

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 3/05

PMT #	
AMT	
INIT	

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO #

Report for the Fiscal Period:

Beginning 10/01/2015

& Ending 09/30/2016

MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☒ \$100.00 Late Report Filing Fee

MO DAY YR

Federal ID # 36-3591116

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date Organization was created:

02/16/1988

LEGAL NAME TPA NETWORK, INCORPORATED MAIL ADDRESS 5537 N. BROADWAY CITY, STATE CHICAGO, IL ZIP CODE 60640	Year-end amounts	
	A) ASSETS	A) \$ 1,377,316.
	B) LIABILITIES	B) \$ 202,708.
	C) NET ASSETS	C) \$ 1,174,608.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	42.570%	D) \$ 1,410,756.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	34.698%	E) \$ 1,149,865.
F) OTHER REVENUES	22.732%	F) \$ 753,321.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 3,313,942.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	66.645%	H) \$ 1,949,023.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	66.645%	J) \$ 1,949,023.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0.348%	K) \$ 10,173.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	66.993%	L) \$ 1,959,196.
M) MANAGEMENT AND GENERAL EXPENSE	14.491%	M) \$ 423,785.
N) FUNDRAISING EXPENSE	18.517%	N) \$ 541,516.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 2,924,497.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: PATRICIA CAPOUCH, CHIEF EXECUTIVE OFFICER		T) \$ 101,995.
U) NAME, TITLE: JULIE SUPPLE, DIRECTOR OF CLIENT SERVICES		U) \$ 78,830.
V) NAME, TITLE: JEFFREY BERRY, DIRECTOR OF PUBLICATIONS		V) \$ 73,456.
V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION: MONTHLY MEETINGS TO PROMOTE HIV/AIDS AWARENESS		W) # 012
X) DESCRIPTION: BI-MONTHLY NEWSLETTER HIV/AIDS PREVENTION		X) # 010
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>BRIDGEVIEW BANK, 1058 W BRYN MAWR, CHICAGO, IL 60660</u>		
<u>MB FINANCIAL, 4800 N WESTERN AVE, CHICAGO, IL 60625</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>LIZ BENNETT - 773-989-9400</u>		

ALL ATTACHMENTS MUST ACCO

UNDER PENALTY OF PERJURY, I (W) DOCUMENTS, INCLUDING ALL THE ILLINOIS ATTORNEY GENERAL FOR AGREE TO SUBMIT MYSELF AND TH

PUBLIC DISCLOSURE COPY

IAL REPORT AND THE ATTACHED 'LETE AND FILED WITH THE HEREBY FURTHER AUTHORIZE AND

BE SURE TO INCLUDE ALL FEES C

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ELIZABETH BENNETT

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

DATE

ANTHONY J. RUZICKA

PREPARER (PRINT NAME)

SIGNATURE

DATE

Form **990**Department of the Treasury
Internal Revenue Service

EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

TPA NETWORK, INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

5537 N. BROADWAY

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60640

F Name and address of principal officer: PATTI CAPOUCH

SAME AS C ABOVE

D Employer identification number

36-3591116

E Telephone number

773-989-9400

G Gross receipts \$ 3,313,942.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.TPAN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1988 **M** State of legal domicile: IL**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MISSION STATEMENT: SAVING LIVES AND EMPOWERING THOSE LIVING WITH HIV/AIDS AND RELATED ILLNESSES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	39
	6	Total number of volunteers (estimate if necessary)	6	201
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	750,493.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,328,952.	Current Year 2,560,621.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152.	226.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	968,257.	753,095.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,297,361.	3,313,942.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,716.	10,173.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,536,962.	1,759,191.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 541,516.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,435,208.	1,155,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,984,886.	2,924,497.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	312,475.	389,445.
	20	Total assets (Part X, line 16)	Beginning of Current Year 1,148,117.	End of Year 1,377,316.
	21	Total liabilities (Part X, line 26)	362,954.	202,708.
	22	Net assets or fund balances. Subtract line 21 from line 20	785,163.	1,174,608.

Part II Signature BlockUnder penalties of perjury, I declare that
true, correct, and complete. DeclarationSign
Here

Signature of officer

PATTI CAP
Type or print name

Paid

Print/Type preparer's name

ANTHONY J. RUZICKA

Preparer

Firm's name ▶ KESSLER, ORLEAN, SILVER & CO. P.C.

Use Only

Firm's address ▶ 1101 LAKE COOK ROAD, SUITE C
DEERFIELD, IL 60015to the best of my knowledge and belief, it is
true and correct.

e

Check ☐
if self-employed

PTIN

P00446466

Firm's EIN ▶ 36-3117333

Phone no. (847) 580-4100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

TO EMPOWER PEOPLE LIVING WITH HIV THROUGH PEER-LED PROGRAMMING, SUPPORT SERVICES, INFORMATION DISSEMINATION, AND ADVOCACY. SERVICES ARE ALSO PROVIDED TO THE BROADER COMMUNITY TO INCREASE HIV KNOWLEDGE AND SENSITIVITY, AND TO REDUCE THE RISK OF INFECTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 682,439. including grants of \$ 620.) (Revenue \$)
EDUCATION AND INFORMATION:

TEAM (TREATMENT EDUCATION ADHERENCE MANAGEMENT)- TPA'S INNOVATIVE, 10-HOUR, PEER-LED TREATMENT EDUCATION PROGRAM FOCUSES ON THE SUCCESSFUL MANAGEMENT OF HIV AND THE PREVENTION OF SECONDARY INFECTION. TEAM PROVIDES A SAFE, SUPPORTIVE AND STRUCTURED ENVIRONMENT IN WHICH PARTICIPANTS CAN LEARN AND LEVERAGE THEIR OWN LIFE EXPERIENCES AND BE LINKED TO A SYSTEM OF CARE. CORE CURRICULUM TOPICS INCLUDE: "THE HISTORY OF HIV/AIDS", "OUR PHYSICAL BODIES", "HIV AND THE IMMUNE SYSTEM", "ANTIRETROVIRAL TREATMENT", "COMPLICATIONS OF THE COURSE OF HIV/AIDS", "MENTAL HEALTH AND SUBSTANCE ABUSE", "HIV STIGMA", "HOW TO SELF-ADVOCATE FOR ONE'S HEALTH" AND "PRE-EXPOSURE PROPHYLAXIS (PREP)".

4b (Code:) (Expenses \$ 527,770. including grants of \$ 6,095.) (Revenue \$)
MENTAL HEALTH SERVICES/BEHAVIORAL HEALTH:

INDIVIDUAL AND COUPLES THERAPY - ALL HIV-POSITIVE AND HIGH-RISK NEGATIVE CLIENTS ARE ELIGIBLE TO RECEIVE INDIVIDUAL AND COUPLES THERAPY WITH A LICENSED MENTAL HEALTH PROFESSIONAL AT NO COST.

THERAPEUTIC GROUPS - THERE ARE CURRENTLY FOUR THERAPEUTIC GROUPS, THEY INCLUDE: THE 2 OF US, A GROUP FOR SERO-DISCORDANT COUPLES (A COUPLE IN WHICH ONE PARTNER IS HIV POSITIVE AND THE OTHER IS HIV NEGATIVE); FUTURE FOCUSED, A GROUP FOR HIV POSITIVE INDIVIDUALS WHO ARE NEWLY DIAGNOSED OR JUST COMING TO TERMS WITH THEIR HIV DIAGNOSIS; AN ART THERAPY GROUP FOR HIV POSITIVE CLIENTS WHO PREFER A NON-TRADITIONAL

4c (Code:) (Expenses \$ 326,108. including grants of \$ 36.) (Revenue \$)
CLIENT ADVOCACY:

TOTAL CARE PORTAL (TCP) - PROVIDES THE INFRASTRUCTURE SUPPORTING THE LINKAGE AND FOLLOW UP BETWEEN TPA'S PROGRAMS AND SERVICES AND PROGRAMS AND SERVICES RECEIVED AT OTHER AGENCIES AND PROVIDERS. TCP STAFF MONITOR CLIENT ENGAGEMENT, TREATMENT ADHERENCE, RISK BEHAVIORS AND HEALTH OUTCOMES. STAFF ALSO CONDUCT REGULAR ASSESSMENTS, PROVIDE REFERRALS AND ARE RESPONSIBLE FOR UPDATING TPA'S DATABASE SYSTEM WITH TCP-RELATED ACTIVITIES

MEDICAL CASE MANAGEMENT-OPERATED WITHIN AIDS FOUNDATION OF CHICAGO'S COORDINATED CASE MANAGEMENT SYSTEM, CASE MANAGERS ASSIST CLIENTS WITH APPLYING FOR BENEFITS, ACCESSING EMERGENCY FUNDS, IDENTIFYING MEDICAL

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

(Expenses \$ 422,879. including grants of \$ 3,423.) (Revenue \$)

4e Total program service expenses ► 1,959,196.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
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, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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," complete Schedule G, Part III	19	X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 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," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	16	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	39	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

☒ X**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13			
b Enter the number of voting members included in line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **LIZ BENNETT - 773-989-9400**
5537 N. BROADWAY, CHICAGO, IL 60640

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF KENDALL CHAIR	4.00	X		X				0.	0.	0.
(2) MEG VALENTINI VICE CHAIR	3.00	X		X				0.	0.	0.
(3) FRED VALENTINI TREASURER	3.00	X		X				0.	0.	0.
(4) CARL BRANCH SECRETARY	3.00	X		X				0.	0.	0.
(5) JOEL BOSCH DIRECTOR	1.00	X						0.	0.	0.
(6) NIRMALPAL SACHDEV DIRECTOR	1.00	X						0.	0.	0.
(7) SCOTT SHAFER DIRECTOR	1.00	X						0.	0.	0.
(8) BILLY STEVENSON DIRECTOR	1.00	X						0.	0.	0.
(9) JAMES SUMERS DIRECTOR	1.00	X						0.	0.	0.
(10) SCOTT COOK, PHD DIRECTOR	1.00	X						0.	0.	0.
(11) MARISA KOZACHENOK DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL MURPHY DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL MURRAY DIRECTOR	1.00	X						0.	0.	0.
(14) PATTI CAPOUCH CHIEF EXECUTIVE OFFICER	40.00			X				101,995.	0.	8,430.

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

[illegible]

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

1

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	1,149,865.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,410,756.		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		2,560,621.		
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		226.		226.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11 a	ADVERTISING	541800	750,493.		750,493.	
b	OTHER	900099	2,602.		2,602.	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		753,095.			
12	Total revenue. See instructions.		3,313,942.	0.	750,493.	2,828.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,173.	10,173.		
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	116,978.		83,634.	33,344.
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	1,321,676.	988,491.	177,587.	155,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,149.	27,719.		4,430.
9 Other employee benefits	141,809.	99,268.	22,824.	19,717.
10 Payroll taxes	146,579.	100,793.	26,373.	19,413.
11 Fees for services (non-employees):				
a Management				
b Legal	2,200.		2,200.	
c Accounting	8,883.		8,883.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	159,326.	108,493.	20,863.	29,970.
12 Advertising and promotion	7,910.	1,750.		6,160.
13 Office expenses	13,841.	4,510.	7,300.	2,031.
14 Information technology	42,707.	31,412.	2,857.	8,438.
15 Royalties				
16 Occupancy	199,878.	138,053.	35,434.	26,391.
17 Travel	26,356.	22,017.	3,222.	1,117.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,347.	28,673.		674.
20 Interest	1,866.		1,866.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,445.	37,515.	4,182.	15,748.
23 Insurance	13,276.	4,946.	7,497.	833.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING/PUBLICATIONS	200,790.	197,134.		3,656.
b FUNDRAISING ACTIVITIES	175,868.			175,868.
c POSTAGE AND SHIPPING	59,520.	58,095.	221.	1,204.
d PROGRAM SUPPLIES	44,425.	43,657.	661.	107.
e All other expenses	111,495.	56,497.	18,181.	36,817.
25 Total functional expenses. Add lines 1 through 24e	2,924,497.	1,959,196.	423,785.	541,516.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	317,417.	1	727,289.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	252,695.	3	234,211.
	4 Accounts receivable, net	301,634.	4	111,864.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,102.	9	120,009.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 346,880.		
	b Less: accumulated depreciation	10b 184,784.	205,940.	10c 162,096.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,329.	15	21,847.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,148,117.	16	1,377,316.	
Liabilities	17 Accounts payable and accrued expenses	71,064.	17	48,132.
	18 Grants payable		18	
	19 Deferred revenue	27,500.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	35,572.	23	14,958.
	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	228,818.	25	139,618.
	26 Total liabilities. Add lines 17 through 25	362,954.	26	202,708.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	772,801.	27	974,291.
	28 Temporarily restricted net assets	12,362.	28	200,317.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	785,163.	33	1,174,608.
	34 Total liabilities and net assets/fund balances	1,148,117.	34	1,377,316.

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck 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	3,313,942.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,924,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	389,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	785,163.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,174,608.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2015)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization

Employer identification number

TPA NETWORK, INCORPORATED

36-3591116

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,368,416.	3,234,127.	2,451,199.	2,328,952.	2,504,332.	12,887,026.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,368,416.	3,234,127.	2,451,199.	2,328,952.	2,504,332.	12,887,026.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						325,704.
6 Public support. Subtract line 5 from line 4.						12,561,322.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,368,416.	3,234,127.	2,451,199.	2,328,952.	2,504,332.	12,887,026.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	112.	124.	100.	152.	226.	714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	94,169.	285,220.	0.	379,389.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			430.	2,485.	2,602.	5,517.
11 Total support. Add lines 7 through 10						13,272,646.
12 Gross receipts from related activities, etc. (see instructions)					12	414,470.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.64 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.98 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 11a or 11b 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		161,216.	69,011.	92,205.
d Equipment		185,664.	115,773.	69,891.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				162,096.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL EXPENSE	34,312.
(3) REFUNDABLE ADVANCE	105,306.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	139,618.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,255,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,255,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	58,891.
c	Add lines 4a and 4b	4c	58,891.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,313,942.

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

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

1	Total expenses and losses per audited financial statements	1	2,865,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,865,606.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	58,891.
c	Add lines 4a and 4b	4c	58,891.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,924,497.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION WAS GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES BY THE INTERNAL REVENUE SERVICE PURSUANT TO THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE TAX EXEMPT PURPOSE OF THE ORGANIZATION AND THE NATURE IN WHICH IT OPERATES IS DESCRIBED ABOVE. THE ORGANIZATION CONTINUES TO OPERATE IN COMPLIANCE WITH ITS TAX EXEMPT PURPOSE.

THE ORGANIZATION'S ANNUAL INFORMATION AND INCOME TAX RETURNS FILED WITH THE FEDERAL AND STATE GOVERNMENTS ARE SUBJECT TO EXAMINATION FOR THE OPEN

Part XIII Supplemental Information *(continued)*

STATUTORY PERIOD SEPTEMBER 30, 2014 THROUGH 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	250	2,867.	0.		
ASSISTANCE AND TRAVEL	450	7,306.	0.		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VISION STATEMENT: A WORLD POSITIVELY AWARE OF HIV AND RELATED
ILLNESSES.

VALUES: TPAN STRIVES FOR THOSE AFFECTED BY OR AT RISK FOR HIV/AIDS AND
RELATED ILLNESSES TO:

EMPOWER INDIVIDUALS TO NAVIGATE THEIR LIVES BY PROVIDING TOOLS,
RESOURCES AND SUPPORT;
ADAPT TO THE CHANGING NEEDS OF THE COMMUNITY;
SUPPORT A SEX POSITIVE ENVIRONMENT BY AFFIRMING SEXUALITY AS AN
INTEGRAL PART OF BEING HUMAN;
INCLUDE EVERYONE BY EMBRACING DIFFERENCES AND CREATING COMMUNITY;
EXCEL IN DELIVERING QUALITY PROGRAMS, ADVOCACY AND ENDING STIGMA;
RESPECT OTHERS THROUGH HONEST, OPEN AND SUPPORTIVE COMMUNICATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POSITIVELY AWARE - TPAN IS THE PUBLISHER OF THE HIV/AIDS TREATMENT
JOURNAL POSITIVELY AWARE-THE LEADING NOT-FOR-PROFIT PUBLICATION SERVING
THE HIV COMMUNITY. THE MISSION OF POSITIVELY AWARE IS TO BE THE PREMIER
SOURCE OF UNBIASED INFORMATION ON HIV TREATMENT, EMERGING DRUG
THERAPIES, CLINICAL TRIALS, AND OTHER CRITICAL INFORMATION FOR PEOPLE
LIVING WITH HIV, AS WELL AS THEIR FRIENDS, FAMILIES, CAREGIVERS AND
PROFESSIONALS IN THE FIELD. POSITIVELY AWARE EDUCATES AND EMPOWERS

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

THOSE LIVING WITH HIV/ AIDS TO ADVOCATE FOR THEIR HEALTH CARE;
EDITORIAL CONTENT IS FOCUSED ON ACCURATE, UP-TO-DATE TREATMENT
INFORMATION AND IN-DEPTH COVERAGE OF THE MOST IMPORTANT MEDICAL
CONFERENCES. POSITIVELY AWARE IS PUBLISHED BI-MONTHLY AND REACHES
100,000 READERS WITH EACH ISSUE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THERAPEUTIC APPROACH TO ADDRESS EMOTIONAL AND PSYCHOLOGICAL PROBLEMS
AND SEASONS, A GROUP FOR HIV POSITIVE INDIVIDUALS THAT ARE STRUGGLING
WITH LIFE STRESSORS, RELATIONSHIP ISSUES, AND EMOTIONAL DISTRESS. ALL
THERAPY GROUPS ARE FACILITATED BY A LICENSED MENTAL HEALTH CLINICIAN.

MR. SEXX - A LICENSED MENTAL HEALTH PROFESSIONAL PROVIDES WEEKLY SAFE
SEX COUNSELING FOR MEMBERS OF STEAMWORKS BATHHOUSE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND SOCIAL SERVICE NEEDS, FACILITATING APPROPRIATE REFERRALS TO MEET
SERVICE NEEDS AND ACTING AS A BROKER BETWEEN CLIENTS AND SERVICES. CASE
MANAGERS ALSO ASSIST CLIENTS WITH STAYING ADHERENT TO THE TREATMENT
REGIMENS IN ORDER TO ACHIEVE BETTER HEALTH OUTCOMES.

EARLY INTERVENTION SERVICES - AN EARLY HIV INTERVENTION PROGRAM WHICH
PROVIDES HIV POSITIVE INDIVIDUALS WHO HAVE FALLEN OUT OF CARE OR ARE
NEWLY DIAGNOSED WITH INTENSIVE, ONE-TO-ONE SUPPORT. THE MAIN GOALS ARE
TO HELP THESE INDIVIDUALS FIND QUALITY HIV MEDICAL CARE AND TO REMAIN
ADHERENT TO TREATMENT REGIMENS IN ORDER TO IMPROVE OVERALL HEALTH.

HOUSING ADVOCACY - A TPA NETWORK HOUSING ADVOCATE ASSISTS LOW INCOME, HIV

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

POSITIVE CLIENTS WITH FINDING AND MAINTAINING SAFE AND AFFORDABLE
HOUSING

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREVENTION SERVICES:

HIV TESTING AND COUNSELING - PROVIDES HIV RAPID TESTING SERVICES,
POST-TEST COUNSELING AND REFERRALS. SERVICES ARE DELIVERED AT TPAN'S
OFFICES AND AT LOCATIONS THROUGHOUT METROPOLITAN CHICAGO.

HEPATITIS C (HCV) TESTING AND COUNSELING - IN FY 2015 TPAN LAUNCHED HCV
TESTING AND COUNSELING. INDIVIDUALS ARE ABLE TO RECEIVE HCV RAPID
TESTING SERVICES, POST-TEST COUNSELING AND REFERRALS. SERVICES ARE
DELIVERED AT TPAN'S OFFICES AND AT LOCATIONS THROUGHOUT METROPOLITAN
CHICAGO.

MOBILE TESTING - TPAN USES A MOBILE TESTING VAN TO TARGET COMMUNITIES
IN CHICAGO WITH DISPROPORTIONALLY HIGH RATES OF HIV INFECTION RATES.
INDIVIDUALS ARE ABLE TO RECEIVE AN HIV TEST AND COUNSELING AND,
BEGINNING IN FY 2015, AN HCV TEST WITH COUNSELING.

LIFELINE - A CRISIS INTERVENTION PROGRAM FOR INDIVIDUALS THAT ARE AT
HIGH RISK WHO RECEIVE CRISIS COUNSELING, INFORMATION ABOUT PREP, AND
ARE CONNECTED TO INTERNAL AND EXTERNAL REFERRALS AS NEEDED.

EXPENSES \$ 224,224. INCLUDING GRANTS OF \$ 228. REVENUE \$ 0.

SUBSTANCE ABUSE SERVICES:

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

OUR VOICES ADVOCATING HEALTH (OVAH!) - FUNDED BY SAMHSA, OVAH! IS A COMPREHENSIVE PROGRAM THAT INTEGRATES HIV AND SUBSTANCE ABUSE PREVENTION EDUCATION. PROGRAMS GOALS ARE TO REDUCE SUBSTANCE USE, DECREASE RISKY SEXUAL BEHAVIOR, INCREASE HIV TESTING AND INCREASE THE QUALITY OF LIFE OF PARTICIPANTS. THE TARGET POPULATION IS AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN (MSM) BETWEEN THE AGES OF 18-24.

HEALTHY OUTCOMES THROUGH TREATMENT, EMPOWERMENT, AND RECOVERY (HOTTER) - FUNDED BY SAMHSA, HOTTER AIMS TO REDUCE THE IMPACT OF BEHAVIORAL HEALTH PROBLEMS, REDUCE HIV RISK AND INCIDENCE, AND INCREASE ACCESS TO TREATMENT FOR INDIVIDUALS WITH CO-EXISTING BEHAVIORAL HEALTH, HIV, AND HEPATITIS CONDITIONS. HOTTER ENSURES THAT INDIVIDUALS WHO HAVE OR ARE AT HIGH RISK FOR A SUBSTANCE USE AND/OR A CO-OCCURRING MENTAL DISORDER AND WHO ARE LIVING WITH OR MOST AT RISK FOR HIV/AIDS HAVE ACCESS TO APPROPRIATE BEHAVIORAL HEALTH SERVICES. TPA NETWORK IS PARTNERING WITH LUTHERAN SOCIAL SERVICES OF ILLINOIS AND CHICAGO LAKESHORE HOSPITAL FOR THIS ENDEAVOR. THE TARGET POPULATION IS AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN (MSM) BETWEEN THE AGES OF 18-29.

EXPENSES \$ 180,036. INCLUDING GRANTS OF \$ 3,195. REVENUE \$ 0.

YOUTH SERVICES:

YOUTH PROGRAM - THE YOUTH PROGRAM ENCOMPASSES A WEEKLY SUPPORT GROUP CALLED THE THRIVE EDITION, FOR HIV POSITIVE CLIENTS THAT ARE 18 TO 29 YEARS OLD. THE GROUP IS CONDUCTED BY A LICENSED THERAPIST, AND ALLOWS FOR CLIENTS TO GO ON CULTURAL AND SOCIAL OUTINGS TWICE A YEAR. WE ALSO

Name of the organization

TPA NETWORK, INCORPORATED

Employer identification number

36-3591116

OFFER INDIVIDUAL THERAPY, COUPLES THERAPY, AND PSYCHIATRY FOR THOSE
CLIENTS NEEDING THAT SUPPORT.

EXPENSES \$ 18,619. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, FREDERIC AND MEG VALENTINI ARE RELATED BY MARRIAGE.

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

THE 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS.
UPON APPROVAL, THE 990 WAS FILED.

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

THE BOARD OF DIRECTORS SIGNS AN ANNUAL CONFLICT OF INTEREST FORM IN JANUARY
OF EACH YEAR. NEW BOARD MEMBERS SIGN UPON THEIR JOINING AND THEN ON THE
ANNUAL CYCLE. IN ADDITION, KEY EMPLOYEES SIGN AN ANNUAL CONFLICT OF
INTEREST FORM AT WELL.

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

COMPENSATION OF OTHER CHIEF EXECUTIVE OFFICERS AT SIMILAR ORGANIZATIONS IS
REVIEWED PRIOR TO THE BOARD CHAIRMAN'S RECOMMENDATION OF CHIEF EXECUTIVE
OFFICER'S COMPENSATION TO THE EXECUTIVE COMMITTEE. CHIEF EXECUTIVE
OFFICER'S COMPENSATION PACKAGE IS APPROVED AND DOCUMENTED BY THE EXECUTIVE
COMMITTEE.

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	TPA NETWORK, INCORPORATED	Employer identification number (EIN) or 36-3591116
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5537 N. BROADWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60640	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LIZ BENNETT

- The books are in the care of ► 5537 N. BROADWAY - CHICAGO, IL 60640

Telephone No. ► 773-989-9400 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning OCT 1, 2015, and ending SEP 30, 2016.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



KESSLER ORLEAN SILVER
CERTIFIED PUBLIC ACCOUNTANTS

TPA Network, Incorporated

d/b/a TPAN

Financial Statements

September 30, 2016 and 2015

TPA Network, Incorporated
d/b/a TPAN
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KESSLER ORLEAN SILVER
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Board of Directors
TPA Network, Incorporated
d/b/a TPAN
Chicago, IL

We have audited the accompanying financial statements of TPA Network, Incorporated d/b/a TPAN (a not-for-profit corporation), which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of TPA Network, Incorporated d/b/a TPAN as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Respectfully submitted,

Kessler, Orlean, Silver & Company, P.C.

Kessler, Orlean, Silver & Company, P.C.
Certified Public Accountants

Deerfield, Illinois
March 25, 2017

TPA Network, Incorporated

d/b/a TPAN

Statements of Financial Position

September 30, 2016 and 2015

Assets		
	2016	2015
Current Assets		
Cash	\$ 727,289	\$ 317,417
Contributions Receivable	234,211	252,695
Advertisement Receivable	111,864	301,634
Other Receivable	1,518	-
Prepaid Expenses	120,009	50,102
Total Current Assets	1,194,891	921,848
Property and Equipment		
Leasehold Improvements	161,217	161,217
Furniture, Equipment and Software	168,906	155,309
Vehicle	16,757	16,754
Total Property and Equipment	346,880	333,280
Less Accumulated Depreciation	(184,784)	(127,340)
Net Property and Equipment	162,096	205,940
Other Assets		
Security Deposit	20,329	20,329
Total Assets	\$ 1,377,316	\$ 1,148,117

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statements of Financial Position

September 30, 2016 and 2015

Liabilities and Net Assets		
	2016	2015
Current Liabilities		
Accounts Payable	\$ 48,132	\$ 71,064
Accrued Payroll Expenses	34,312	26,734
Deferred Revenue	-	27,500
Accrued Unrelated Business Income Tax	-	86,276
Current Portion of Note Payable	14,958	20,517
Refundable Advance From Government Funding	105,306	115,808
Total Current Liabilities	202,708	347,899
Long-Term Liabilities		
Note Payable, Net of Current Portion	-	15,055
Total Liabilities	202,708	362,954
Net Assets		
Unrestricted	974,291	772,801
Temporarily Restricted	200,317	12,362
Total Net Assets	1,174,608	785,163
Total Liabilities and Net Assets	\$ 1,377,316	\$ 1,148,117

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statement of Activities and Changes in Net Assets For the Years Ended September 30, 2016 and 2015

	2016		2015	
	Unrestricted	Temporarily Restricted	Total	Temporarily Restricted
Public Support and Revenue				
Governmental Contributions	\$ 1,149,865	\$ -	\$ 1,149,865	\$ -
Contributions	634,940	200,317	835,257	12,362
Special Events Revenue, Net of				
Direct Expenses	516,608	-	516,608	-
Advertisement Income	750,493	-	750,493	-
Interest Income	226	-	226	-
Miscellaneous	2,602	-	2,602	-
Assets Released From Restrictions	12,362	(12,362)	-	(50,000)
Total Support and Revenue and Assets Released from Restrictions	3,067,096	187,955	3,255,051	(37,638)
Operating Expenses				
Program Services	1,959,196	-	1,959,196	-
Management and General	423,784	-	423,784	-
Fundraising	482,626	-	482,626	-
Total Expenses	2,865,606	-	2,865,606	-
Change in Net Assets	201,490	187,955	389,445	(37,638)
Net Assets at Beginning of Year	772,801	12,362	785,163	50,000
Net Assets at End of Year	\$ 974,291	\$ 200,317	\$ 1,174,608	\$ 12,362
			\$ 772,801	\$ 785,163

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statement of Functional Expenses

For the Year Ended September 30, 2016

	Program Services	Management and General	Fundraising	Total
Salaries and Wages	\$ 988,491	\$ 261,221	\$ 188,942	\$ 1,438,654
Employee Benefits	227,780	49,197	43,560	320,537
Professional Fees	108,493	31,946	29,970	170,409
Specific Assistance to Individuals	10,173	-	-	10,173
Retreats and Events	33,075	-	-	33,075
Occupancy	138,053	35,434	26,391	199,878
Insurance	4,946	7,497	833	13,276
Telephone	11,509	2,681	2,879	17,069
Rental and Maintenance of Equipment	8,779	2,123	1,700	12,602
Computer and Software	31,412	2,857	8,438	42,707
Supplies	48,167	7,961	2,138	58,265
Advertising and Public Relations	1,750	-	6,160	7,910
Printing and Publications	197,134	-	3,656	200,790
Postage and Shipping	58,095	221	1,204	59,519
Meetings and Travel	50,690	3,222	1,791	55,703
Staff Development	2,999	7,608	2,474	13,081
Dues and Subscriptions	-	1,518	179	1,697
Fees	135	4,251	29,585	33,972
Indirect Special Events Expenses	-	-	116,977	116,977
Interest	-	1,866	-	1,866
Depreciation	37,515	4,182	15,748	57,444
Total	\$ 1,959,196	\$ 423,784	\$ 482,626	\$ 2,865,606

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statement of Functional Expenses

For the Year Ended September 30, 2015

	Program Services	Management and General	Fundraising	Total
Salaries and Wages	\$ 920,543	\$ 209,138	\$ 134,785	\$ 1,264,466
Employee Benefits	195,570	48,132	28,794	272,496
Professional Fees	152,676	100,540	24,742	277,958
Subcontractors	50,719	-	-	50,719
Specific Assistance to Individuals	12,716	-	-	12,716
Retreats and Events	35,686	-	-	35,686
Occupancy	140,609	29,256	21,224	191,089
Insurance	2,637	12,559	432	15,628
Telephone	9,785	2,481	4,151	16,417
Rental and Maintenance of Equipment	7,022	3,100	1,080	11,202
Computer and Software	52,614	7,606	22,641	82,861
Supplies	66,934	375	1,675	68,984
Advertising and Public Relations	1,060	250	1,200	2,510
Printing and Publications	227,269	619	3,985	231,873
Postage and Shipping	77,715	324	1,565	79,604
Meetings and Travel	20,113	154	115	20,382
Staff Development	3,784	712	2,091	6,587
Dues and Subscriptions	-	500	600	1,100
Fees	251	5,570	36,027	41,848
Indirect Special Events Expenses	-	-	120,209	120,209
Miscellaneous	-	1,065	-	1,065
Interest	-	3,255	-	3,255
Unrelated Business Income Taxes	117,502	-	-	117,502
Depreciation	39,392	3,983	15,354	58,729
Total	\$ 2,134,597	\$ 429,619	\$ 420,670	\$ 2,984,886

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statements of Cash Flows

For the Years Ended September 30, 2016 and 2015

	2016	2015
Cash Flows from Operating Activities		
Governmental Contributions	\$ 1,218,120	\$ 1,217,088
Contributions	726,230	542,098
Net Revenue From Special Events	546,608	521,320
Advertisement Income	940,263	819,145
Interest Income	226	152
Miscellaneous	2,456	2,485
Payments for Interest	(1,866)	(3,255)
Payments for Taxes	(144,943)	(116,611)
Payments for Operating Expenses	(2,843,008)	(2,900,691)
Net Cash Provided by Operating Activities	444,084	81,731
Cash Flows from Investing Activities		
Purchase of Property and Equipment	(13,599)	-
Cash Flows from Financing Activities		
Addition (Reduction) in Security Deposits	-	9
Repayment of Note Payable	(20,614)	(19,226)
Net Cash Used by Financing Activities	(20,614)	(19,217)
Net Increase in Cash	409,871	62,514
Cash, Beginning of Year	317,417	254,903
Cash, End of Year	<u>\$ 727,289</u>	<u>\$ 317,417</u>
Reconciliation of Change in Net Assets to Net Cash Provided by Operating Activities		
Change in Net Assets	\$ 389,445	\$ 312,475
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities		
Depreciation	57,444	58,729
(Increase) Decrease in:		
Accounts Receivable	208,254	(174,160)
Prepaid Expenses	(69,909)	(6,614)
Other Receivable	(1,518)	-

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Statements of Cash Flows

For the Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Increase (Decrease) in:		
Accounts Payable	(22,932)	(180,160)
Accrued Payroll	7,578	11,799
Accrued Unrelated Business Income Tax	(86,276)	53,075
Deferred Revenue	(27,500)	27,500
Refundable Advance from Government Funding	<u>(10,502)</u>	<u>(20,913)</u>
Net Cash Provided by Operating Activities	<u>\$ 444,084</u>	<u>\$ 81,731</u>

See accompanying notes to the financial statements.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies

Organization

TPA Network, Incorporated (“the Organization”) is an Illinois not-for-profit corporation incorporated in February 1988 and is recognized as a charitable organization under Section 501(c)(3) of the Internal Revenue Code. TPA Network, Incorporated empowers everyone living with or at risk for HIV/AIDS to live open, healthy, and productive lives. The Organization innovates to deliver peer-led support programs and collaborative wellness services and to communicate comprehensive information.

Description of Program Services

Mental Health Services/Behavioral Health:

Individual and Couples Therapy—All HIV-positive and high-risk negative clients are eligible to receive individual and couples therapy with a licensed mental health professional at no cost.

Therapeutic Groups—There are currently four therapeutic groups, they include: *The 2 of Us*, a group for sero-discordant couples (a couple in which one partner is HIV positive and the other is HIV negative); *Future Focused*, a group for HIV positive individuals who are newly diagnosed or just coming to terms with their HIV diagnosis; an *Art Therapy* group for HIV positive clients who prefer a non-traditional therapeutic approach to address emotional and psychological problems and *Seasons*, a group for HIV positive individuals that are struggling with life stressors, relationship issues, and emotional distress. All therapy groups are facilitated by a licensed mental health clinician.

Mr. Sexx—A licensed mental health professional provides weekly safe sex counseling for members of Steamworks bathhouse.

Youth Services:

Youth Program—The youth program encompasses a weekly support group called The Thrive Edition, for HIV positive clients that are 18 to 29 years old. The group is conducted by a licensed therapist, and allows for clients to go on cultural and social outings twice a year. We also offer individual therapy, couples therapy, and psychiatry for those clients needing that support.

Substance Abuse Services:

Our Voices Advocating Health (OVAH!)—Funded by SAMHSA, OVAH! is a comprehensive program that integrates HIV and substance abuse prevention education. Programs goals are to reduce substance use, decrease risky sexual behavior, increase HIV testing and increase the quality of life of participants. The target population is African-American men who have sex with men (MSM) between the ages of 18-24.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies (Continued)

Substance Abuse Services (Continued)

Healthy Outcomes Through Treatment, Empowerment, and Recovery (HOTTER)—Funded by SAMHSA, HOTTER aims to reduce the impact of behavioral health problems, reduce HIV risk and incidence, and increase access to treatment for individuals with co-existing behavioral health, HIV, and hepatitis conditions. HOTTER ensures that individuals who have or are at high risk for a substance use and/or a co-occurring mental disorder and who are living with or most at risk for HIV/AIDS have access to appropriate behavioral health services. TPAN is partnering with Lutheran Social Services of Illinois and Chicago Lakeshore Hospital for this endeavor. The target population is African-American men who have sex with men (MSM) between the ages of 18-29.

Education and Information:

TEAM (Treatment Education Adherence Management)—TPAN's innovative, 10-hour, peer-led treatment education program focuses on the successful management of HIV and the prevention of secondary infection. TEAM provides a safe, supportive and structured environment in which participants can learn and leverage their own life experiences and be linked to a system of care. Core curriculum topics include: "The History of HIV/AIDS", "Our Physical Bodies", "HIV and the Immune System", "Antiretroviral Treatment", "Complications of the Course of HIV/AIDS", "Mental Health and Substance Abuse", "HIV Stigma", "How to Self-Advocate for One's Health" and "Pre-exposure prophylaxis (PrEP)".

Positively Aware—TPAN is the publisher of the HIV/AIDS treatment journal *Positively Aware*—the leading not-for-profit publication serving the HIV community. The mission of *Positively Aware* is to be the premier source of unbiased information on HIV treatment, emerging drug therapies, clinical trials, and other critical information for people living with HIV, as well as their friends, families, caregivers and professionals in the field. *Positively Aware* educates and empowers those living with HIV/ AIDS to advocate for their health care; editorial content is focused on accurate, up-to-date treatment information and in-depth coverage of the most important medical conferences. *Positively Aware* is published bi-monthly and reaches 100,000 readers with each issue.

Client Advocacy:

Total Care Portal (TCP)—Provides the infrastructure supporting the linkage and follow up between TPAN's programs and services and programs and services received at other agencies and providers. TCP staff monitor client engagement, treatment adherence, risk behaviors and health outcomes. Staff also conduct regular assessments, provide referrals and are responsible for updating TPAN's database system with TCP-related activities.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies (Continued)

Client Advocacy: (Continued)

Medical Case Management—Operated within AIDS Foundation of Chicago's coordinated case management system, case managers assist clients with applying for benefits, accessing emergency funds, identifying medical and social service needs, facilitating appropriate referrals to meet service needs and acting as a broker between clients and services. Case managers also assist clients with staying adherent to the treatment regimens in order to achieve better health outcomes.

Early Intervention Services—An early HIV intervention program which provides HIV positive individuals who have fallen out of care or are newly diagnosed with intensive, one-to-one support. The main goals are to help these individuals find quality HIV medical care and to remain adherent to treatment regimens in order to improve overall health.

Housing Advocacy—A TPAN housing advocate assists low income, HIV positive clients with finding and maintaining safe and affordable housing.

Prevention Services:

HIV Testing and Counseling—Provides HIV rapid testing services, post-test counseling and referrals. Services are delivered at TPAN's offices and at locations throughout metropolitan Chicago.

Hepatitis C (HCV) Testing and Counseling—In FY 2015 TPAN launched HCV testing and counseling. Individuals are able to receive HCV rapid testing services, post-test counseling and referrals. Services are delivered at TPAN's offices and at locations throughout metropolitan Chicago.

Mobile Testing—TPAN uses a mobile testing van to target communities in Chicago with disproportionally high rates of HIV infection rates. Individuals are able to receive an HIV test and counseling and, beginning in FY 2015, an HCV test with counseling.

Lifeline – A crisis intervention program for individuals that are at high risk who receive crisis counseling, information about Prep, and are connected to internal and external referrals as needed.

Basis of Accounting

The Organization prepares its financial statements using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP")

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies (Continued)

Income Taxes

The Organization was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The tax exempt purpose of the Organization and the nature in which it operates is described above. The Organization continues to operate in compliance with its tax exempt purpose.

The Organization's annual information and income tax returns filed with the federal and state governments are subject to examination for the open statutory period September 30, 2014 through 2016.

Cash

For purposes of the statements of cash flows, the Organization considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents. There were no cash equivalents as of September 30, 2016 and 2015.

Contributions and Advertisement Receivables

The Organization considers receivables to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If amounts become uncollectible, they are charged directly to operations when that determination is made. During the year ended September 30, 2016, no receivables were charged-off.

Property and Equipment

Expenditures for property and equipment and items which substantially increase the useful lives of existing assets are capitalized at cost. The Organization provides for depreciation on the straight-line method at rates designed to depreciate the cost of assets over estimated useful lives which is seven years for leasehold improvements and five years for furniture, equipment, and software and vehicles. Gains and losses from the sale of property and equipment are included in income. Maintenance and repairs are charged to operations.

Support and Revenue

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies (Continued)

The Organization reports gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations regarding how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. During the years ended September 30, 2016 and 2015, the Organization did not receive any donated property or equipment.

Government Contributions

Support funded by government contracts, which qualify as conditional promises to give, are recognized when the condition of performing the contracted services is met. Revenue is therefore recognized as earned as the condition of eligible expenses are incurred. These expenditures are subject to audit and acceptance by the granting Organization and, as a result of such audit, adjustments could be required.

Donated Services

Contributions of services are required to be recognized if the services received (a) create or enhance non-financial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. During the current period, no donated services met these criteria. There were, however, a substantial number of volunteers who donated their time towards the activities of the Organization, the value of which was not required to be disclosed in the financial statements.

In-Kind Contributions

In addition to receiving cash contributions, the Organization receives in-kind contributions from various donors. It is the policy of the Organization to record the estimated fair value of certain in-kind donations as an expense in its financial statements, and similarly increase donations by a like amount. For the year ended September 30, 2016, the Organization received in-kind contributions valued at \$38,388.

Fair Value Disclosures

The fair value of financial instruments including cash, contributions receivable, advertisement receivable, other receivable, prepaid expenses, accounts payable, accrued expenses and deferred revenue approximates the carrying value, principally because of the short maturity of those items. The fair value of loans payable approximates the carrying value, principally because of the maturity dates of the notes and the current terms applicable to each item.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 1 – Summary of Significant Accounting Policies (Continued)

Subsequent Events

Management has evaluated subsequent events through March 25, 2017, the date the financial statements were available to be issued.

Note 2 – Refundable Advance

The Organization received funds in exchange for their agreement to provide specific services. At September 30, 2016 and 2015, \$105,306 and \$115,808 had not yet been earned.

Note 3 – Accrued Unrelated Business Income Tax

The advertising income earned from the Organization's Positively Aware publication is subject to unrelated business income tax for both federal and Illinois tax purposes. The Organization has estimated that they will have refundable unrelated business income taxes of \$58,667 at September 30, 2016 and a tax liability of \$86,276 at September 30, 2015. The Organization plans to amend prior year returns to correct errors on their unrelated business income tax calculation but has not done so as of March 25, 2017.

Note 4 – Note Payable

The Organization's obligation under a note payable is as follows:

	September 30, 2016	September 30, 2015
Note payable - 7%, payable in monthly installments of \$1,873 including interest: final payment due June 5, 2017. The loan is collateralized by substantially all of the Organization's assets.	\$ 14,958	\$ 35,572
Less: current maturities	(14,958)	(20,517)
Long-Term Debt	\$ -	\$ 15,055

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 5 – Conditional Promises to Give

The Organization has received the following conditional promises to give that are not recognized as assets in the statement of financial position as of September 30, 2016:

<u>Conditional Promises to Give Upon Expenditure of Funds</u>	<u>Term</u>	<u>Amount</u>	<u>Earned as of September 30, 2016</u>	<u>Remaining Funding Available</u>
Chicago Department of Public Health				
Prevention	1/1/16-12/31/16	\$ 172,000	\$ 128,941	\$ 43,059
Ryan White	3/1/16 - 2/29/17	135,557	86,122	49,435
AIDS Foundation of Chicago				
Ryan White Part A - Non Medical Case Management	4/1/16-2/28/17	99,002	57,622	41,380
Ryan White Part B - Case	4/1/16-3/31/17	57,549	31,940	25,609
Ryan White Part B - Retention	7/1/16-3/31/17	44,745	13,693	31,052
Ryan White Part B - Psychosocial	4/1/16-3/31/17	5,000	5,000	-
Housing	1/1/16-12/31/16	54,573	38,737	15,836
Total		<u><u>\$ 568,426</u></u>	<u><u>\$ 362,055</u></u>	<u><u>\$ 206,371</u></u>

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 5 – Conditional Promises to Give (Continued)

The Organization has received the following conditional promises to give that are not recognized as assets in the statement of financial position as of September 30, 2015:

<u>Conditional Promises to Give Upon Expenditure of Funds</u>	<u>Term</u>	<u>Amount</u>	<u>Earned as of September 30, 2015</u>	<u>Remaining Funding Available</u>
Chicago Department of Public Health				
Prevention	1/1/15-12/31/15	\$ 172,000	\$ 122,421	\$ 49,579
Ryan White	3/1/15-2/29/15	135,557	57,897	77,660
AIDS Foundation of Chicago				
Ryan White Part B - Case Management	4/1/15-3/31/16	168,220	78,645	89,575
Ryan White - Psychosocial	4/1/15-3/31/16	5,000	1,700	3,300
Housing	1/1/15-12/31/15	<u>54,373</u>	<u>39,585</u>	<u>14,788</u>
Total		<u><u>\$ 535,150</u></u>	<u><u>\$ 300,248</u></u>	<u><u>\$ 234,902</u></u>

Note 6 – Net Revenues from Special Events

Net revenues from special events consist of the following:

	<u>September 30, 2016</u>	<u>September 30, 2015</u>
Contributions, including sponsorship and auction	\$ 575,499	\$ 601,757
Less: Costs of direct benefits to donors	<u>(58,891)</u>	<u>(50,437)</u>
Net Revenues from Special Events	<u><u>\$ 516,608</u></u>	<u><u>\$ 551,320</u></u>

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 7 – Employee Benefit Plan

The Organization has a 401(k) plan which covers substantially all full-time employees. The Organization's contribution is equal to the participant's deferral up to a maximum of 3% of salary. Employees are eligible to participate after three months of service and vest upon completion of three years of service. The Organization contributed \$28,077 and \$27,387 for the years ended September 30, 2016 and 2015, respectively.

Note 8 – Lease Commitments

The Organization leased facility space under a non-cancellable operating lease arrangement which would have expired September 30, 2020. The Organization is responsible for additional rent to reimburse the landlord for their share of the utilities. Rental expense for this lease included in the statement of activities for the years ended September 30, 2016 and 2015, was \$194,172 and \$185,325, respectively. This lease will be terminated simultaneously as the new lease goes into effect on the termination date of the old lease. The Organization will remain in the same space until the time of their move.

As of April 1, 2017, the Organization will enter into a new operating lease for facility space expiring April 1, 2025. The Organization is granted one five year option to renew the lease and the landlord can terminate the lease in the event of redevelopment of the building subject to conditions as of April 1, 2020. The organization is responsible for their pro-rata share of real estate taxes, common area maintenance, management fees, and utilities.

Future minimum payments under the both operating leases are as follows:

September 30,	Amount
2017	\$ 90,216
2018	168,730
2019	172,948
2020	177,272
2021	181,704
Thereafter	671,870
Total	<u>\$ 1,462,740</u>

Note 9 – Concentration of Credit Risk

During the year ended September 30, 2016, the Organization received approximately 38% of its funding from various government agencies, 14% from one fundraising event, and 23% from net advertising revenue. Following is a breakdown by government funding agency of the Organization's revenue for the year ended September 30, 2016 and the contributions receivable at September 30, 2016:

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 9 – Concentration of Credit Risk (Continued)

	<u>% of Total Revenue</u>	<u>% of Contributions Receivable</u>
U.S. Department of Health and Human Services	18%	16%
Chicago Department of Public Health	11%	60%
AIDS Foundation of Chicago (pass through government funds)	9%	24%
Total	<u>38%</u>	<u>100%</u>

During the year ended September 30, 2015, the Organization received approximately 37% of its funding from various government agencies, 14% from one fundraising event, and 29% from net advertising revenue. Following is a breakdown by government funding agency of the Organization's revenue for the year ended September 30, 2015 and the contributions receivable at September 30, 2015:

	<u>% of Total Revenue</u>	<u>% of Contributions Receivable</u>
U.S. Department of Health and Human Services	23%	27%
Chicago Department of Public Health	7%	39%
AIDS Foundation of Chicago (pass through government funds)	7%	34%
Total	<u>37%</u>	<u>100%</u>

From time to time, the Company maintains cash balances at one financial institution in excess of the Federal Deposit Insurance Corporation (FDIC) limits. The uninsured balances total \$298,580 for the year ended September 30, 2016. There was no concentration of cash risk for the year ended September 30, 2015.

TPA Network, Incorporated

d/b/a TPAN

Notes to Financial Statements

For the Years Ended September 30, 2016 and 2015

Note 10 – Temporarily Restricted Net Assets

Temporarily restricted net assets consisted of the following at September 30, 2016:

	Contributions Receivable Due in 1 Year	Unexpended Funds Received for Restricted Purposes	Total
Bristol Meyers Squibb	\$ -	\$ 78,730	\$ 78,730
J&J Services	-	13,223	13,223
Lloyd A. Fry Foundation	30,000	10,764	40,764
Gilead Sciences Inc	-	7,600	7,600
Janssen Therapeutics	25,000	5,000	30,000
Theratechnologies Inc.	-	5,000	5,000
Aids Foundation of Chicago	10,000	-	10,000
The Gibbs Family Foundation	15,000	-	15,000
Totals	\$ 80,000	\$ 120,317	\$ 200,317

Temporarily restricted net assets as of September 30, 2015 consisted of unexpended funds received for restricted purposes totaling \$12,362 remaining from a \$30,000 restricted grant from Bristol Meyers Squibb.



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Independent Auditor's Report on Supplementary Information

To the Board of Directors
TPA Network, Incorporated
d/b/a TPAN
Chicago, IL

We have audited the accompanying financial statements of TPA Network, Incorporated d/b/a TPAN as of September 30, 2016, and our report thereon dated March 25, 2017 which expressed an unmodified opinion on those financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Expenses by Program is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Respectfully submitted,

Kessler, Orlean, Silver & Company, P.C.

Kessler, Orlean, Silver & Company, P.C.
Certified Public Accountants

Deerfield, Illinois
March 25, 2017

TPA Network, Incorporated

d/b/a TPAN

Schedule of Expenses by Program

For the Year Ending September 30, 2016

	Youth Services	Substance Abuse Services	Mental Health Services	Education and Information	Client Advocacy	Prevention Services	Total Program
Salaries and Wages	\$ 12,647	\$ 280,251	\$ 106,612	\$ 231,410	\$ 224,254	\$ 133,317	\$ 988,491
Employee benefits	2,917	64,630	24,605	53,304	51,603	30,721	227,780
Professional Fees	-	50,000	17,630	40,863	-	-	108,493
Specific Assistance to Individuals	-	6,095	3,195	620	36	228	10,173
Retreats and Events	-	33,075	-	-	-	-	33,075
Occupancy	1,787	39,030	14,903	32,332	31,352	18,649	138,053
Insurance	15	1,596	514	1,150	1,041	630	4,946
Telephone	133	2,945	1,122	3,555	2,352	1,402	11,509
Rental and Maintenance of Equipment	106	2,503	931	2,046	2,002	1,191	8,779
Computer and Software	85	22,744	2,096	3,852	1,645	990	31,412
Supplies	380	9,589	3,101	4,690	1,052	29,356	48,167
Advertising and Public Relations	-	-	-	1,750	-	-	1,750
Printing and Publications	-	575	99	196,300	-	160	197,134
Postage and Shipping	6	138	363	56,997	351	239	58,095
Meetings and Travel	-	1,295	279	47,252	369	1,494	50,690
Staff dDevelopment	-	1,249	-	1,346	405	-	2,999
Fees	-	-	-	24	-	112	135
Depreciation	544	12,055	4,586	4,948	9,646	5,735	37,515
Total	\$ 18,620	\$ 527,770	\$ 180,036	\$ 682,439	\$ 326,108	\$ 224,224	\$ 1,959,196

See independent auditor's report on supplementary information.