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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Jewish Community Centers of Chicago

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 S Wells St Suite 4000

City or town, state or country, and ZIP + 4
Chicago, IL 606065054

D Employer identification number
36-2167758

E Telephone number
(312) 775-1800

G Gross receipts $ 37,255,756

F Name and address of principal officer
MARK PUTTERMAN
30 S Wells St Suite 4000
Chicago,IL 606065054

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www gojcc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1903 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE LIFE-ENRICHING SERVICES TO THE METROPOLITAN CHICAGO JEWISH AND GENERAL COMMUNITIES

2 Check this box ▶ ☐ 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	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of employees (Part V, line 2a)	5	1,908
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	12,587,521	12,171,952
9	Program service revenue (Part VIII, line 2g)	24,576,402	22,355,961
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,722	236,036
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	263,499	146,831
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,749,144	34,910,780
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	98,434	134,503
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,116,595	20,073,607
16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,000	17,535
b	Total fundraising expenses (Part IX, column (D), line 25) ▶700,260		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,677,698	15,840,299
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,937,727	36,065,944
19	Revenue less expenses Subtract line 18 from line 12	-1,188,583	-1,155,164

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	36,584,482	36,824,081
21	Total liabilities (Part X, line 26)	16,100,712	14,863,202
22	Net assets or fund balances Subtract line 21 from line 20	20,483,770	21,960,879

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2011-01-24
Signature of officer | Date

Jerold H Wolff Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SUSAN GREGGO	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WARADY & DAVIS LLP 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015			EIN ▶ Phone no ▶ (847) 267-9600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Jewish Community Centers of Chicago ("JCC Chicago" or "Agency") is an Illinois not-for-profit corporation dedicated to ensuring a strong and vibrant Jewish life and community for generations to come Through a mix of formal and informal education, recreational and cultural activities, JCC Chicago provides quality experiences that enrich the lives of individuals, families and the community at large Founded in 1903, JCC Chicago served the needs of the burgeoning population of Chicago's Jewish immigrants, and over a century later, JCC continues to make impact through its programs and services happening inside and outside the walls of its buildings JCC Chicago welcomes people of all ages, faiths, and backgrounds and provides innovative programs designed to meet the needs of everyone from infants to adults

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 10,905,270 including grants of $) (Revenue $ 7,568,882)

Early Childhood Services - At JCC Chicago, parents and teachers create an educational partnership that nurtures and challenges each child to grow and develop in their first formal learning experience Using cutting-edge brain research and developmentally appropriate practice, JCC Chicago encourages the strengths and individuality in each child Through the lens of Jewish culture and tradition, children have fun learning about themselves, values, their community and the world, preparing them for a lifelong journey of joy and discovery Throughout the Chicago metropolitan area, JCC Early Childhood programs and services are provided for children from six weeks to five years, as well as their families, and include full-day infant/toddler programs, half-day and full-day junior kindergarten and kindergarten, full-day childcare, Backup Care, summer fun, enrichment classes, adult/child classes, Play Villages and parenting and family events JCC Early Childhood also provides Preschool For All and Early Head Start, which are state and federally funded programs

4b (Code) (Expenses $ 7,769,176 including grants of $) (Revenue $ 7,258,017)

Day Camping - At JCC Chicago Day Camps, children have fun, grow, make new friends, experience a wide range of activities and discover and expand their interests and talents with the help of staff and specialists who can be trusted like family Jewish values, tradition, spirit and Israeli culture are woven into camp days through songs, art, stories, sports, drama, games and celebrations Offering a wide range of camping activities for kids three years old through 10th grade, JCC Day Camping programs include traditional day camps, specialty camps for sports, performing arts, Tween Adventure and counselor-in-training programs Summer programs are provided throughout metropolitan Chicago and camps are traditional or specialty, half-day or full-day, and aim to build skills, boost self-esteem and teach important Jewish values

4c (Code) (Expenses $ 4,193,598 including grants of $) (Revenue $ 3,328,063)

Resident Camping - Spanning 600 acres on beautiful Lake Blass near the Wisconsin Dells, JCC Chicago's Camp Chi provides a complete overnight camping experience for boys and girls, ages nine to sixteen, with more than 40 specialty programs, including age and gender specific opportunities At JCC Camp Chi, children and teens develop self-confidence and cultivate lasting friendships in an environment rich in Jewish culture and summer fun Providing a one-to-three staff-to-camper ratio and small cabin groups, JCC Camp Chi ensures that campers receive regular personalized attention The modern camp facilities are equipped with unmatched amenities that bring campers' summers alive through activities such as horseback riding at private stables, sports in an air-conditioned gymnasium, water skiing off of private docks and much more Campers also enjoy special Shabbat celebrations and Israel education programs, which combined with the interactions and connections with other Jewish campers and Israeli staff sets the groundwork for a uniquely powerful sense of pride for their Jewish heritage

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 8,691,258 including grants of $ 134,503) (Revenue $ 4,200,999)

4e **Total program service expenses** ▶ $ 31,559,302

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
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*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	110		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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	**2a**	1,908		
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 this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
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)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
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?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
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?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
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?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 37		
b	Enter the number of voting members that are independent . .	1b 37		
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARK MYERS
30 South Wells Street SUITE 4000
CHICAGO, IL 606065054
(312) 775-1800

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,695,583	0	403,151

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 11

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Clauss Brothers Inc 360 W Schaumburg Rd Streamwood, IL 60107	General Contractor	971,958
Lasting Impressions 1236 Knollwood Dr Carol Stream, IL 60188	General Contractor	408,459
First Student Inc 200 Shepard Ave Wheeling, IL 60090	Bus/Transporation	372,823
North Shore Transit 4845 W 167th St Ste 300 Oak Forest, IL 60452	Bus/Transporation	297,614
Daniel Weinbach & Partners 53 W Jackson Suite 250 Chicago, IL 60604	Architect	131,707
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 9,379,647				
	b	Membership dues	1b				
	c	Fundraising events	1c 326,494				
	d	Related organizations	1d 298,424				
	e	Government grants (contributions)	1e 358,814				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,808,573				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		12,171,952			
Program Service Revenue			Business Code				
	2a	EARLY CHILDHOOD SERVIC	624,410	7,568,882	7,568,882		
	b	DAY CAMPING	624,410	7,258,017	7,258,017		
	c	RESIDENT CAMPING	721,210	3,328,063	3,328,063		
	d	RECREATION & WELLNESS	713,940	1,607,873	1,607,873		
	e	ADULT SERVICES	624,100	1,032,927	1,032,927		
	f	All other program service revenue		1,560,199	1,560,199		
	g	**Total.** Add lines 2a–2f		22,355,961			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		385,276			385,276
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,064,598				
	b	Less cost or other basis and sales expenses	2,213,838				
	c	Gain or (loss)	-149,240				
	d	Net gain or (loss)		-149,240			-149,240
	8a	Gross income from fundraising events (not including $ 326,494 of contributions reported on line 1c) See Part IV, line 18	a 213,683				
	b	Less direct expenses	b 131,138				
	c	Net income or (loss) from fundraising events		82,545			82,545
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	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				
	11a	board member fees	900,099	9,200	9,200		
	b	insurance proceeds	900,009	8,255	8,255		
	c	security surcharges	900,099	7,839	7,839		
	d	All other revenue		38,992	38,992		
	e	**Total.** Add lines 11a–11d		64,286			
	12	**Total revenue.** See Instructions		34,910,780	22,420,247	0	318,581

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	134,503	134,503		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	904,359	485,598	297,490	121,271
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	15,006,141	13,517,730	1,265,428	222,983
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	750,779	634,013	100,306	16,460
9 Other employee benefits	1,874,857	1,498,992	351,787	24,078
10 Payroll taxes	1,537,471	1,298,333	205,428	33,710
11 Fees for services (non-employees)				
a Management				
b Legal	25,715	21,546	3,722	447
c Accounting	73,688	60,177	12,199	1,312
d Lobbying				
e Professional fundraising *See Part IV, line 17*	17,535			17,535
f Investment management fees	31,411	26,196	4,655	560
g Other	491,476	299,782	130,663	61,031
12 Advertising and promotion	308,264	750	296,832	10,682
13 Office expenses	192,741	158,782	28,932	5,027
14 Information technology	584,033	315,303	255,364	13,366
15 Royalties				
16 Occupancy	7,139,331	6,705,885	409,226	24,220
17 Travel	67,244	48,270	16,764	2,210
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	181,173	138,471	40,195	2,507
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	982,784	768,130	185,101	29,553
23 Insurance	297,631	225,811	64,421	7,399
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM SUPPLIES	3,406,918	3,397,876		9,042
b bus transportation	1,010,998	1,010,998		
c Banking and Credit Card	235,515	222,965	10,084	2,466
d EQUIPMENT and vehicles	228,614	214,945	11,435	2,234
e Financing expenses	225,953	177,741	43,688	4,524
f All other expenses	356,810	196,505	72,662	87,643
25 **Total functional expenses.** Add lines 1 through 24f	36,065,944	31,559,302	3,806,382	700,260
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		680,917	1	903,648
	2	Savings and temporary cash investments		5,379,008	2	2,987,390
	3	Pledges and grants receivable, net			3	1,199,132
	4	Accounts receivable, net		511,884	4	546,450
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,362,942	9	2,226,997
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 29,893,235			
	b	Less accumulated depreciation	10b 17,357,366	11,217,980	10c	12,535,869
	11	Investments—publicly traded securities		11,479,562	11	11,830,673
	12	Investments—other securities See Part IV, line 11		376,477	12	124,262
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,575,712	15	4,469,660
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,584,482	16	36,824,081
Liabilities	17	Accounts payable and accrued expenses		2,429,500	17	2,109,141
	18	Grants payable			18	
	19	Deferred revenue		10,858,243	19	10,211,586
	20	Tax-exempt bond liabilities		960,000	20	895,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		1,294,174	23	1,053,774
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		558,795	25	593,701
	26	**Total liabilities.** Add lines 17 through 25		16,100,712	26	14,863,202
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,480,322	27	9,416,980
	28	Temporarily restricted net assets		6,587,762	28	8,124,676
	29	Permanently restricted net assets		4,415,686	29	4,419,223
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		20,483,770	33	21,960,879
	34	Total liabilities and net assets/fund balances		36,584,482	34	36,824,081

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 331/3% 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 331/3% 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,234,441	11,792,764	13,226,942	12,587,521	12,171,952	62,013,620
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	12,234,441	11,792,764	13,226,942	12,587,521	12,171,952	62,013,620
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						62,013,620

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,234,441	950,978	13,226,942	12,587,521	12,171,952	62,013,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,024,441	950,978	1,223,290	515,036	385,276	4,099,021
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	69,294	63,937	51,121	50,669	64,286	299,307
11 **Total support** (Add lines 7 through 10)						66,411,948

12	Gross receipts from related activities, etc (See instructions)	12	119,261,268

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	93 380 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	92 810 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income Other Miscellaneous Revenue Security Surcharge Cancellation and Late Fees Reimbursed Expenses Administration Fees Vending Machine Revenue Board Member Fees NSF Check Fees COBRA Administrative Fees Book Sales Camp Chi Trip Monies Insurance Proceeds Interest on Refunds Movie Monday-Program Fees Rebate Royalty Signing Bonus

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	5,940,722	7,557,095			
b Contributions	700	750			
c Investment earnings or losses	757,093	-1,254,527			
d Grants or scholarships					
e Other expenditures for facilities and programs	367,721	362,596			
f Administrative expenses					
g End of year balance	6,330,794	5,940,722			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 15 000 %
- b Permanent endowment ▶ 70 000 %
- c Term endowment ▶ 15 000 %

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)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		957,106		957,106
b Buildings		13,698,630	8,207,654	5,490,976
c Leasehold improvements		6,433,610	3,617,318	2,816,292
d Equipment		1,625,684	1,155,343	470,341
e Other		7,178,205	4,377,051	2,801,154
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,535,869

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Beneficial Interest in Endowment Foundation	4,167,566
CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	97,896
OTHER ASSETS	204,198
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,469,660

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT CREDITS	65,938
CAPITAL LEASE OBLIGATION	223,044
DUE TO JEWISH FEDERATION OF METROPOLITAN CHICAGO	125,428
OTHER LIABILITIES	179,291
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	593,701

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,910,780
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,065,944
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,155,164
4	Net unrealized gains (losses) on investments	4	1,256,814
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	1,212,739
8	Other (Describe in Part XIV)	8	162,720
9	Total adjustments (net) Add lines 4 - 8	9	2,632,273
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,477,109

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	36,330,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,256,814		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	162,720		
e	Add lines **2a** through **2d**			2e	1,419,534
3	Subtract line **2e** from line **1**			3	34,910,780
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	34,910,780

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	36,065,944
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	36,065,944
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	36,065,944

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 1a		The Organization's collections are made up of religious, art and other objects that are held for display, education and other purposes These collections, which were acquired through purchases and contributions since the Organization's inception, are not recognized as assets on the statement of financial position
Part III, Line 4		The Organization's collections are made up of religious, art and other objects that are held for display, education and other purposes The Organization's collection provide tangible examples of Jewish culture
Part V, Line 4	Description of Intended Use of Endowment Funds	The Agency's endowment consists of 27 individual funds established to offset costs of scholarships, offset costs of specific programs, and offset costs of facilities
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective July 1, 2009, the Agency adopted the guidance in the FASB Codification topic related to uncertainty in income taxes which prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements uncertain tax positions that the Agency has taken or expects to take in its tax returns Under the guidance, the Agency may recognize the tax benefit from an uncertain tax position only if it is "more likely than not" that it is sustainable, based on its technical merits The tax benefits recognized in the financial statements from such a position should be measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement with the taxing authority having full knowledge of all relevant information The adoption of the guidance had no effect on the Agency's financial statements as of July 1, 2009 and resulted in no adjustment for unrecognized income tax benefits for the year ended June 30, 2010 The Agency believes that it has appropriate support for the positions taken on its returns
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION 153596 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 9124
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION 153596 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 9124
		Part XI, Line 7 - Prior Period Adjustments The $1,212,739 shown as a prior period adjustment reflects the recognition of an event that is incorporated into the comparative audited financial statements 2009 amounts

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
The Alford Group	Consulting		No	0	17,500	-17,500
Total . . . . . ▶					17,500	-17,500

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

IL

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Benefit Concert (event type)	(b) Event #2 Billy Elliott (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	495,339	10,470	34,368	540,177
	2 Less Charitable contributions	326,494			326,494
	3 Gross income (line 1 minus line 2)	168,845	10,470	34,368	213,683
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	10,570			10,570
	7 Food and beverages	6,912			6,912
	8 Entertainment	83,849	8,040		91,889
	9 Other direct expenses	1,628		20,139	21,767
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				131,138
	11 Net income summary Combine lines 3, column d, and line 10 ▶				82,545

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grantee assistance is tracked through an electronic database All documentation for grantee assistance is reviewed by the Director of Ezra's Multi-Service Center and is frequently substantiated by Grantor reporting requirements

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2167758
Name: Jewish Community Centers of Chicago

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
Rental Assistance	176	62,727			
Medical	130	11,821			
Fare cards/Client Transportation	2161		13,718	Cost	Public Transportation Fare Cards
Food Pantry	792		15,247	Cost	Food
Household Supplies	390		9,023	Cost	Household Supplies
Utilities	43	2,712			
Clothing	289	3,644			
Storage	18	435			
Back to School Supplies	62		3,108	Cost	Supplies
Vocational Training	66	4,416			
Funeral	3	4,000			
General Client Assistance	70	2,950			
State Identification Card fees	32	702			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Marty M Levine	(i)	286,706	0	0	142,754	11,132	440,592	0
	(ii)	0	0	0	0	0	0	0
Mark Rothschild	(i)	229,899	0	0	2,255	3,044	235,198	0
	(ii)	0	0	0	0	0	0	0
Janet M Shlaes	(i)	165,823	0	0	13,658	8,562	188,043	0
	(ii)	0	0	0	0	0	0	0
Sheila J Goldman	(i)	158,583	0	0	46,337	1,298	206,218	0
	(ii)	0	0	0	0	0	0	0
Ronald a Levin	(i)	147,603	0	0	46,889	7,421	201,913	0
	(ii)	0	0	0	0	0	0	0
Mark E Myers	(i)	116,197	0	0	55,209	1,191	172,597	0
	(ii)	0	0	0	0	0	0	0
Nina Mizrahi	(i)	91,671	0	32,760	17,479	13,048	154,958	0
	(ii)	0	0	0	0	0	0	0
Avrum I Cohen	(i)	0	0	100,130	0	10,166	110,296	100,130
	(ii)	0	0	0	0	0	0	0
Abe Vinik	(i)	0	0	12,000	0	0	12,000	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	The agency has a rabbi on staff who is provided a housing allowance which is included on her w-2 in box 14 "other" The addendum to the hiring agreement provided to the rabbi allows for 26% of her gross income to be allocated as a housing allowance
	Part I, Line 1b	The housing allowance is a unique circumstance that affects only one staff member and it is included as an addendum to her employment contract
	Part I, Line 4a	Avrum Cohen - Former General Director - $100,130

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
Michael Shapiro	Past Chief Financial Officer	need based Amount $ 4795

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Elaine Frank (Honorary Director) is the mother of Laurie Lieberman (Honorary Director) Elaine Frank (Honorary Director) is the mother of Charles Frank (Vice President) Charles Frank (Vice President) is the brother of Laurie Lieberman (Honorary Director) Laurie Lieberman (Honorary Director) is the mother-in-law of Alicia Lieberman (Director) Larry Gilford (Honorary Director) is the father of Patti Gilford (Vice President) Larry Gilford (Honorary Director) is the father-in-law of Ed Atkins (Vice President) Patti Gilford (Vice President) is the sister-in-law of Ed Atkins (Vice President) Allen Berg (Director) is the financial advisor of Larry Gilford (Honorary Director)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Members are the direct beneficiaries of the JCC's committment, which is improving the quality of life in the communities it serves The JCC is dedicated to keeping membership valuable by maintaining a diverse inventory of quality programs and services, and offering as many benefits as possible

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		At the annual meeting of the JCC, the entire slate of the board of directors is voted on by the membership

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the draft 990 is loaded on the Agency's Intra-Net site and a communication is sent to the Board of Directors and the Audit Committee requesting that they review the document and respond to management with any questions The Audit Committee subsequently meets to approve the 990 prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST THE GENERAL DIRECTOR REVIEWS ANY SUCH DISCLOSURES AND THEY ARE APPROPIATELY ADDRESSED BY THE BOARD THERE IS CURRENTLY NO ANNUAL DISCLOSURE REQUIREMENT FOR KEY EMPLOYEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Compensation Committee reviewed comparable data from the JCCA (Jewish Community Center Association) for the General Director, Associate General Director, and Assistant General Director Raises for the General Director have been based on the contract signed when the General Director was hired There is contemporaneous substantiation of the deliberations and decisions through the keeping of committee minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The financial statements, governing documents and conflict of interest policy are available upon request

Identifier	Return Reference	Explanation
Form 990 part XI line 2c		The organization has a committee that assumes responsibility for oversight and the process has not changed from the previous year

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	Provide consulting services in financial, resource planning, and development

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
Jewish Community Centers of Chicago

Employer identification number
36-2167758

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JEWISH COMMUNITY CENTERS ENDOWMENT FOUNDATION 30 SOUTH WELLS NO 4049 CHICAGO, IL 60606 36-4310828	CARRY OUT THE PURPOSES OF JEWISH COMMUNITY CENTERS OF CHICAGO	IL	501(c)3	509(a)(3)	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Jewish Community Centers Endowment Foundation	C	298,424
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 36-2167758
Name: Jewish Community Centers of Chicago

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,568,825 including grants of $) (Revenue $ 757,916)

Children and Family Services - JCC Chicago programs are provided to school aged children, teens and families throughout the Chicago metropolitan area teaching life lessons and skills that serve them for a lifetime Children may participate in Shabbat activities, be part of mitzvah projects, learn to swim with the Red Cross swimming instruction program, share special experiences through the Me and My Dad Program or learn the value of team building through our Sports and Leagues programs For teens, there are many opportunities to make friends through programs like Chi Town Connection, JCC Maccabi and BBYO For families, JCC Chicago offers activities that include holiday parties, family travel adventures, as well as special programs including Israeli Scouts, Got Shabbat? and Start Smart football and basketball Other children and family services include JCC AfterSchool, Vacation Days, Extraordinary Kids, the JCC Theatre Program, as well as outreach to under-engaged individuals and families in the community

(Code) (Expenses $ 1,718,264 including grants of $ 134,503) (Revenue $)

At Risk Individuals and Families - Through the Dina and Eli Field EZRA Multi-Service Center (MSC) and JUF Uptown Cafe, emergency services are provided to homeless and disadvantaged individuals and families MSC is funded by the Jewish Federation of Metropolitan Chicago and is administered by JCC in Chicago's Uptown neighborhood Services include emergency assistance, food and clothing distribution, eviction prevention, advocacy, job placement, social opportunities and interim housing The Uptown Cafe is a Jewish Federation-sponsored kosher meal program coordinated by MSC Designed to respond to the needs of Chicago's indigent population, the program is staffed by volunteers from JCC Chicago, the Jewish United Fund (JUF), synagogues and youth groups providing hundreds of meals each week, as well as an atmosphere that offers dignity to the people it serves

(Code) (Expenses $ 1,632,973 including grants of $) (Revenue $ 802,283)

Other Services - JCC Chicago's Perlstein Resort and Conference Center and Pritzker Center for Jewish Education (Pritzker Center) offer additional programs and services through JCC Chicago The Perlstein Resort and Conference Center is JCC Chicago's premier destination for families, groups, businesses and individuals throughout the Midwest, providing programming, accommodations and meaningful events for guests The Pritzker Center is charged by the JCC Board of Directors to serve the Jewish mission of the Agency by enhancing Jewish life for Jews of all ages and backgrounds through formal and informal learning experiences The Pritzker Center strengthens and articulates a Jewish vision, and develops Jewish educational models, programs, and resources for staff, lay leader and program development

(Code) (Expenses $ 1,183,742 including grants of $) (Revenue $ 1,032,927)

Adult Services - JCC Chicago provides activities for adults of all ages throughout the Chicagoland area JCC offers opportunities to invigorate the body and the mind Adult programs and services include the Sidney N Shure Kehilla Program, Mother's Circle, Grandparent's Circle, various film series, Exploritas and "Shalom Over 50" There are also day-long excursions to theatre and special events throughout the year as well as domestic and international travel opportunities Volunteer opportunities are also available for individuals looking to contribute to the community

(Code) (Expenses $ 2,587,454 including grants of $) (Revenue $ 1,607,873)

RECREATION AND WELLNESS - Recreation and Wellness programs include sports classes and leagues - with some including travel - group and private aquatics classes, swim team, group exercise, fitness and open swim, general wellness classes and the JCC Maccabi Games The JCC Maccabi Games is an athletic competition that introduces Jewish teens from around the world, involves them in community, instills confidence in their skills and talents, and inspires them to open their lives to community service

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Rein President	1 00	X		X				0	0	0
Mark J Putterman President	1 00	X		X				0	0	0
Edward M Atkins MD Vice-President	1 00	X		X				0	0	0
Lisa Bloom Vice-President	1 00	X		X				0	0	0
Emily Emmerman Vice-President	1 00	X		X				0	0	0
Charles E Frank Vice-President	1 00	X		X				0	0	0
Patti Gilford Vice-President	1 00	X		X				0	0	0
Stuart B Hochwert Vice-President	1 00	X		X				0	0	0
James E Matanky Vice-President	1 00	X		X				0	0	0
Deborah Rudy Secretary	1 00	X		X				0	0	0
Mark L Schwartz Treasurer	1 00	X		X				0	0	0
Allen C Berg Director	1 00	X						0	0	0
Arnold M Brown Director	1 00	X						0	0	0
Carol Cohen Director	1 00	X						0	0	0
Avi Epstein Director	1 00	X						0	0	0
Sherman Friedman Director	1 00	X						0	0	0
Peter G Glick Director	1 00	X						0	0	0
Andrew R Grossmann Director	1 00	X						0	0	0
Madelon Gryll Director	1 00	X						0	0	0
Scott B Jacobson Director	1 00	X						0	0	0
Jordon R Katz Director	1 00	X						0	0	0
Elisabeth M Landes Director	1 00	X						0	0	0
Alicia R Lieberman Director	1 00	X						0	0	0
S Spanier Mingolelli M Director	1 00	X						0	0	0
Jonathon Rothstein Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Helen Schechtman Director	1 00	X						0	0	0
Alan J Schoen Director	1 00	X						0	0	0
Barbara M Schrayer Director	1 00	X						0	0	0
Bob Schwartz Director	1 00	X						0	0	0
Jordan Sigale Director	1 00	X						0	0	0
Marc Slutsky Director	1 00	X						0	0	0
Susan J Spector Director	1 00	X						0	0	0
Andrew Stein Director	1 00	X						0	0	0
Gerald Tenner Director	1 00	X						0	0	0
Lee Tresley Director	1 00	X						0	0	0
Joe Wolf Director	1 00	X						0	0	0
Lauri Konik Zessar Director	1 00	X						0	0	0
Marjorie Friedman-Heyman Director	1 00	X						0	0	0
Amy Herford Gelman Director	1 00	X						0	0	0
Dawn M Lieberman Director	1 00	X						0	0	0
Rhonda Marin Director	1 00	X						0	0	0
Henry Merens Director	1 00	X						0	0	0
Marty M Levine General Director	37 50			X				286,706	0	153,886
Michael Shapiro past CFO	37 50			X				103,488	0	14,864
Jerold H Wolff Chief Financial Officer	37 50			X				32,090	0	506
Mark Rothschild Assoc General Director	37 50				X			229,899	0	5,299
Janet M Shlaes Past Asst Gen Director	37 50				X			165,823	0	22,220
Sheila J Goldman Asst General Director	37 50				X			158,583	0	47,635
Ronald a Levin Dir of Res Camping	37 50					X		147,603	0	54,310
Mark E Myers Controller	37 50					X		116,197	0	56,400

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nina Mizrahi Director of Pritzker Cen	37 50					X		124,431	0	30,527
Doreen L Edelman Marketing Director	37 50					X		113,633	0	391
Charles Kapachinski Director, Information Se	37 50					X		105,000	0	6,947
Avrum I Cohen Former General Director	0 00						X	100,130	0	10,166
Abe Vinik Former General Director	0 00						X	12,000	0	0
Jerry Witkovsky Former General Director	0 00						X	0	0	5,104

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
EARLY CHILDHOOD SERVIC	624,410	7,568,882	7,568,882		
DAY CAMPING	624,410	7,258,017	7,258,017		
RESIDENT CAMPING	721,210	3,328,063	3,328,063		
RECREATION & WELLNESS	713,940	1,607,873	1,607,873		
ADULT SERVICES	624,100	1,032,927	1,032,927		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM SUPPLIES	3,406,918	3,397,876		9,042
bus transportation	1,010,998	1,010,998		
Banking and Credit Card	235,515	222,965	10,084	2,466
EQUIPMENT and vehicles	228,614	214,945	11,435	2,234
Financing expenses	225,953	177,741	43,688	4,524