

Form **990**

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

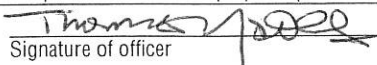
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AIDS LEGAL COUNCIL OF CHICAGO		D Employer identification number 36-3563802
	Doing business as		E Telephone number 312-427-8990
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,002,019.
	180 N. MICHIGAN AVENUE	2110	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	F Name and address of principal officer: THOMAS YATES SAME AS C ABOVE		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: WWW.AIDSLEGAL.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1987	M State of legal domicile: IL

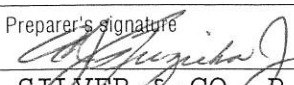
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LEGAL SERVICES, ADVOCACY, AND EDUCATION TO PEOPLE WITH HIV, INDIVIDUALS FACING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	30
	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 1,393,447.	Current Year 1,504,142.
	9 Program service revenue (Part VIII, line 2g)	126,580.	401,989.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,558.	2,718.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,859.	67,286.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,613,444.	1,976,135.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,102,157.	1,361,150.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		199,239.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		247,959.	354,216.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,350,116.	1,715,366.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	263,328.	260,769.
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,377,375.	End of Year 1,642,390.
	21 Total liabilities (Part X, line 26)	5,018.	9,264.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,372,357.	1,633,126.

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		4-1-16
	Signature of officer	Date
	THOMAS YATES, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANTHONY J. RUZICKA	Preparer's signature 	Date 3-31-16	Check if self-employed <input type="checkbox"/>	PTIN P00446466
	Firm's name KESSLER, ORLEAN, SILVER & CO. P.C.	Firm's EIN 36-3117333			
	Firm's address 1101 LAKE COOK ROAD, SUITE C DEERFIELD, IL 60015	Phone no. (847) 580-4100			

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