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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable CHICAGO COMMONS ASSOCIATION use IRS Address change 36-2169136 label or Doing Business As E Telephone number Name change print or type. See Specific (773) 638-5600 Initial return Number and street (or P O box if mail is not delivered to street address) Instruc-**G** Gross receipts \$ 21,615,790 700 N SACRAMENTO BLVD No 141 Terminated tions. City or town, state or country, and ZIP \pm 4 CHICAGO, IL 606121075 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for Daniel G Valliere ΓYes **Γ**Nο affiliates? 700 N SACRAMENTO BLVD No 141 CHICAGO, IL 606121075 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Group exemption number 🕨 Website: ► WWW CHICAGO COMMONS ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1894 M State of legal domicile IL Summary Briefly describe the organization's mission or most significant activities Chicago Commons Association partners with individuals, families and communities to overcome poverty, discrimination and isolation. Chicago Commons operates four core programs. Child Development, Senior Services, Adult Education and Youth Activities & Governance Services Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 16 Number of independent voting members of the governing body (Part VI, line 1b) . . 16 722 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 150 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 19,289,632 21,064,628 8 454,863 Program service revenue (Part VIII, line 2g) . 482,825 11,705 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,862 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 19,784,162 21.528.353 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 13,405,951 14,251,287 16a Professional fundraising fees (Part IX, column (A), line 11e) \cdot 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 235,044 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,235,998 6,867,113 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,118,400 18 18,641,949 19 Revenue less expenses Subtract line 18 from line 12 . 1,142,213 409,953 t Assets or nd Balances **Beginning of Current End of Year** Year 7,727,048 8,071,813 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 21 3,027,542 3,171,663 22 Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$ 4,699,506 4,900,150 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 Sian 2011-05-12 Signature of officer Here Daniel G Valliere PRESIDENT & EXECUTIVE DIRECTOR Type or print name and title Preparer's identifying number Check if Preparer's preparer's signature (see instructions) David Faje Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours RSM MCGLADREY INC if self-employed), address, and ZIP + 4 **Use Only** ONE SOUTH WACKER DRIVE SUITE 800 Phone no (312) 634-3400

CHICAGO, IL 606063392 May the IRS discuss this return with the preparer shown above? (see instructions) \dots

Cat No 11282Y

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Chicago Commons Association partners with individuals, families and communities to overcome poverty, discrimination and isolation Chicago Commons operates four core programs. Child Development, Senior Services, Adult Education and Youth Services. Chicago Commons targets neighborhoods with the greatest needs, with a current focus on West Humboldt Park, Pilsen, Back of the Yards and Englewood.

4e	Total program serv	vice expenses ⊢ \$	19,379,211			
	(Expenses \$	800,192 incl	uding grants of \$) (Revenue \$)
4d	Other program ser	rvices (Describe in Sche	dule O) See also Additio	onal Data for Description		
				ation & Training Center operates ba inemployed and under employed ac		ep , digital literacy and
4c	(Code) (Expenses \$	724,896 including gra	,	evenue \$)
	lengthening lives and			sabled adults and provides in-home r 1,000 seniors to help continue ther		
4b	(Code) (Expenses \$	7,857,820 including gra	,	evenue \$)
	to over 1,000 children	in many of Chicago's most dis	stressed neighborhoods. The pr	ners with other community child cal ogram aims to prepare children, and the Yards and Englewood neighborh	d their families, for en	
4a	(Code) (Expenses \$	9,996,303 including gra	ants of \$) (R	evenue \$	454,863)
4	Section 501(c)(3) a	and 501(c)(4) organizati	ons and section 4947(a)(ion's three largest program se (1) trusts are required to repo h program service reported	•	
	If "Yes," describe th	nese changes on Schedu	le O			
3	Did the organization services?	• ,	ake significant changes i	n how it conducts, any progra		√ No
	If "Yes," describe th	nese new services on Sc	hedule O			
2	•	n undertake any significa or 990-EZ?	nt program services durii	ng the year which were not lis		▽ No

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νo
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			
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		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
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 ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t 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		N o
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		Νο
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		Νο
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		Νο
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		No
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)			
а	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		Νο
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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		N o
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		N o
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		N o
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		N o
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	
		F	orm 99 0	(2009)

art V	Statements	Regarding	Other TRS	Filings	and Tax	Compliance
	ota to illoilto	itegai aiiig	Othio: 2110	90	alla lax	Compilation

			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		-	
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?	1 c	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			
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	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_		NI -
.	return?	3a 3b		Νο
	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		Νo
Ь	If "Yes," enter the name of the foreign country 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
ia	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		Νo
	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).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	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		
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

700 N SACRAMENTO SUITE 141

CHICAGO, IL 60612 (773) 638-5600

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.

Se	ection A. Governing Body and Management			
			Yes	No
	Entrophy months of the common falls and the common had a			
1a b	Enter the number of voting members of the governing body 1a 16 Enter the number of voting members that are independent 1b 16			
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Describe and another have been been been been as officers.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		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	Yes	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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		Νο
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		
	ection 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	ne orga	nızatıor	n 🕨
	DHIREN SHAH CPA			

Part VIII 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 i	not compen	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Fori	π 990 (2009)				Page
1b	Total	228,553	0		4,50
2	Total number of individuals (including but not limited to those listed above) who receive \$100,000 in reportable compensation from the organization 2	ed more than	•		
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highes on line 1a? If "Yes," complete Schedule J for such individual		3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other coorganization and related organizations greater than \$150,000? If "Yes," complete Sched individual	•	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated orgrendered to the organization? If "Yes," complete Schedule I for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that rec \$100,000 of compensation from the organization	ceived more than			
	(A) Name and business address	(B) Description of services		(C Comper	•
515	AT COMPUTER SYSTEMS 2 W MAIN ST KIE, IL 60077	IT CONSULTING			182,818
			+		

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 🗗

Form 99	•	<u> </u>						Page 9
Part V	<u> </u>	Statement of Revenue	E		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated campaigns	1a	255,578				
grai	ь	Membership dues	. 1b					
ts, (C	Fundraising events		144,530				
igii ilar	d	Related organizations		20.066.450				
ons, sim	e	Government grants (contributions)		20,066,450				
Contributions, gifts, grants and other similar amounts	g	All other contributions, gifts, grants similar amounts not included abov Noncash contributions inclu lines 1a-1f \$	e ided in	398,070				
and	h	Total. Add lines 1a-1f		▶	21,064,628			
				Business Code				
Program Serwce Revenue	2a	Other Support & Fees		900,099	401,646	401,646		
	ь	Miscellaneous		900,099	53,217	53,217		
МСе	C .							
Š	d							
Ē	e	All other program convec re						
Tog!	f	All other program service re						
	g	Total. Add lines 2a-2f.			454,863			
	3	Investment income (including and other similar amounts)		· · · · · · · · · · · · · · · · · · ·	8,862			8,862
	4	Income from investment of tax-ex		-	,			,
	5	Royalties		•				
		(ı) Rea	ıl	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	ties	(II) O ther				
	С	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fundraise events (not including \$ 144,530 of contributions reported on See Part IV, line 18	line 1c)	97.497				
Jer.	ь	Less direct expenses .		87,437 87,437				
₹	c	Net income or (loss) from fu			0			
	9a	Gross income from gaming a See Part IV, line 19						
	b c	Less direct expenses . Net income or (loss) from ga	ь	rities				
	10a	Gross sales of inventory, learner and allowances .	ss a					
	ь	Less cost of goods sold .	. ь					
	с	Net income or (loss) from sa	ales of inve					
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C C	All other revenue	<u> </u>					
	d e	All other revenue Total. Add lines 11a-11d	L					
	e							
	12	Total revenue. See Instruct	ions	. [21,528,353	454,863	0	8,862

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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			β	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	269,489		269,489	
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	12,000,556	11,357,599	534,429	108,528
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				· · · · · ·
9	Other employee benefits	1,058,422	955,593	93,210	9,619
10	Payroll taxes	922,820	,	 	8,162
11	Fees for services (non-employees)	,	,	, i	
а	Management				
ь	Legal	23,458		23,458	
c	Accounting	89,328		89,328	
d	Lobbying	03,320		03,320	
u	Professional fundraising See Part IV, line 17				
•					
f	Investment management fees				
g	Other			1	
12	Advertising and promotion				
13	Office expenses	163,860	147,215	 	1,047
14	Information technology	268,240	100,617	163,692	3,931
15	Royalties				
16	Occupancy	1,600,639	1,499,290	89,006	12,343
17	Travel	170,542	166,861	3,495	186
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,490	154,024	8,515	1,951
20	Interest	86,002	14,244	71,758	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,029	120,388	5,641	
23	Insurance	128,380	102,617	21,535	4,228
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)				
а	Community Partner Fees	1,179,947	1,179,947		
b	Program Op Expenses	1,051,880		+ + +	4,504
c	Union Pass Pass-Thru Pm	669,092	669,092		<u>.</u>
d	Health & Nutrition	630,680	,	+ + +	
e		345,258		 	22
f	All other expenses	169,288	,	' 	80,523
25	Total functional expenses. Add lines 1 through 24f	21,118,400		 	235,044
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	21,110,400	15,575,211	1,304,143	233,044
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		33,751	1	928,240
	2	Savings and temporary cash investments	52,255	2	52,131	
	3	Pledges and grants receivable, net		114,862	3	52,500
	4	Accounts receivable, net		4,525,007	4	4,252,650
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sopersons described in section 4958(c)(3)(B) Complete Part II of		d		
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
Š	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		55,945	9	43,527
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	3,313,8	368		
	ь	Less accumulated depreciation	10b 839,7	717 2,469,741	10c	2,474,151
	11	Investments—publicly traded securities		62,787	11	68,614
	12	Investments—other securities See Part IV, line 11			12	_
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		412,700	15	200,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,727,048	16	8,071,813
	17	Accounts payable and accrued expenses .		1,654,620	17	1,597,103
	18	Grants payable			18	
	19	Deferred revenue		2,750	19	29,000
	20	Tax-exempt bond liabilities			20	
eS.	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	_
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		739,073	23	1,416,354
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		631,099	25	129,206
	26	Total liabilities. Add lines 17 through 25		3,027,542	26	3,171,663
es		Organizations that follow SFAS 117, check here ▶ ▽ and comp through 29, and lines 33 and 34.	lete lines 27			
3nc	27	Unrestricted net assets		2,697,587	27	3,091,394
Balance	28	Temporarily restricted net assets		1,924,919		1,731,756
	29	Permanently restricted net assets		77,000	29	77,000
돌		Organizations that do not follow SFAS 117, check here ▶ and and and and and and and an	d complete			<u> </u>
or Fund		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds		32	
Net	33	Total net assets or fund balances		4,699,506	33	4,900,150
Z	34	Total liabilities and net assets/fund balances		7,727,048	34	8,071,813

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
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			
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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization CHICAGO COMMONS ASSOCIATION

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

36-2169136

									30-210913			
	rt I			olic Charity Stat						tructions		
he	organız			foundation because					x)			
1		A churc	h, conventio	on of churches, or as:	sociation of o	churches s	ection 170(b)	(1)(A)(i).				
2				ın section 170(b)(1)			•					
3		A hospi	tal or a coop	erative hospital serv	vice organiza	ıtıon descri	bed in section	170(b)(1)	(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın sec	tion 170(b)(1))(A)(iii). Ente	erthe	
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	erated by a	governmenta	l unit describ	— ed ın	
		section	170(b)(1)(<i>A</i>	A)(iv). (Complete Pa	rt II)							
6	Γ	A federa	al, state, or l	ocal government or	governmenta	ıl unıt desci	rıbed ın sectic	on 170(b)(1)(A)(v).			
7	Γ	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	굣	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	Ë	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
-	'			ties related to its ex								
		•		ss investment incom	•	-			• ,			
			_	anızatıon after June 3				-		x, nom basii		
10	Г			anized and operated	•			•	•			
11	, -	-	_	•			•			carry out the	nurnos	ses of
	,	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 f g	'	other th section If the or check th Since A	an foundation 509(a)(2) rganization r his box ugust 17, 2	x, I certify that the open managers and other eceived a written detection of the companization of the companizatio	er than one o	r more pub	licly supporte S that it is a T	d organizati	ions described	l in section 5	09(a)(1) or
			g persons? rson who dir	ectly or indirectly co	ntrole author	ralone orte	naether with n	areone dae	cribed in (ii)		Yes	No
				overning body of the	•			ersons des	cribed iii (ii)	11g(i)	165	140
		, ,	· -	r of a person describ		-	ition.			11g(i)		
		• •	•	ed entity of a person	• • •		hove?			11g(iii)		
h				g information about t						[IIg(III]	']	<u> </u>
••		riovide	the following	g illioilliation about t	ine supported	a Organizaci	OII(S)					
(i) Name suppor organiza		e of (ii) (described on col (i) listed in your governing document?		(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi) Is th organizat col (i) org in the U	e :ion in anized	(vii) A mount of support?				
				(see instructions))	Yes	No	Yes	No	Yes	No		
Fat a	1											

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.)

_	(Complete only if y	ou checkeu the	bux on line 3, .	, or o or Part	L.)		
	ection A. Public Support	T					
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
-	membership fees received (Do	45 600 674	45,007,470	45 674 005	40 200 622	24 054 520	07.662.440
	not include any "unusual	15,699,676	15,937,178	15,671,035	19,289,632	21,064,628	87,662,149
	grants ")						
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	15,699,676	15,937,178	15,671,035	19,289,632	21,064,628	87,662,149
5	The portion of total contributions	13,033,07	13,337,170	13,071,033	13,203,032	21,001,020	07,002,113
3	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						87,662,149
	from line 4						
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	beginning in)						
7	A mounts from line 4	15,699,676	232,953	15,671,035	19,289,632	21,064,628	87,662,149
8	Gross income from interest,						
	dividends, payments received	274,716	232,953	15,713	11,705	8,862	543,949
	on securities loans, rents,	274,710	232,333	15,715	11,705	0,002	545,545
	royalties and income from similar sources						
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						
11	Total support (Add lines 7						88,206,098
12	through 10) Gross receipts from related activity	tion ata /Canina	tructions \			1	
						12	2,294,837
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organiz	`
	check this box and stop here						►
-	ection C. Computation of Pu	blic Cupport	Dorsontago				
14	Public Support Percentage for 200			11 column (f)			00.300.00
		•		II Column (i))		14	99 380 %
15	Public Support Percentage for 200	18 Schedule A, Pa	art II, line 14			15	99 090 %
16a	33 1/3% support test—2009. If th	-		•	line 14 is 33 1/3%	or more, check t	
_	and stop here. The organization qu	•	, ,,				▶ ▼
b	33 1/3% support test—2008. If th	-			oa, and line 15 is .	33 1/3% or more,	- -
170	box and stop here. The organization 10%-facts-and-circumstances test			_	aa 12 16a ar 16b	and line 14	▶□
1/a	is 10% or more, and if the organiz						
	in Part IV how the organization me						ted
	organization	ecs the lacts an	a circuitistatices	test The Organiz	ation quannes as	a publicly suppor	.eu ▶□
ь	10%-facts-and-circumstances test	t— 2008. If the ord	anization did not d	heck a box on li	ne 13, 16a. 16b. d	r 17a and line	- 1
_	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz			,		•	
	supported organization						► □
18	Private Foundation If the organiza	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	. —
	ınstructions						▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third, fourth, or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 36-2169136

Name: CHICAGO COMMONS ASSOCIATION

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

4d. Other program serv	ices				
(Code Youth Services) (Expenses \$	664,427	including grants of \$) (Revenue \$)
(Code) (Expenses \$	135,765	ıncludıng grants of \$) (Revenue \$)

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DANIEL G VALLIERE PRESIDENT & EXECUTIVE DIRECTOR	38 00	Х		х				118,540	0	4,505	
ELIZABETH ALTMAN CHAIR	1 00	Х		х				0	0	0	
WILLARD S EVANS JR VICE CHAIR	1 00	Х		х				0	0	0	
JAMES HILL III VICE CHAIR	1 00	Х		х				0	0	0	
MICHAEL D PRATT TREASURER	1 00	Х		х				0	0	0	
ANNETTE G DEZELAN SECRETARY	1 00	Х		х				0	0	0	
HOLLY M BAUMGART DIRECTOR	1 00	Х						0	0	0	
ESTHER R BENJAMIN PHD DIRECTOR	1 00	Х						0	0	0	
ELIZABETH AS BLOOMER DIRECTOR	1 00	Х						0	0	0	
RONALD R BOGGS DIRECTOR (UNTIL 10/15/09)	1 00	Х						0	0	0	
ALFRED E D'ANCONA DIRECTOR	1 00	Х						0	0	0	
JAMES H DEVRIES DIRECTOR	1 00	Х						0	0	0	
ANN BERAN JONES DIRECTOR	1 00	Х						0	0	0	
SIDNEY C LIEBENSON DIRECTOR	1 00	Х						0	0	0	
COURTNEY L MIDANEK DIRECTOR	1 00	Х						0	0	0	
ROBERT E SMIETANA DIRECTOR	1 00	Х						0	0	0	
MICHELE MCKAY SPARKS DIRECTOR	1 00	Х						0	0	0	
CHRISTOPHER NORDLOH CHIEF FINANCIAL OFFICER	38 00			х				110,013	0	0	

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
Community Partner Fees	1,179,947	1,179,947		
Program Op Expenses	1,051,880	1,045,988	1,388	4,504
Union Pass Pass-Thru Pm	669,092	669,092		
Health & Nutrition	630,680	630,680		
Educational Supplies	345,258	343,480	1,756	22

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132037701

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** CHICAGO COMMONS ASSOCIATION 36-2169136 Person Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
	donor advisors in writing that the assets held in o	
,	lonors, and donor advisors in writing that grant fur for the benefit of the donor or donor advisor, or fo	•
TEM Conservation Easements.	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements he Preservation of land for public use (e Protection of natural habitat Preservation of open space	<u> </u>	f an historically importantly land area f a certified historic structure
Complete lines 2a-2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in the fo	orm of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation	easements	2b
Number of conservation easements on a	certified historic structure included in (a)	2c
Number of conservation easements inclu-	ded ın (c) acquired after 8/17/06	2d
Number of conservation easements modified the taxable year ▶	fied, transferred, released, extinguished, or termin	nated by the organization during
Number of states where property subject	to conservation easement is located 🛌	
Does the organization have a written police enforcement of the conservation easement	cy regarding the periodic monitoring, inspection, hots it holds?	nandling of violations, and
Staff and volunteer hours devoted to mon	itoring, inspecting and enforcing conservation eas	sements during the year 🛌
A mount of expenses incurred in monitoring	ng, inspecting, and enforcing conservation easeme	ents during the year ► \$
Does each conservation easement report 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of	section Yes [
	n reports conservation easements in its revenue the text of the footnote to the organization's financ ation easements	
	Collections of Art, Historical Treasure inswered "Yes" to Form 990, Part IV, line 8.	
art, historical treasures, or other similar a	under SFAS 116, not to report in its revenue state assets held for public exhibition, education or rese ote to its financial statements that describes thes	earch in furtherance of public service,
	under SFAS 116, to report in its revenue statemei its held for public exhibition, education, or researc these items	
(i) Revenues included in Form 990, Part	VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works following amounts required to be reported	of art, historical treasures, or other similar asset under SFAS 116 relating to these items	s for financial gain, provide the
Revenues included in Form 990, Part VII	I, line 1	► \$

3	Using the organization's accession and other										<u>sontinuea)</u>
	ıtems (check all that apply) —			_							
а	Public exhibition		d	<u> </u>			hange prog	rams			
b	Scholarly research		e	Г	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	illections and expla	ain hov	w the	y furth	er the c	organization	n's ex	empt purpose	ın	
5	During the year, did the organization solicit o									☐ Yes	□No
Par	assets to be sold to raise funds rather than t rt IV									•	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions	or other ass	setsı		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ving t	able		г				
							ŀ	_	Ar	nount	
с	Beginning balance						-	1c			
d	Additions during the year							1d			
e	Distributions during the year						ļ	1e			
f	Ending balance						L	1 f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	ıe 21?	1						│ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete						Form 990 o Years Back		t IV, line 10. Three Years Back	/a\Faus	Veere Beek
1a	Beginning of year balance	(a)Current Year	(B) Prior	rear	(c)iw	o rears back	(a)	Three Years Back	(e)Four	Years Back
ь	Contributions										
c	Investment earnings or losses							-			
d	Grants or scholarships							+			
e	Other expenditures for facilities										
	and programs		İ								
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	zation	that	are hel	d and a	ıdmınıstere	d for	the		
	organization by	_								Yes	s No
	(i) unrelated organizations							•	3a		
_	(ii) related organizations							•	3a(
	If "Yes" to 3a(II), are the related organization							•	3	b	
4 D51	Describe in Part XIV the intended uses of the rt VI Investments—Land, Buildings					100 D	ort V Juno	10			
LEC !	tvi investments—Land, buildings	, and Equipme	;III. 3) Cost o		(b)Cost or		(a) Assumulatos	.	
	Description of investment				is (inves		basis (oth		(c) Accumulated depreciation	(d)	Book value
1a	Land		•				19	1,381			191,381
	Buildings		•				2,84	9,651	708,4	97	2,141,154
c	Leasehold improvements		•								
	Equipment		•				4.	5,950	45,9	21	29
е	Other			1					85,2	30 I	1/1 507
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>						220	6,886		99	141,587

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives Classify hald aguity interests		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	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, col (B) line 13)		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2		
Part X Other Liabilities. See Form 990, Part >	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,528,353
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,118,400
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	409,953
4	Net unrealized gains (losses) on investments	4	3,391
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-212,700
9	Total adjustments (net) Add lines 4 - 8	9	-209,309
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	200,644
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	21,531,744
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	3,391
3	Subtract line 2e from line 1	3	21,528,353
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,528,353
Par	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1	Total expenses and losses per audited financial statements	1	21,331,100
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	
_ a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 212,700	1	
e	Add lines 2a through 2d	2e	212,700
3	Subtract line 2e from line 1	3	21,118,400
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
С	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	21,118,400
Pa	rt 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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Commons is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any On July 1, 2009, Commons adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, Commons may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position Examples of tax positions include the tax-exempt status of Commons and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. At June 30, 2010, there were no unrecognized tax benefits identified or recorded as liabilities. Commons files forms 990 in the U.S. federal jurisdiction and the state of Illinois. Commons is generally no longer subject to examination by the Internal Revenue Service for tax years before 2007
Part XI, Line 8 - Other Adjustments		IMPAIRMENT LOSS -212700
Part XIII, Line 2d - Other Adjustments		IMPAIRMENT LOSS 212700

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DLN: 93493132037701

OMB No. 1545-0047

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.

Name of the organization Employer identification number CHICAGO COMMONS ASSOCIATION 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 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? 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 (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

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

4		more than \$15,000 on Form	(a) Event #1	(b) Event #2	<u> </u>			
as l			Wine Tasting Event (event type)	Golf Event (event type)	(c) O ther Events (total number)	(Add col	al Eve (a) th (c))	
<u></u> ≝	1	Gross receipts	67,852	164,115			23	1,967
Revenue	2	Less Charitable contributions	45,641	98,889			14	4,530
	3	Gross income (line 1 minus line 2)	22,211	65,226			8	7 ,4 37
	4	Cash prizes						
မွ	5	Non-cash prizes		3,300				3,300
Expenses	6	Rent/facility costs	12,610	57,405			7	0,015
ă	7	Food and beverages						
Direct	8	Entertainment						
ੂ	9	Other direct expenses .	9,601	4,521			1	4,122
;	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		8	7 ,4 37
:	11	Net income summary Combine li	nes 3, column d, and line	10				0
Part		Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pai	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
\dashv	1	Gross revenue						
8 e8	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
튑	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
		Direct expense summary Add line Net gaming income summary Com						
							Yes	No
а	Is t	er the state(s) in which the organiza the organization licensed to operate			· · · · · · · · · · · · · · · · · · ·	. 9a		
b		No," Explain						
		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
12	Is t	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnershi	p or other entity	11 12	F7\ 20	009

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493132037701

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

CHICAGO COMMONS ASSOCIATION

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

Name of the organization

36-2169136 Execute Panalit Transactions (section E01(s)/2) and section E01 (s)/4) area

1 (a) Name of disqu	ualified	nerson		(b) Description of transaction							(c) C	orrected
1 (a) Name of all qu	aannea	person			(D) Desi	спрс	וטוו טו נומ	iisacti	OII		Yes	No
2 Enter the amount of tax impose	ed on ti	ne ordal	nization managers	s or disa	ialified ners	ons	durina th	e vear	runder			
section 4958		·					_		. •	\$		
3 Enter the amount of tax, if any,	on line	2 aho	ve reimbursed by							\$		
2 Lines the amount of tax, if any,	, 011 11110	. <i>2</i> , abo	ve, reminarised by	y the org		•		•		Ψ		
Part II Loans to and/or F	rom	Intere	sted Persons									
Complete if the organiz					t IV, line 26	, or	Form 99	D-EZ,	Part V	, line 38a		
·				ĺ	,	ĺ		ľ	(f)			
		oan to					(e) In	_ A	pprov	ed	(g)Writi	ten
(a) Name of interested person and purpose	organi	m the	(c)O rıgınal prıncıpal amour	(d)E	(d)Balance due	de	efault?	by	y board	d or a	greeme	nt?
purpose	organi.		principal anioui	""				cc	mmitte	ee?		
	То	From				Ye	s No	<u> </u>	ſes	No	Yes	No
- otol			<u> ▶ :</u>	<u> </u>		1						l
otal						_						
Part III Grants or Assistan						/ 1						
Complete if the orga	nızauc				•							
(a) Name of interested pers	on	(b) Relationship be			rson	(c)	A mour	nt of gr	ant or type	ofassi	stance
			and the	organiz	ation							
Part IV Business Transact	ions]	involv	ing Intereste	d Pers	ons.							
Complete If the orga	nızatıd	n ansv	wered "Yes" on	Form 9	90, Part I\	Z, lir	ne 28a,	28b, (or 28d	. .		
		(b)	Relationship								(e) S	haring o
(a) Name of interested person			een interested	(c) A mount of transaction			(d) Description of transaction			organ	nızatıon's	
		pe	rson and the							rev	enues?	
			rganization								Yes	No
RONALD R BOGGS		DIREC	TOR		195,4	71	RONALI	R BC	GGS :	ISTHE		Νo
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										NSURANCI	≣	
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EIN: 36-2169136

Name: CHICAGO COMMONS ASSOCIATION

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DLN: 93493132037701

SCHEDULE 0

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization CHICAGO COMMONS ASSOCIATION

Employer identification number

36-2169136

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is reviewed by the Finance/Audit committee of the Board of Directors with the CFO and the CEO. Once review is complete and changes made if needed, the committee refers the document to the full Board of Directors for final review and acceptance. Minutes are taken noting acceptance of the document.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		On an annual basis, management forwards information about Chicago Commons largest vendors to all governing board members. Included with the list is a letter requesting all governing board members to review the list and respond with any real or apparent conflicts of interest between the governing board member and any of the organizations vendors. As a result of the survey, the organization works to mitigate any potential effects of the real or apparent conflict, including recusal of the board member from any discussions or decisions related to the vendor, changes to, or cancellation of, the vendors relationship between the governing board member and/or Chicago Commons, and any other changes deemed appropriate by the board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee of the board of directors, consisting of the board president, treasurer, secretary and two vice-chairmen, determined the compensation of the organizations executive director and chief financial officer. The committee, which consists entirely of independent board members, reviewed comparability data of peer organizations to arrive at the two officers levels of compensation. Signed documentation was submitted to the organizations payroll and human resources departments at the time of the decision to approve changes to the officers levels of compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE CHICAGO COMMONS ASSOCIATIONS FORM 990, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY CAN ALL BE FOUND AND DOWNLOADED AT CHICAGOCOMMONS ORG THESE DOCUMENTS CAN ALSO BE PROVIDED UPON REQUEST OUTSIDE OF THE PUBLIC WEBSITE