Department of the Treasury Internal Revonue Service

EXTENDED TO AUGUST 15, 2018 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.

OMB NO 1545-0047 Open to Public Inspection

			of the Treasury		al security numbers on this forn t Form 990 and its instructions		be made public.	Open to Public Inspection
66				ar year, or tax year beginning			SEP 30, 2017	
20	Во	Check if	C Name of	organization			D Employer identif	
62	a	pplicab	sia I	AGO FRIENDS OF T	HE ELDERLY			
60		Addre Chang	1	DATION			Ì	
=		Name		Isiness as			7 20-8	3538729
<u>T</u>		Initial	Number	and street (or P.O. box if mail is no	t delivered to street address)	Room/suite		
Щ.		Final return	_v 355 1	N. ASHLAND	,		1	455-1000
P. P.		termir ated	n. I	own, state or province, country, a	and ZIP or foreign postal code		G Gross receipts \$	576,012.
똣]Amen	, Curc	AGO, IL 60607			H(a) Is this a group r	eturn
₹ §		Apple	F Name an	nd address of principal officer $oldsymbol{W}$	ILLIAM HASSETT	~ 3	for subordinate	s? Yes X No
POSTWARK DATE		pendi	SAME A	AS C ABOVE			H(b) Are all subordinates	ıncluded? Yes No
			empt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52	If "No," attach a	a list (see instructions)
			ite: ► N/A				H(c) Group exemption	
			f organization:	X Corporation Trust	Association Other \	L Year	of formation: 2006	M State of legal domicile: IL
į	Pa	rt I	Summary		<u>-</u>			
	e e	1			ost significant activities THE			
	Governance				OTHERS - FRIENDS			
	Veri	_			scontinued its operations or dispo	osed of mor		1
	င္ပ	3 4		ing members of the governing be			3	10
	ග			of individuals employed in calend	governing body (Part VI, line 1b)		5	10
	Activities &	6		of volunteers (estimate if necessa			6	,0
	i <u>Ş</u>	7 a		i business revenue from Part VIII	• •		7a	
20	Ř			business taxable income from Fo	• • •		7b	
							Prior Year	Current Year
		8	Contributions a	and grants (Part VIII, line 1h)		1	0.	0.
<u></u>	Ž			ce revenue (Part VIII, line 2g)			0.	0.
<u>n</u>	Revenue			ome (Part VIII, column (A), lines (3, 4, and 7d)	ļ-	211,739.	576,012.
	~	11	Other revenue	(Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		0.	0.
075 -		12	Total revenue ·	add lines 8 through (1-1 (must eq	ual-Part VIII, column (A), line 12)		211,739.	576,012.
		13	Grants and sim	nılar amounts paid (Part IX, cölun	nn (A), lines 1/3)		190,000.	1,040,106.
t:	}			o or for members (Part IX, colum			0.	0.
,	es				ts (Part IX, column (A), lines 5-10)	_	0.	0.
න න	ens			ndraising fees (Part X, column (<u></u>	0.	0.
9	Expenses	b	Total fundraisin	ng expenses (Part IX) column (D)	line:25)	0.	. `. * *	
	_			s (Part IX, column (A), lines 11a-1		<u> </u>	63,680.	
	- {			Add lines 13-17 (must equal Pa	• • • • • • • • • • • • • • • • • • • •	<u> </u> _	<u>253,680.</u>	1,119,429.
-	SS	19_	Hevenue less e	expenses Subtract line 18 from l	ne 12		<41,941.	
\$	und Balances	20	Total assets (Pa	out V line 10)		Be	ginning of Current Year	End of Year
200	889 889		Total liabilities (-	14,268,344.	15,013,488.
į	55			und balances Subtract line 21 fr	om line 20	-	0. 14,268,344.	15,013,488.
-		rt II	Signature	Block	Off life 20		14,200,344.	15,015,400.
ĺ	Inde	r pena			ırn, ıncludıng accompanyıng schedule	es and statem	ents, and to the hest of m	w knowledge and belief it is
t	rue,	correc	t, and complete. [Deviara on of preparer (other than o	fficer) is based on all information of w	bich prepare	has any knowledne	ly knowledge and belief, k to
_				VACO			I L	-19-18
5	Sign		Signature	o/officer			Date	
f	lere	,	WILLI	AM HASSETT, CHAI	RMAN			
_			Type or pr	hit name and title				
			Print/Type prepa	arer's name	Preparer's signature		Date Check	PTIN
	aid		BEN DARC		1 Bennett Dara	1	6/5//8 If selt employ	
	repa			WIPFLI LLP		<u>/</u>	Firm's EIN	39-0758449
U	lse (nly)	Firm's address	1101 LAKE COOK				
-		لــــــ	<u></u>		50015		Phone no. (8	
				return with the preparer shown a				X Yes No
6	3200	1 11-1	1-16 LHA Fo	or Paperwork Reduction Act No	otice, see the separate instructi	ons.		Form 990 (2016), ¹ /

CHICAGO FRIENDS OF THE ELDERLY FOUNDATION

Forn	m 990 (2016) FOUNDATION	20-8538729 Page	2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\supset
1	Briefly describe the organization's mission: THE FOUNDATION SUPPORTS THE ACTIVITIES OF LITTLE BROTH THE ELDERLY (CHICAGO).	ERS - FRIENDS OF	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	☐Yes X N	 10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service if "Yes," describe these changes on Schedule O.	s? Yes X N	10
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	thers, the total expenses, and	
4a	(Code)(Expenses\$1,040,106. Including grants of\$1,040,106.) (Retailed to the foundation supports the activities of Little Broth the ELDERLY (CHICAGO).)
4b	(Code) (Expenses \$	\$ august	-
4c	(Code) (Expenses \$ including grants of \$) (Rev	/enue \$	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 1,040,106.	Form 990 (20)16)

Form 990 (2016) FOUNDATION
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)?	l		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2_		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	i		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	· * * ·	<u> </u>	
•	as applicable	, 00-4		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		× / / - / ·	-
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			_ x_
16		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		_ X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		_x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- -
-	complete Schedule G, Part III	19		\mathbf{x}_{-}
			990	

Yes No

Form 990 (2016) FOUNDATION

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ď	
	Schedule L, Part I	25b		<u>X</u>
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? If "Yes,"	{	į	
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ	ł	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			45
	instructions for applicable filing thresholds, conditions, and exceptions)	i		-1.75
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>x</u> _
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
21	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JŁ	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-32		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Ì	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 30		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37]	_X_
38	· · · · · · · · · · · · · · · · · · ·			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016) FOUNDATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance 20-8538729 Page 5

ther reported in Box 3 of Form 1096 Enter -0- if not applicable atton comply with backup withholding rules for reportable payments to vendors a atton comply with backup withholding rules for reportable payments to vendors a strong comply with backup withholding rules for reportable payments to vendors a strong comply with or within the year covered by this return as reported on line 2a, did the organization file all required federal employment tax in of lines 1a and 2a is greater than 250, you may be required to e-fife (see instruction have unrelated business gross income of \$1,000 or more during the year? filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Scheing the calendar year, did the organization have an interest in, or a signature or ont in a foreign country (such as a bank account, securities account, or other finar the name of the foreign country. \(\bigcit \) in the 3b, provide an explanation in Scheing the calendar year, did the organization have an interest in, or a signature or ont in a foreign country (such as a bank account, securities account, or other finar the name of the foreign country. \(\bigcit \) in the securities account, or other finar the name of the foreign country. \(\bigcit \) in the securities account, or other finar the name of the foreign country. \(\bigcit \) in the securities account, or other finar the name of the foreign country. \(\bigcit \) in the securities account, or other finar the name of the foreign country. \(\bigcit \) is a party to a prohibited tax shelter transaction a party to a prohibited tax shelter transaction at any time during the tax ye party notify the organization that it was or is a party to a prohibited tax shelter transaction tax and the organization file Form 8886-T? It is a proper to the foreign country to the securities of the securities and the sec	returns? ctions) cdule O ther authorical accountar? cansaction did the org tributions of	ority over, a int)? Ints (FBAR). anization solicit or gifts provided to the payor?	2b 3a 3b 4a 5a 5b 5c 6a 6b	Yes	
ther of Forms W-2G included in line 1a. Enter -0- if not applicable ation comply with backup withholding rules for reportable payments to vendors a sings to prize winners? Ther of employees reported on Form W-3, Transmittal of Wage and Tax Statements and a year ending with or within the year covered by this return or forms 1a and 2a is greater than 250, you may be required to e-file (see instruct ation have unrelated business gross income of \$1,000 or more during the year? filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Scheining the calendar year, did the organization have an interest in, or a signature or on the initial foreign country (such as a bank account, securities account, or other finance the name of the foreign country. In a foreign country (such as a bank account, securities account, or other finance the name of the foreign country. In a foreign country for process that a selfter transaction at any time during the tax year party to a prohibited tax shelter transaction at any time during the tax year party notify the organization that it was or is a party to a prohibited tax shelter transaction have annual gross receipts that are normally greater than \$100,000, and one is that were not tax deductible as charitable contributions? In organization include with every solicitation an express statement that such contributions? In organization include with every solicitation an express statement that such contributions? In organization notify the donor of the value of the goods or services provided? In that may receive deductible contributions under section 170(c). In received a payment in excess of \$75 made partly as a contribution and partly for goods are organization notify the donor of the value of the goods or services provided? In organization in the part of Forms 8282 filed during the year ation received a contribution of qualified intellectual property, did the organization on received a contribution of qualified intellectual property, did the organization m	tibutions of the was recorded to the organisaction.	able gaming ority over, a ant)? orts (FBAR). or anization solicit or gifts provided to the payor?	2b 3a 3b 4a 5a 5b 5c 6a 6b		X X X
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included on Form 990. Part VIII. line 12, for public use of club facilities	10a		1	1 !	l
	10b				
(12) organizations. Enter		1			
rom members or shareholders	11a				1
rom other sources (Do not net amounts due or paid to other sources against	-	1		^	{
received from them)	11b				
(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	Form 1041	?	12a		<u> </u>
ne amount of tax-exempt interest received or accrued during the year	12b]		İ
29) qualified nonprofit health insurance issuers.					<u> </u>
on licensed to issue qualified health plans in more than one state?			13a		<u> </u>
nstructions for additional information the organization must report on Schedule C					
nt of reserves the organization is required to maintain by the states in which the)				
icensed to issue qualified health plans					
nt of reserves on hand) <u>13b</u>			L	
ation receive any payments for indoor tanning services during the tax year?	1				T
iled a Form 720 to report these payments? If "No," provide an explanation in Sch	13b		14a		Х
t (the amount of tax-exempt interest received or accrued during the year (29) qualified nonprofit health insurance issuers.	he amount of tax-exempt interest received or accrued during the year (29) qualified nonprofit health insurance issuers. Ion licensed to issue qualified health plans in more than one state? Instructions for additional information the organization must report on Schedule O	(29) qualified nonprofit health insurance issuers. ion licensed to issue qualified health plans in more than one state?	he amount of tax-exempt interest received or accrued during the year (29) qualified nonprofit health insurance issuers. Ion licensed to issue qualified health plans in more than one state? Instructions for additional information the organization must report on Schedule O ont of reserves the organization is required to maintain by the states in which the licensed to issue qualified health plans	he amount of tax-exempt interest received or accrued during the year (29) qualified nonprofit health insurance issuers. Ion licensed to issue qualified health plans in more than one state? Instructions for additional information the organization must report on Schedule O Int of reserves the organization is required to maintain by the states in which the licensed to issue qualified health plans 13b

Form 990 (2016) FOUNDATION

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Page 6

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.

	to time da, db, or 100 below, december the encumbatances, processes, or changes in deficultie of dec mendetions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		Γ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		<u>X</u>
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		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	_7a		<u> </u>
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	77.	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	
) C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	_	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, iu	Ľ.	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	3764 2	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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?		,	
а	The organization's CEO, Executive Director, or top management official	15a		X
	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)	87	5	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	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		Y .	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
ec.	tion 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) a	ıvaılab	le	
	for public inspection Indicate how you made these available. Check all that apply			
	Own website X Another's website X 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	l fınan	cial	
	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			
	SIMONE MITCHELL-PETERSON - 312-455-1000			
	355 N. ASHLAND, CHICAGO, IL 60607			

	CHICHOO LIVIDIDO OL I	TINGULA TINGULA TIL		
Form 990 (2016)	FOUNDATION		20-8538729	Page 7
Part VII Compensat	on of Officers, Directors, Trustee	s, 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

X Check this box if neither the organi (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) PHIL MENZEL	1.00								_	_	
VICE CHAIRMAN		X		X	_	_		0.	0.	0.	
(2) MARILYN HENNESSY	1.00		1		ł			_	_		
TREASURER		X		X	_			0.	0.	0.	
(3) MICHAEL MELINGER	1.00			l	l						
SECRETARY		X	ļ.—	X	<u> </u>	<u> </u>		0.	0.	0.	
(4) REV. TOM BEHRENS	1.00			ĺ						•	
DIRECTOR	1 00	X		_	 			0.	0.	0.	
(5) BILL HASSETT	1.00									0	
CHAIR	1 00	X		Х	-		_	0.	0.	0.	
(6) ROSA PEREZ	1.00	3,5								0	
DIRECTOR	1 00	X	-	-				0.	0.	0.	
(7) SUSAN CIUCCI	1.00	х						0.	0.	0.	
DIRECTOR // SAME FEET POWEN	1.00	Λ	-		├				<u> </u>		
(8) KATHLEEN BOYLAN DIRECTOR	1.00	Х						0.	0.	0.	
(9) LINDA WATSON	1.00	^	-	-	-	\vdash			<u>.</u>		
DIRECTOR	1.00	Х			}	1		0.	0.	0.	
(10) CAROL WAUGH	1.00		l —	l	\vdash						
DIRECTOR	1.00	\mathbf{x}^{\parallel}						0.	0.	0.	
					_						

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FOUNDATION

Section A. Officer	rs, Directors, Trus	tees, Ney Em	biox	ees,	and	<u> 111 c</u>	gne	St C	ompensated Employe	es (continuea)			
` (A)		(B)			(0)			(D)	(E)		(F)	
Name and titl	le	Average	l , .		Pos				Reportable	Reportable		Estimat	ted
		hours per					than is bot		compensation	compensatio	n	amoun	t of
		week					or/trus		from	from related		othe	r
		(list any	į						the	organization	s 0	compens	ation
		hours for	를	i i			2)	organization	(W-2/1099-MIS	(C)	from t	he
		related	tee	ustee			ensat		(W·2/1099·MISC)		ĺ	organiza	tion
		organizations	ţ	nal tr		oyee	E .				- 1	and rela	ited
		below	ndividual trustee or director	institutional trustee	Ja J	Key employee	Highest compensated employee	Former				organıza	tions
		line)	Ē	lust.	Officer	Key	를통	Forr		. —			
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		<u> </u>			1			<u> </u>					
1b Sub-total									0.		0.		<u>0.</u>
c Total from continuation	sheets to Part VI	I, Section A						>	0.		0.		0.
d Total (add lines 1b and	1c)								0.		0.		0.
2 Total number of individual	als (including but n	ot limited to th	ose	liste	d ab	οονε	e) wh	o re	eceived more than \$100	,000 of reportabl	е		
compensation from the c	organization												0
												Yes	No
3 Did the organization list a	any former officer.	director, or tru	stee	. ke	v em	olar	vee.	or l	highest compensated er	nplovee on		. :	
line 1a? If "Yes," complet	•	*		,	,		, 1]	з	X
4 For any individual listed of			A CC	mne	nea	tion	anc	l ath	oor componention from t	he organization		<u> </u>	1
and related organizations										ne organization	- 1	4 "	X
										4	\vdash		12
5 Did any person listed on								elat	ed organization or indivi	dual for services		_ }	1 57
rendered to the organizat		<u>plete Schedule</u>	J fo	or su	ch p	oers	on					5	<u> </u>
Section B. Independent Con													
 Complete this table for year 											pensatı	on from	
the organization Report	compensation for t	he calendar y	ear e	<u>ndır</u>	ng w	uth o	or w	thir	the organization's tax y	ear			
	(A)								(B)	1		(C)	
Na	ame and business	address	NC	NE	<u>.</u>				Description of s	ervices	Con	npen s atı	on
							_				_		
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	-												
2 Total number of independent	dent contractors (II	ncluding but n	ot lır	nited	d to	thos	se lis	ted	above) who received m	ore than			
\$100,000 of compensation	on from the organiz	ation_				()						
·												~~~	(0040)

Part VIII

Page 9

Form 990 (2016)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Total revenue Related or exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 222,657 222,657. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 353,355. b Less cost or other basis and sales expenses c Gain or (loss) <u>353,355.</u> d Net gain or (loss) 353,355 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 576,012 576,012.

Form 990 (2016) FOUNDATION
Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (ry.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,040,106.	1,040,106.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			ļ	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а					
b	Legal				
С					
d	· · ·				
е			*		
f	Investment management fees	79,323.		79,323.	
g					
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	}			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а					
b	· · · · · · · · · · · · · · · · · · ·				
С					
d					
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	1,119,429.	1,040,106.	79,323.	0.
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 I If following SOP 98-2 (ASC 058-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 14,268,344 15,013,488. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 14,268,344 15,013,488. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 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, Liabilities 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 0. 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 15,013,488. 14,268,344. 32 Retained earnings, endowment, accumulated income, or other funds 32 15,013,488. 33 Total net assets or fund balances 14,268,344. 34 Total liabilities and net assets/fund balances 14,268,344. 34 15.013,488.

Form **990** (2016)

Forn	n 990 (2016) FOUNDATION	20-	<u>-853872</u>	9 P	age 12
Pa	rt 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		76,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 417.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>		
5	Net unrealized gains (losses) on investments	5	1,2	88,	<u>561.</u>
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	15,0	13,4	488.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		_ ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	,
	separate basis, consolidated basis, or both:		Ì	1	
	Separate basis Consolidated basis Both consolidated and separate basis			*	1 .
b	Were the organization's financial statements audited by an independent accountant?		2	b X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,	<i>z</i>	
	consolidated basis, or both		`	1	
	Separate basis X Consolidated basis Both consolidated and separate basis		1/4) '
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		}	;
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	,	74	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	dıt 🤾		. l
	Act and OMB Circular A-133?		3	- 1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit 🗀	T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	b	
			Fo	m 99 0	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHICAGO FRIENDS OF THE ELDERLY FOUNDATION 20-8538729 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions))

(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

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 20-8538729 Page 2

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

	fails to qualify under the test	s listed below, ple	ease complete Part	: 111)			
	ction A. Public Support			·			
Cal	endar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) ∕Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	ļ		ļ			/
2	Tax revenues levied for the organ-		}				F
	ization's benefit and either paid to						
	or expended on its behalf	L		<u> </u>	ļ		
3	The value of services or facilities						
	furnished by a governmental unit to		1	}	\		
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3			<u> </u>			
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,	1					
	column (f)						
	Public support. Subtract line 5 from line 4	52. 3	**				
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	/ (d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				,		
8	Gross income from interest,	1				_	
	dividends, payments received on		}	/			li
	securities loans, rents, royalties			/			
	and income from similar sources	}		//			
9	Net income from unrelated business		İ				
	activities, whether or not the		1				
	business is regularly carried on			, <u> </u>			
10	Other income Do not include gain		ł				
	or loss from the sale of capital			/			
	assets (Explain in Part VI)		/				
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2016 (li			olumn (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	t - 2016. If the org	ganization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "faci	ts-and-circumstar	nces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a j	publicly supported	organization	ū	ightharpoons
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th	ie ",facts-and-circu	umstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	ly supported orda	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s •
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION

Pa	rt III Support Schedule for	Organizations	Described in	Section 509(a	a)(2)		
	(Complete only if you checked	d the box on line 1	0 of Part I or if the	organization failed	d to qualify under	Part II If the organi	zation fails to
	. qualify under the tests listed t						
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013_	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						7
	membership fees received. (Do not				ļ		
	include any "unusual grants ")						/
2	Gross receipts from admissions,						
	merchandise sold or services per-						/
	formed, or facilities furnished in						/
	any activity that is related to the organization's tax-exempt purpose		Ì		Ì		1
3	Gross receipts from activities that				 		
Ū	are not an unrelated trade or bus-						Į.
	iness under section 513						
4		<u> </u>	 		 	 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf			,			
_	•		 			 //	
5	The value of services or facilities	[
	furnished by a governmental unit to	1					
	the organization without charge	<u> </u>				!	
	Total. Add lines 1 through 5	ļ	_		 	4	
7a	Amounts included on lines 1, 2, and	}				1	
	3 received from disqualified persons	ļ	<u> </u>				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that	ĺ				1	
	exceed the greater of \$5,000 or 1% of the	•			/		
	amount on line 13 for the year				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ <u></u>	<u></u>
С	Add lines 7a and 7b				h		
	Public support. (Subtract line 7c from line 6)				1/ 1	\$' k	
200	tion B. Total Support						
260	tion b. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cale: 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
Cale: 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for						
Cale: 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thire				
Cale: 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ	the organization's	s first, second, third	d, fourth, or fifth ta		on 501(c)(3) organiz	ration,
Cale: 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage for 2016 (I	the organization's ic Support Pe ine 8, column (f),d	s first, second, third rccentage vided by line 13, c	d, fourth, or fifth ta		on 501(c)(3) organiz	ration,
Cale: 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2015	the organization's ic Support Pe line 8, column (f), dischedule A, Part	s first, second, third rcentage ivided by line 13, co	d, fourth, or fifth ta		on 501(c)(3) organiz	ration,
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2015 tion D. Computation of Investion	ic Support Pe line 8, column (f),d Schedule A, Part stment Incom	s first, second, third rcentage vided by line 13, c Ill, line 15 e Percentage	d, fourth, or fifth to		on 501(c)(3) organiz	ration, % %
Cale: 9 10a b c c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage for 2016 (IPublic support percentage from 2015 tion D. Computation of Investinent income percentage for 20	ic Support Pe line 8, column (f), d Schedule A, Part stment Incom	s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage mn (f) divided by line	d, fourth, or fifth to		on 501(c)(3) organiz	eation, % %
Cale: 9 10a b c c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage for 2016 (IPublic support percentage from 2015 tion D. Computation of Investinent income percentage from 2011 investment income percentag	the organization's ic Support Pe line 8, column (f), d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A,	s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage mn (f) divided by lin Part III, line 17	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	### ##################################
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2015 tion D. Computation of Investinest income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2011 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage Investment Income percentage Investment Income percentage Investment Income percentage Investment Income percentage Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Publication Income Investment Income Income Investment Income Investment Income Investment Income Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment Income Investment	ic Support Pe line 8, column (f), d Schedule A, Part stment Incom 116 (line 10c, colur 2015 Schedule A, organization did r	s first, second, third rcentage rvided by line 13, c III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box of	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz 15 16 17 18 33 1/3%, and line 1	### ##################################
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2015 tion D. Computation of Investment income percentage from 2015 Investment income percentage from 233 1/3% support tests - 2016. If the more than 33 1/3%, check this box and	ic Support Pe Ine 8, column (f) of Schedule A, Part Stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The	s first, second, third rcentage vided by line 13, c III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box costs organization quali	olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s	ax year as a section	15 16 17 18 33 1/3%, and line 1 station	### ##################################
Calei 9 10a b c c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2016 (IPublic support percentage from 2015 tion D. Computation of Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2015. If the	ic Support Pe Ine 8, column (f) of Schedule A, Part Stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r organization did r	s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box of e organization qualitation check a box on	olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly sline 14 or line 19a	ax year as a section 15 is more than a supported organizar, and line 16 is more	15 16 17 18 33 1/3%, and line 1 teation ore than 33 1/3%, a	### ##################################
Cale 9 10a b c c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2015 tion D. Computation of Investment income percentage from 2015 Investment income percentage from 233 1/3% support tests - 2016. If the more than 33 1/3%, check this box and	ic Support Pe line 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r lock this box and si	s first, second, third rcentage rivided by line 13, c III, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box of e organization qualitation check a box on top here. The orga	olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly sline 14 or line 19anization qualifies	e 15 is more than supported organiza, and line 16 is mas a publicly supp	15 16 17 18 33 1/3%, and line 1 tation ore than 33 1/3%, a ported organization	### ##################################

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION

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

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

	Γ	
	Yes	No
1	x	
2		_X_
	-	.:
3a		<u> </u>
3b		
		į
3c	3	 ,
4a		X
	11	
4b		
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,	S + 2.24	, ,
4c	* * * * * * * * * * * * * * * * * * *	7 3 3
	,	
<u>5a</u>		<u>X</u>
<u>5b</u>		
5c		
	,	
6		X
7		_X
8		Х
9a		X
9b		Х
		Х
9c		Α.
40-		Х
10a		
10b	<u></u> _	

CHICAGO FRIENDS OF THE ELDERLY 990-EZ) 2016 FOUNDATION

Part IV Supporting Organizations (continued) Yes No	Sche	edule A (Form 990 or 990-EZ) 2016 FOUNDATION	20-853872	9 Pa	age 5
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? A All many member of a person described in (a) above? A 35% controlled entity of a person described in (a) at (b) above? 1	Par	rt IV Supporting Organizations (continued)			
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? A family member of a person described in (a) above? A family member of a person described in (a) above? A family member of a person described in (a) above? Do the durectors, 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 the Part VI how the powers to appoint and/or remove directors or trustees at all times during the tax year? If No, describe the Part VI how the powers to appoint and/or remove directors or trustees at all times during the tax year? If No, describe the Part VI how the powers to appoint and/or remove directors or trustees at all times supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated supervised, or controlled the supported organization operated, supported organization operated, supported organization operated, supported organization operated, supported organization, and (ii) operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operat		•		Yes	No
below, the governing body of a supported organization? 5. A family member of a person described in (a) or (b) above? 11 15	11	Has the organization accepted a gift or contribution from any of the following persons?	İ		ĺ
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			2b	 	
a Signification 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.			1 2-		
h Did the organization everying a substantial degree of diseases give the policies are given as a district of such			3a_	-	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b			3h	-5	l .

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION 20-8538729 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	edule A (Form 990 of 990-EZ) 2016 F OUNDATION			20-8538/29 Page 7
	rt V Type III Non-Functionally Integrated 509	3(a)(3) Supporting Org	janizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			ļ
5_	Qualified set-aside amounts (pnor IRS approval required)	·		ļ
6	Other distributions (describe in Part VI) See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		 	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			1
3	Excess distributions carryover, if any, to 2016			
_ a	· · · · · · · · · · · · · · · · · · ·			
_ b			*	*
_c	From 2013		· .	
_d	From 2014	,	* .	- 3
_е	From 2015		N	, ,, ,,
f	Total of lines 3a through e		N V . A T	3 2 3 3 3
g	Applied to underdistributions of prior years	* / 3 .,		
	Applied to 2016 distributable amount		1 1 1 1	***************************************
i	Carryover from 2011 not applied (see instructions)	,,		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,	* \ \ \ .		
	line 7 \$, , , , , , , , , , , , , , , , , , ,		
a	Applied to underdistributions of prior years	* ×		
	Applied to 2016 distributable amount		<u> </u>	<u> </u>
	Remainder Subtract lines 4a and 4b from 4		<u> </u>	, , , , , ,
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c			
8	Breakdown of line 7		THE THE PERSON OF THE PERSON O	
a	2.52.30.77			<u> </u>
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	···		
	Excess from 2016	·	<u></u>	
		1		The state of the s

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990 EZ) 2016 FOUNDATION 20-6556729 Page 8
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.)
	toco mondenens,

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CHICAGO FRIENDS OF THE ELDERLY

FOUNDATION

Employer identification number 20-8538729

Schedule D (Form 990) 2016

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements	- A	
Pal	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amount
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

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

	dule D (Form 990) 2016 FOUNDAT							<u> 20-85</u>		
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other recor	ds, chec	k any of the	following that	t are a s	ignificant i	use of its	collection	n items
	(check all that apply)									
а	Public exhibition	•	╸ᆜ	Loan or exc	hange progra	ms				
b	Scholarly research	•	е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	he organizatio	n's exe	mpt purpo	se in Pari	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other ass	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	t
С	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial accou	unt liabi	lity?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	orm 990, Part	IV, line	10			
		(a) Current year	(b) F	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		}		})		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	ent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%	•						
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u></u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administer	ed for tl	ne organiz	ation		
	by	_					_		ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(II) related organizations								3a(ıí)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book	value
		basis (investi		, ,	(other)		oreciation		(-7	
1a	Land			· · · · · · · · · · · · · · · · · · ·						
b	Buildings									
С	Leasehold improvements			·						
	Equipment							_ _		
e	Other			<u> </u>						
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	Oc)			•		0.

Schedule D (Form 990) 2016 FOUNDATION			20-8538729 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost	or end-or-year market value
(1) Financial derivatives		ļ	
(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" of	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
(2)	- 		
(3)			
(4)		<u> </u>	
(5)			
		_	
(7)			
(8)			
(9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		4	
Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990. Part IV line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book ∨alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15)		<u> </u>
	on Form 000 Don't IV to	. 41 116 C F 000 Fort V I	OF
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	(b) Book value	ine 25
(1) Federal income taxes		(b) Book Value	> 3
(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

CHICAGO FRIENDS OF THE ELDERLY FOUNDATION

Sche	dule D (Form 990) 2016 FOUNDATION		20-	3538729 Page 4
Par		ents With Revenue per F		
	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	4,610,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a 1,288,561.		
b	Donated services and use of facilities	2b] }	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d 2,746,252.		
е	Add lines 2a through 2d		2e	4,034,813.
3	Subtract line 2e from line 1		3	576,012.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII)	4b	1 1	
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	576,012.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1	Total expenses and losses per audited financial statements		1	4,058,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
_ a	Donated services and use of facilities	2a	\ \	
b	Prior year adjustments	2b	1	
	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d 2,939,077.	1 1	
-	Add lines 2a through 2d	20 2,555,077.	20	2,939,077.
e	Subtract line 2e from line 1		2e 3	1,119,429.
3			-3-	1,117,447.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- T	
	Other (Describe in Part XIII)	4b	5×	0
	Add lines 4a and 4b		4c	1,119,429.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5	1,119,429.
		N/ L = 4b = 10b B=11/ L=	4 D 4	V Inc. O. Dart VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part		4, Part	X, line 2; Part XI,
ines .	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	itional information		
PAR	T_XI, LINE 2D - OTHER ADJUSTMENTS:			
1111	TALL DIRE 2D OTHER ADOUDTHERTS.			
REV	ENUE OF AFFILIATE			2,746,252.
1,11,1	DIVOL OF MITHIAID			2,140,155
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:			
EXP	ENSES OF AFFILIATE			2,939,077.
				

Schedule D (Form 990) 2016

632054 08-29-16

Name of the organization CH
FC
Part I General Information Does the organization ma Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

EDULE	Grants and Other Assistance to Organizations,	OMB No 1545-0047
n 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2016
tment of the Treasury		Open to Public
	► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	Inspection
e of the organiza	e of the organization CHICAGO FRIENDS OF THE ELDERLY	Employer identification number
	FOUNDATION	20-8538729
t I General	General Information on Grants and Assistance	77.0000
Does the organ	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	criteria used to award the grants or assistance?	Yes X
Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

	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	Domestic Organia	itoring the use of grant izations and Domesti	funds in the United	d States	/" horoware notazine	e of grant funds in the United States Domestic Governments Complete if the organization answered "Vas" on Extra 000 Book 197 lac 34 for second	W line Of for any
]	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if addit	ional space is need	ded		000 on 000, rain	.v, me z 1, 101 ariy
ļ	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (f 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
II II II	LITTLE BROTHERS - FRIENDS OF THE ELDERLY - 355 N ASHLAND AVE - CHICAGO, IL 60607	36-2651505	501(C)(3)	1,040,106,	0			GENERAL SUPPORT
		į						
,	 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in th 1 table	listed in the line 1 table				
15	LHA For Paperwork Reduction Act Notice, see the Instructions for For	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2016)

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 FOUNDATION Schedule I (Form 990) (2016) Part III

Page 2

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Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 632102 11-01-18 Part IV

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CHICAGO FRIENDS OF THE ELDERLY **Employer identification number**

Open to Public Inspection

20-8538729 FOUNDATION FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE 990 IS SENT TO THE BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE BY APPOINTMENT AT THE ORGANIZATION'S OFFICES. IN ADDITION, GUIDE STAR ALSO PROVIDES CERTAIN DOCUMENTS. PART IV, LINE 12 AND PART XII LINE 2 AUDITED GAAP FINANCIAL STATEMENTS ARE PREPARED FOR LITTLE BROTHERS -FRIENDS OF THE ELDERLY (CHICAGO). TAXPAYER'S OPERATIONS ARE INCLUDED IN THOSE STATEMENTS.

(g) Section 512(b)(13) controlled å Employer identification number Open'to Public Inspection OMB No 1545-0047 × 2016 entity? Direct controlling Yes 20-8538729 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets status (if section 501(c)(3)) **e** Public charity Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. INE 7 ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 section 501(C)(3)ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. ILLINOIS CHICAGO FRIENDS OF THE ELDERLY Primary activity Primary activity SOCIAL SERVICES 36-2651505, 355 N. ASLAND AVENUE, CHICAGO LITTLE BROTHERS - FRIENDS OF THE ELDERLY FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) 60607 Part I Part II

Schedule R (Form 990) 2016

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

632161 09-06-16 LHA

FOUNDATION Schedule R (Form 990) 2016

20-8538729 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

General or Percentage managing ownership Yes No Section 512(b)(13) controlled Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Code V-UBI General or Planount in box managing or 20 of Schedule Partner?
K-1 (Form 1065) Yes/No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No altocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ **e** Legal domicile (state or foreign country) છ (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Schedule R (Form 990) 2016

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2016 FOUNDATION

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				>	Yes No
 During the tax year, did the organization engage in any of the following transaction: 	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II:IV?		•
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	^			1a	×
b Gift, grant, or capital contribution to related organization(s)				10	×
c Gift, grant, or capital contribution from related organization(s)				5	×
d Loans or loan guarantees to or for related organization(s)				Ş	×
				2 .	
 Loans or loan guarantees by related organization(s) 				9	4
f Dividends from related organization(s)				*	. >
				: ;	\$ >
				20	4
h Purchase of assets from related organization(s)				=	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				1,	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
Sharing of facilities, equipment, mailing lists, or other assets with relate	ion(s)			Ę	×
					: >
o chaing of paid employees with related organization(s)				2	4
				•	>
				<u>e</u>	4
 q Reimbursement paid by related organization(s) for expenses 				5	×
r Other transfer of cash or property to related organization(s)				+	>
				4	×
If the answer to any of the above is "Yes," see the instructions for infor	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		
(e)	(q)	(0)	(p)		
Name of related organization	ransaction type (a-s)	Amount involved	Method of determining amount involved	volved	
					[
(1)					
(2)					
(3)					
(4)					
137					
(6)					
(9)					
632163 09-06-16			Schedule R (Form 990) 2016	R (Form 9	90) 2016

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Schedule R (Form 990) 2016 FOUNDATION

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

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

bisproportionate amount in box 20 managing ownership ves No (Form 1065) Yes No end-of-year Share of assets Share of income total Predominant income patients sec (related, unrelated, 501c)(3) sections 512-514) (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity <u>a</u>

Schedule R (Form 990) 2016

CHICAGO FRIENDS OF THE ELDERLY 20-8538729 Page 5 Schedule R (Form 990) 2016 FOUNI Part VII Supplemental Information. FOUNDATION Provide additional information for responses to questions on Schedule R. See instructions