illinois and one that we are extremely proud of at ALCC.



PROGRAM HIGHLIGHT OUTREACH

ALCC has two offices where people with HIV can access our services: our main office in the Loop, and our satellite office at the CORE Center, across from the John Stroger Hospital in the West Side.

This year ALCC is undertaking a new collaboration to expand its presence in the North Side, partnering with TPAN, a highly-respected organization that offers peer-led support programs and wellness services to people with HIV. Twice a month, ALCC staff visits TPAN to conduct a legal clinic for its clients, many of whom are newly-diagnosed and in need of information about their legal rights. The clinics have proved to be popular and are helping us reach a population of clients who might otherwise not have accessed the help they need. ALCC is excited to be collaborating with TPAN is looking forward to enhancing the program at that site or others in the future.



FUNDING & ADMINISTRATION

Expenses by Category

PROGRAM SERVICES	77%	\$792,804
FUNDRAISING	14%	\$141,473
ADMINISTRATION	7%	\$69,682
TOTAL EXPENSES		\$1,003,959

Revenues by Category

RYAN WHITE PART A	31%	\$302,233
VOUCHERED SERVICE GRANTS	13%	\$130,103
FOUNDATIONS	19%	\$181,425
INDIVIDUALS / EVENTS	20%	\$191,976
CY PRES AWARDS	-%	\$-
LAW FIRMS / CORPORATIONS	9%	\$88,721
MISCELLANEOUS	2%	\$17,769
IN-KIND PROFESSIONAL SERVICES	6%	\$62,990
TOTAL REVENUES		\$975,217



FINANCIAL STATEMENT

Statement of Activities and Changes in Net Assets
Year Ended June 30, 2013

Revenues & Other Support

	Unrestricted	Temporarily Restricted	Total
Public Support			
Grants from Government Agencies	\$ 432,337		432,337
Grants and Contributions	243,531	66,000	309,531
In-Kind Professional Services	62,990		62,990
Net assets released from restriction	122,625	(122,625)	
Cy Pres distributions			
Special events			
Gross Proceeds	129,182		129,182
Direct Expenses	(37,506,164)		(37,506)
TOTAL PUBLIC SUPPORT	953,159	(56,625)	896,534
Other Revenue			
Program services fees	14,885		14,885
Investment Income	2,884		2,884
TOTAL REVENUE	970,928	(56,625)	914,303
Expenses			
Program Services	\$ 792,804		792,804
Management and General	69,682		69,682
Fundraising	141,473		141,473
TOTAL EXPENSES	1,003,959		1,003,959
CHANGE IN NET ASSETS	(33,031)	(56,625)	(89,656)
NET ASSETS BEGINNING OF YEAR	1,076,060	122,625	1,198,685
NET ASSETS, END OF YEAR	1,043,029	66,000	1,109,029

COMMUNITY SUPPORT

July 2012—June 2013

GOVERNMENT SUPPORT

Ryan White Treatment Modernization
Act, Part A & B
Illinois Department of Public Health

FOUNDATION SUPPORT

\$40,000—\$49,999
Polk Bros. Foundation
Family & Children's AIDS Network

\$30,000—\$39,999
AIDS Foundation of Chicago
Chicago Bar Foundation

\$20,000—\$29,999
Lawyers Trust Fund of Illinois

\$10,000—\$19,999
Public Interest Law Initiative
Louis & Nellie Sieg Foundation

\$5,000—\$9,999
DIFFA / Chicago
Season of Concern

\$1,000—\$4,999
Hamill Family Foundation
Lawyers for Diversity

CORPORATE SUPPORT

\$15,000 +
Kirkland & Ellis LLP
Sidley Austin LLP

\$10,000—\$14,999
Anonymous

\$5,000—\$9,999

Anonymous
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\$2,500—\$4,999

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