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DLN: 93493353002322

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)

OMB No 1545-0047

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable JEWISH COMMUNITY CENTERS OF CHICAGO 36-2167758 Address change E Telephone number Doing Business As Name change (312)775-1800 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 36,125,833 30 S WELLS ST SUITE 4000 Terminated City or town, state or country, and ZIP + 4 CHICAGO, IL 606065054 Amended return Application pending Name and address of principal officer Is this a group return for STUART B HOCHWERT 30 S WELLS ST SUITE 4000 CHICAGO, IL 606065054 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW GOJCC ORG K Form of organization Corporation Trust Association **L** Year of formation 1903 M State of legal domicile IL Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE LIFE-ENRICHING SERVICES TO THE METROPOLITAN CHICAGO JEWISH AND GENERAL COMMUNITIES Activities & Governance 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) . 37 Number of independent voting members of the governing body (Part VI, line 1b) . 37 4 5 1,781 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 500 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** 12,157,048 11,814,549 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 21,417,329 21,622,821 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 638,274 494,641 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 187,111 317,049 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 34,399,762 34,249,060 13 90,325 85,276 Grants and similar amounts paid (Part IX, column (A), lines 1-3)... Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 18,952,065 18,890,979 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 510,484$ 15,658,251 16,043,525 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 34,700,641 35,019,780 19 Revenue less expenses Subtract line 18 from line 12 . -300,879 -770,720 (Assets or delatables) **Beginning of Current End of Year** Year 38,887,456 36.855.462 20 Total assets (Part X, line 16) . Met./ 21 Total liabilities (Part X, line 26) . . 14,698,399 14,306,118 22 Net assets or fund balances Subtract line 21 from line 20 24,189,057 22,549,344 Part II 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. ***** Signature of officer Sign

Here JEROLD H WOLFF CHIEF FINANCIAL OFFICER Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's SUSAN GREGGO (see instructions) P00595460 Paid employed 🕨 🧧 Preparer's WARADY & DAVIS LLP Firm's name (or yours EIN > 36-2170602 if self-employed), address, and ZIP + 4 **Use Only** 1717 DEERFIELD RD SUITE 300S Phone no (847) 267-9600 DEERFIELD, IL 60015 May the IRS discuss this return with the preparer shown above? (see instructions) .

Total program service expenses►\$

31,950,728

4e

Pari	11111	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. ৷ . ত
1	Briefl	ly describe the organization's mission	
JEWI	SH CO	MMUNITY CENTERS OF CHICAGO ("JCC CHICAGO" OR "AGENCY") IS AN ILLINOIS NOT-FOR-PROFIT CO	RPORATION
		D TO ENSURING A STRONG AND VIBRANT JEWISH LIFE AND COMMUNITY FOR GENERATIONS TO COME	
		RMAL AND INFORMAL EDUCATION, RECREATIONAL AND CULTURAL ACTIVITIES, JCC CHICAGO PROVID CES THAT ENRICH THE LIVES OF INDIVIDUALS, FAMILIES AND THE COMMUNITY AT LARGE FOUNDED IN	
		SERVED THE NEEDS OF THE BURGEONING POPULATION OF CHICAGO'S JEWISH IMMIGRANTS, AND OVER	
LATE	R, JCC	CONTINUES TO MAKE IMPACT THROUGH ITS PROGRAMS AND SERVICES HAPPENING INSIDE AND OUT	SIDE THE
		ITS BUILDINGS JCC CHICAGO WELCOMES PEOPLE OF ALL AGES, FAITHS, AND BACKGROUNDS AND PRO' VE PRO GRAMS DESIGNED TO MEET THE NEEDS OF EVERYONE FROM INFANTS TO ADULTS	/IDES
111110	7 7 7 1 1	VETROGRAMS DESIGNED TO THEE THE NEEDS OF EVERTONE FRONT INTANTS TO ABOUTS	
2	Dıd th	ne organization undertake any significant program services during the year which were not listed on	
	the pr	rior Form 990 or 990-EZ?	10
	If "Ye	s," describe these new services on Schedule O	
3		ne organization cease conducting, or make significant changes in how it conducts, any program	No.
		ces?	10
4		ribe the organization's program service accomplishments for each of its three largest program services, as measure	ad by
•	expen	nses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou s and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	(Code	e) (Expenses \$ 10,475,063 including grants of \$) (Revenue \$ 6,727	7,643)
-ra	•	Y CHILDHOOD SERVICES - AT JCC CHICAGO, PARENTS AND TEACHERS CREATE AN EDUCATIONAL PARTNERSHIP THAT NURTURES AND CHAL	•
	CHILE	D TO GROW AND DEVELOP IN THEIR FIRST FORMAL LEARNING EXPERIENCE USING CUTTING-EDGE BRAIN RESEARCH AND DEVELOPMENTALI TICE, JCC CHICAGO ENCOURAGES THE STRENGTHS AND INDIVIDUALITY IN EACH CHILD THROUGH THE LENS OF JEWISH CULTURE AND TR	_y appropriate
	CHILE	DREN HAVE FUN LEARNING ABOUT THEMSELVES, VALUES, THEIR COMMUNITY AND THE WORLD, PREPARING THEM FOR A LIFELONG JOURNE	y of Joy and
	WEEK	OVERY THROUGHOUT THE CHICAGO METROPOLITAN AREA, JCC EARLY CHILDHOOD PROGRAMS AND SERVICES ARE PROVIDED FOR CHILDR KS TO FIVE YEARS, AS WELL AS THEIR FAMILIES, AND INCLUDE FULL-DAY INFANT/TODDLER PROGRAMS, HALF-DAY AND FULL-DAY JUNIOR K	INDERGARTEN
		KINDERGARTEN, FULL-DAY CHILDCARE, BACKUP CARE, SUMMER FUN, ENRICHMENT CLASSES, ADULT/CHILD CLASSES, PLAY VILLAGES AND I LY EVENTS JCC EARLY CHILDHOOD ALSO PROVIDES PRESCHOOL FOR ALL AND EARLY HEAD START, WHICH ARE STATE AND FEDERALLY FUNI	
4b	(Code	e) (Expenses \$ 7,879,997 including grants of \$) (Revenue \$ 7,408	3,046)
	DAY C	CAMPING - AT JCC CHICAGO DAY CAMPS, CHILDREN HAVE FUN, GROW, MAKE NEW FRIENDS, EXPERIENCE A WIDE RANGE OF ACTIVITIES A	ND DISCOVER AND
	EXPAI	ND THEIR INTERESTS AND TALENTS WITH THE HELP OF STAFF AND SPECIALISTS WHO CAN BE TRUSTED LIKE FAMILY JEWISH VALUES, TRAI ISRAELI CULTURE ARE WOVEN INTO CAMP DAYS THROUGH SONGS, ART, STORIES, SPORTS, DRAMA, GAMES AND CELEBRATIONS OFFERING	OITION, SPIRIT
	OF CA	AMPING ACTIVITIES FOR KIDS THREE YEARS OLD THROUGH 10TH GRADE, JCC DAY CAMPING PROGRAMS INCLUDE TRADITIONAL DAY CAMP!	S, SPECIALTY
		S FOR SPORTS, PERFORMING ARTS, TWEEN ADVENTURE AND COUNSELOR-IN-TRAINING PROGRAMS. SUMMER PROGRAMS ARE PROVIDED OPOLITAN CHICAGO AND CAMPS ARE TRADITIONAL OR SPECIALTY, HALF-DAY OR FULL-DAY, AND AIM TO BUILD SKILLS, BOOST SELF-ESTEEI	
	IMPO	RTANT JEWISH VALUES	
4 c	(Code		.,117)
		DENT CAMPING - SPANNING 600 ACRES ON BEAUTIFUL LAKE BLASS NEAR THE WISCONSIN DELLS, JCC CHICAGO'S CAMP CHI PROVIDES A CO NIGHT CAMPING EXPERIENCE FOR BOYS AND GIRLS, AGES NINE TO SIXTEEN, WITH MORE THAN 40 SPECIALTY PROGRAMS, INCLUDING AGE	
		IFIC OPPORTUNITIES AT JCC CAMP CHI, CHILDREN AND TEENS DEVELOP SELF-CONFIDENCE AND CULTIVATE LASTING FRIENDSHIPS IN AN IN JEWISH CULTURE AND SUMMER FUN PROVIDING A ONE-TO-THREE STAFF-TO-CAMPER RATIO AND SMALL CABIN GROUPS, JCC CAMP CI	
	CAMP	PERS RECEIVE REGULAR PERSONALIZED ATTENTION. THE MODERN CAMP FACILITIES ARE EQUIPPED WITH UNMATCHED AMENITIES THAT BR	ING CAMPERS'
		MERS ALIVE THROUGH ACTIVITIES SUCH AS HORSEBACK RIDING AT PRIVATE STABLES, SPORTS IN AN AIR-CONDITIONED GYMNASIUM, WATE ATE DOCKS AND MUCH MORE CAMPERS ALSO ENJOY SPECIAL SHABBAT CELEBRATIONS AND ISRAEL EDUCATION PROGRAMS, WHICH COMBI	
		RACTIONS AND CONNECTIONS WITH OTHER JEWISH CAMPERS AND ISRAELI STAFF SETS THE GROUNDWORK FOR A UNIQUELY POWERFUL S THEIR JEWISH HERITAGE	ENSE OF PRIDE
	(Code	e) (Expenses \$ 1,646,236 including grants of \$) (Revenue \$ 1,064	,671)
		DREN AND FAMILY SERVICES - JCC CHICAGO PROGRAMS ARE PROVIDED TO SCHOOL AGED CHILDREN, TEENS AND FAMILIES THROUGHOUT	
	MITZ\	OPOLITAN AREA TEACHING LIFE LESSONS AND SKILLS THAT SERVE THEM FOR A LIFETIME CHILDREN MAY PARTICIPATE IN SHABBAT ACTIVI. VAH PROJECTS, LEARN TO SWIM WITH THE RED CROSS SWIMMING INSTRUCTION PROGRAM, SHARE SPECIAL EXPERIENCES THROUGH THE	ME AND MY DAD
		GRAM OR LEARN THE VALUE OF TEAM BUILDING THROUGH OUR SPORTS AND LEAGUES PROGRAMS. FOR TEENS, THERE ARE MANY OPPORTU NDS THROUGH PROGRAMS LIKE CHI TOWN CONNECTION, JCC MACCABI AND BBYO. FOR FAMILIES, JCC CHICAGO OFFERS ACTIVITIES THAT	
	PART:	IES, FAMILY TRAVEL ADVENTURES, AS WELL AS SPECIAL PROGRAMS INCLUDING ISRAELI SCOUTS, GOT SHABBAT? AND START SMART FOOTB,	ALL AND
		ETBALL OTHER CHILDREN AND FAMILY SERVICES INCLUDE JCC AFTERSCHOOL, VACATION DAYS, EXTRAORDINARY KIDS, THE JCC THEATRE AS OUTREACH TO UNDER-ENGAGED INDIVIDUALS AND FAMILIES IN THE COMMUNITY	PROGRAM, AS
	(Code	e) (Expenses \$ 1,639,740 including grants of \$ 85,276) (Revenue \$	0)
		ISK INDIVIDUALS AND FAMILIES - THROUGH THE DINA AND ELI FIELD EZRA MULTI-SERVICE CENTER (MSC) AND JUF UPTOWN CAFE, EMERG PROVIDED TO HOMELESS AND DISADVANTAGED INDIVIDUALS AND FAMILIES MSC IS FUNDED BY THE JEWISH FEDERATION OF METROPOLITA	
	IS AD	MINISTERED BY JCC IN CHICAGO'S UPTOWN NEIGHBORHOOD SERVICES INCLUDE EMERGENCY ASSISTANCE, FOOD AND CLOTHING DISTRIE	BUTION, EVICTION
		ENTION, ADVOCACY, JOB PLACEMENT, SOCIAL OPPORTUNITIES AND INTERIM HOUSING THE UPTOWN CAFE IS A JEWISH FEDERATION-SPON PROGRAM COORDINATED BY MSC DESIGNED TO RESPOND TO THE NEEDS OF CHICAGO'S INDIGENT POPULATION, THE PROGRAM IS STAFF	
		NTEERS FROM JCC CHICAGO, THE JEWISH UNITED FUND (JUF), SYNAGOGUES AND YOUTH GROUPS PROVIDING HUNDREDS OF MEALS EACH I ATMOSPHERE THAT OFFERS DIGNITY TO THE PEOPLE IT SERVES	I WEEK, AS WELL
		THIS STREET THE STEEL SEALT TO THE TEST LE IT SERVES	
	(Code	e) (Expenses \$ 1,406,956 including grants of \$) (Revenue \$ 664	.,127)
	•	R SERVICES - JCC CHICAGO'S PERLSTEIN RESORT AND CONFERENCE CENTER AND PRITZKER CENTER FOR JEWISH EDUCATION (PRITZKER	• •
		TIONAL PROGRAMS AND SERVICES THROUGH JCC CHICAGO THE PERLSTEIN RESORT AND CONFERENCE CENTER IS JCC CHICAGO'S PREMI FAMILIES, GROUPS, BUSINESSES AND INDIVIDUALS THROUGHOUT THE MIDWEST, PROVIDING PROGRAMMING, ACCOMMODATIONS AND MEA	
	FOR (GUESTS. THE PRITZKER CENTER IS CHARGED BY THE JCC BOARD OF DIRECTORS TO SERVE THE JEWISH MISSION OF THE AGENCY BY ENHA	ANCING JEWISH
	ARTIC	FOR JEWS OF ALL AGES AND BACKGROUNDS THROUGH FORMAL AND INFORMAL LEARNING EXPERIENCES. THE PRITZKER CENTER STRENGT CULATES A JEWISH VISION, AND DEVELOPS JEWISH EDUCATIONAL MODELS, PROGRAMS, AND RESOURCES FOR STAFF, LAY LEADER AND PRO	
	DEVE	LOPMENT	
	10 :	\(\(\begin{array}{cccccccccccccccccccccccccccccccccccc	F01.
	(Code	e) (Expenses \$ 1,098,282 including grants of \$) (Revenue \$ 938 T SERVICES - JCC CHICAGO PROVIDES ACTIVITIES FOR ADULTS OF ALL AGES THROUGHOUT THE CHICAGOLAND AREA JCC OFFERS OPPORT	1,591) HINITIES TO
	INVIG	SORATE THE BODY AND THE MIND ADULT PROGRAMS AND SERVICES INCLUDE THE SIDNEY N SHURE KEHILLA PROGRAM, MOTHER'S CIRCLI	Ξ,
		IDPARENT'S CIRCLE, VARIOUS FILM SERIES, EXPLORITAS AND "SHALOM OVER 50" THERE ARE ALSO DAY-LONG EXCURSIONS TO THEATRE AI TS THROUGHOUT THE YEAR AS WELL AS DOMESTIC AND INTERNATIONAL TRAVEL OPPORTUNITIES VOLUNTEER OPPORTUNITIES ARE ALSO A	
		VIDUALS LOOKING TO CONTRIBUTE TO THE COMMUNITY	<u> </u>
	(Code		,809)
		LEATION AND WELLNESS - RECREATION AND WELLNESS PROGRAMS INCLUDE SPORTS CLASSES AND LEAGUES - WITH SOME INCLUDING TRA' ATE AQUATICS CLASSES, SWIM TEAM, GROUP EXERCISE, FITNESS AND OPEN SWIM, GENERAL WELLNESS CLASSES AND THE JCC MACCABI G	
		CABI GAMES IS AN ATHLETIC COMPETITION THAT INTRODUCES JEWISH TEENS FROM AROUND THE WORLD, INVOLVES THEM IN COMMUNITY FIDENCE IN THEIR SKILLS AND TALENTS, AND INSPIRES THEM TO OPEN THEIR LIVES TO COMMUNITY SERVICE	INSTILLS
4d	Othe	er program services (Describe in Schedule O)	
		penses \$ 8,851,500 including grants of \$ 85,276) (Revenue \$ 3,708,198)

Form **990** (2011)

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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		N o
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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		N o
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 and IV	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 and IV	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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		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		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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "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	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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		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?	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 121			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c		
a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
u	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a	Yes	
h	,		162	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See mad actions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts]	.,	
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).	_	<u>, </u>	
а	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	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	,,,	103	
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization 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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	' '		140
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	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 Grass unsame from members or shareholders			
	Gross income from members or shareholders			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	•			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	-3a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI $\,$. $\,$.

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphysical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	126	V	
c	rise to conflicts?	12b	Yes	
	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_		
17				
10	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JEROLD H WOLFF 30 SOUTH WELLS STREET SUITE 4000

CHICAGO,IL 606065054

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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director			Former		MISC)	MISC)	related organizations	
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Tıtle	(B) Average hours per week (describe	unles an	e thar	o no n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	on amount of other d compensation ns from the		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	dditional Data Table						-					+		
								-				+		
							-	-				\dashv		
												_		
												T		
												+		
												+		
								\vdash				+		
							1					+		
							-					+		
							-					4		
								<u>L</u>				\perp		
1b	Sub-Total					•		•						
d	Total from continuation sheets: Total (add lines 1b and 1c) .						_	•		1,336,636		0		360,644
2	Total number of individuals (incl					ted	above) who	receive	ed more tha	an			
	\$100,000 of reportable compens	sation from the	organız	atıonl	- 11									
													Yes	No
3	Did the organization list any form										ated employee	1		
4	on line 1a? If "Yes," complete Sch										n from the	3	Yes	
4	For any individual listed on line 1 organization and related organization													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_		or individual for	5		No
		,	•					•				3		1110
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from	the organizatio												
	or within the organization's tax y	ear (A)								1	(B)		(0	<u> </u>
TLLTNC	Nan DIS CENTRAL SCHOOL BUS	ne and business ad	dress							Desc	ription of services		Compe	
1818	W JEFFERSON ST T, IL 60435									BUSING SER	VICES			253,571
FIRST 22157	RST STUDENT INC 1157 NETWORK PLACE HICAGO, IL 606731221									238,079				
LAMER 2407	RS BUS LINES INC S POINT ROAD N BAY, WI 543135498									BUSING SER	VICES			174,397
COMM 2344	HUBBARD STREET AGO, IL 60612									PLUMBING C	CONTRACTOR			163,208
FOOD 8 WES	& BEVERAGE ASSOCIATES INC ST MAIN STREET INGDALE, NJ 07727									FOOD SERVI	CE MANAGEMENT			120,701
2	Total number of independent conti \$100,000 of compensation from t	•	-	ot lın	nited	to	those	lıste	d above)	who recei	ved more than			

Pait V	<u> </u>	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
\$ \$	1a	Federated campaigns	1a 9,010,604				
豆豆	ь	Membership dues	1b				
S.€	c	Fundraising events	1c 204,359				
É	d	Related organizations	1d 243,710				
% E	e	Government grants (contributions)	1e 540,523				
ਙਲ	l f	All other contributions, gifts, grants, and	 1,815,353				
至至	_	similar amounts not included above					
<u>₹</u> 5	g	Noncash contributions included	in				
Contributions, gifts, grants and other similar amounts	h	Ines 1a-1f \$ Total. Add lines 1a-1f	` ▶	11,814,549			
<u> </u>			Business Code				
Ξe	2a	DAY CAMPING		7 404 044	7 404 044		
Ye.			624410	7,404,844	7,404,844		
<u>2</u>	Ь	EARLY CHILDHOOD SERVIC	624410	6,727,643	6,727,643		
Š	C	RESIDENT CAMPING		3,800,391	3,800,391		
) S	d	CHILDREN & FAMILY SERV	624100	1,064,671	1,064,671		
Ē	e	RECREATION & WELLNESS	713940	1,022,554	1,022,554		
Program Serwce Revenue	f	All other program service revenu	ie	1,602,718	1,602,718		
Ě	 g	Total. Add lines 2a-2f		21,622,821			
	3	Investment income (including di		,,			
		and other similar amounts) .		310,442			310,442
	4	Income from investment of tax-exempt	bond proceeds 🕨				
	5	Royalties	🕨 🛚				
		(ı) Real	(II) Personal				
	6a	Gross rents 212,1	75				
	ь	Less rental 82,5 expenses	26				
	c	Rental income 129,6	49				
	d	or (loss) Net rental income or (loss).		129,649	22,183		107,466
	"	(i) Securities	(II) Other		,		
	 7a	Gross amount 1,849,0					
		from sales of assets other					
		than inventory	07				
	Ь	Less cost or 1,664,8 other basis and	97				
	 c	sales expenses Gain or (loss) 184,1	99				
	d	Net gain or (loss)		184,199			184,199
	8a	Gross income from fundraising					
Other Revenue		events (not including \$ 204,359 of contributions reported on line See Part IV, line 18					
<u>.</u>	<u>.</u>		253,630				
¥	Ь .	Less direct expenses		124,280			124,280
J	c 9a	Net income or (loss) from fundra	1	124,200			124,200
	9a	Gross income from gaming activ See Part IV, line 19	a				
	Ь	Less direct expenses					
	C	Net income or (loss) from gamin	g activities				
	10a	Gross sales of inventory, less returns and allowances .	a				
	ь	Less cost of goods sold	b				
	С	Net income or (loss) from sales	of inventory 🕨				
		Mıscellaneous Revenue	Business Code				
	11a	OTHER REVENUES	900099	31,170	31,170		
	ь	INSURANCE CLAIM REIMBU	900099	10,843	10,843		
	_ c	ROYALTIES	900099	10,707	10,707		
	d	All other revenue	_	10,400	10,400		
	e	Total. Add lines 11a-11d		63,120			
	12	Total revenue. See Instructions		34,249,060	21,708,124	0	726,387

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	85,276	85,276		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	714,941	215,609	476,141	23,191
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	14,194,135	13,124,287	827,567	242,281
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	730,655	630,330	82,402	17,923
9	Other employee benefits	1,617,192	1,449,577	129,045	38,570
10	Payroll taxes	1,634,056	1,478,159	127,037	28,860
11	Fees for services (non-employees)				
а	Management				
b	Legal	45,525		45,525	
c	Accounting	51,850		51,850	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	26,070		26,070	
g	Other	514,162	390,214	28,053	95,895
12	Advertising and promotion	210,647		210,647	
13	Office expenses	186,231	175,386	8,082	2,763
14	Information technology	504,572	354,812	140,427	9,333
15	Royalties				
16	Occupancy	7,295,993	7,037,278	228,688	30,027
17	Travel	56,894	43,175	10,931	2,788
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,817	78,048	11,279	5,490
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,331,946	1,223,490	106,056	2,400
23	Insurance	290,735	250,961	39,569	205
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROGRAM SUPPLIES	3,776,424	3,775,204	112	1,108
b	BUSTRANSPORTATION	728,558	728,558		
c	BANKING AND CREDIT CARD	361,527	354,590		6,937
d	EQUIPMENT AND VEHICLES	148,882	148,037	747	98
е					
f	All other expenses	418,692	407,737	8,340	2,615
25	Total functional expenses. Add lines 1 through 24f	35,019,780	31,950,728	2,558,568	510,484
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 516,084 597,493 1 1 2.487.050 1.979.931 2 2 3 1,332,004 1,298,511 3 385.893 4 304.205 4 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 6 Schedule L 7 8 9 2.708.972 9 2.372.350 Prepaid expenses and deferred charges 10a 32,472,034 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 19,892,255 b Less accumulated depreciation 12,983,614 10c 12,579,779 13,481,278 12,418,883 11 11 100,000 12 12 75,018 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 4,892,561 15 15 5,229,292 38,887,456 36,855,462 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,059,085 1,929,071 17 17 Accounts payable and accrued expenses . 18 18 19 10,482,435 19 10,368,800 20 830.000 20 770.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 813.374 23 593.007 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 513,505 645,240 25 D 26 14,698,399 26 14,306,118 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 11,029,079 9,900,349 Unrestricted net assets 8,735,564 28 8,228,121 28 Temporarily restricted net assets Fund 29 4,424,414 29 4,420,874 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 24.189.057 33 22.549.344 38.887,456 34 Total liabilities and net assets/fund balances 34 36.855.462

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,2	249,060
2	Total expenses (must equal Part IX, column (A), line 25)	2			 19,780
3	Revenue less expenses Subtract line 2 from line 1	3		-7	70,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,1	189,057
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-8	368,993
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		22,5	549,344
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			্য. 	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		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 t 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				1
За	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?	•	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

(Form 990 or 990EZ)

Name of the organization JEWISH COMMUNITY CENTERS OF CHICAGO

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.

Inspection **Employer identification number**

Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All ord	nanizations	must comi	nlete this r	130-210// Dart) See in		าร	
				te foundation becaus						isti detioi	15	
1	Ť			ion of churches, or a			-		,			
2	Ė		•	d in section 170(b)(1			-	,,,,,,				
3	Ţ.			perative hospital se				n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researc	h organızatıon opera ıty, and state	=					1)(A)(iii).	. Enter the	
5	Γ	_	•	erated for the benefi	_	or universi	ty owned or o	perated by a	a government	tal unit des	scribed in	
6	Γ	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın secti	ion 170(b)(1	L)(A)(v).			
7	ন	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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	\sqcap	A comr	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Cor	nplete Part II	[)				
9	Γ	Anorga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contri	butions, mem	nbership fe	es, and gro	ss
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certaın e	xceptions, a	and (2) no mo	re than 33	31/3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from l	businesses	
		acquire	d by the or	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pai	rt III)			
10	Γ	An orga	anızatıon or	ganized and operate	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).			
e f g	other than foundation managers and other than one or more publicly supported organizations described in section 509(a section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organ check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									pe III - Ot alified pers ion 509(a)(ting organia Yes lg(i)	. Check ther ons (1) or zation,	
п		Provide	e the followi	ng information about	. the Supporte	eu organizat	1011(5)					
9	(i) Name suppo ganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in 'your	(vi) Is th organizat col (i) org in the U	e ion in anized	A mo	vii) ount of port?
				(see instructions))	Yes	No	Yes	No	Yes No			
									 	1		
									1	1		
									1			
	1								1	-		
Total	1		l	1	I	1	I	1	1	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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		'		, ,			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,226,94.	2 12,587,521	12,171,952	12,157,048	11	,814,549	61,958,012
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 5	Total. Add lines 1 through 3 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	13,226,94.	2 12,587,521	12,171,952	12,157,048	11	,814,549	61,958,012
6	amount shown on line 11, column (f) Public Support. Subtract line 5							61,958,012
_	from line 4 ection B. Total Support							
	endar year (or fiscal year	() 2227	(1) 2000	() 2222	(D 2010			
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20		(f) Total
7	A mounts from line 4	13,226,942	12,587,521	12,171,952	12,157,048	11	,814,549	61,958,012
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,223,290	515,036	385,276	409,118		522,617	3,055,337
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	51,121	50,669	64,286	52,504		63,120	281,700
11	Total support (Add lines 7 through 10)							65,295,049
12	•					12		115,272,251
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	;) organız	zation, ▶
S	ection C. Computation of Pul	blic Support I	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		94 890 %
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15		94 270 %
	33 1/3% support test—2011. If the and stop here. The organization que	alıfıes as a public	ly supported orga	nızatıon				▶ ▼
	33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization me organization	n qualifies as a p — 2011. If the org ation meets the "	oublicly supported ganization did not o facts and circums	organization check a box on lir tances" test, che	ne 13, 16a, or 16 ck this box and si	b and line t op here.	e 14 Explain	▶
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization Private Foundation If the organizations	nization meets thation meets the "	ne "facts and circu facts and circums	mstances" test, o tances" test The	check this box an organization qua	d stop he lifies as a	e re. a publicly	

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 36-2167758

Name: JEWISH COMMUNITY CENTERS OF CHICAGO

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 1,646,236 including grants of \$) (Revenue \$ 1,064,671)

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 \$ 1,639,740 including grants of \$ 85,276) (Revenue \$ 0)

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

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

4d. Other program services) (Expenses \$ 1,406,956 including grants of \$) (Revenue \$ (Code 664,127) 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 1,098,282 including grants of \$) (Expenses \$ 938,591)

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) #### 4d. Other program services (Code) (Expenses \$ 3,060,286 including grants of \$) (Revenue \$ 1,040,809) 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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MARK PUTTERMAN PAST PRESIDENT/DIRECTOR	1 00	Х		Х				0	0	0		
EDWARD ATKINS VICE-PRESIDENT	1 00	Х		Х				0	0	0		
LISA BLOOM VICE-PRESIDENT	1 00	Х		Х				0	0	0		
CAROL COHEN VICE-PRESIDENT	1 00	Х		х				0	0	0		
EMILY EMMERMAN VICE-PRESIDENT	1 00	Х		Х				0	0	0		
CHARLES FRANK VICE-PRESIDENT	1 00	Х		Х				0	0	0		
STUART HOCHWERT PRESIDENT	1 00	Х		Х				0	0	0		
JAMES MATANKY VICE-PRESIDENT	1 00	Х		Х				0	0	0		
LAURI ZESSAR VICE-PRESIDENT	1 00	Х		Х				0	0	0		
MARK SCHWARTZ PAST TREASURER	1 00	Х		X				0	0	0		
DEBORAH RUDY SECRETARY	1 00	Х		х				0	0	0		
ANDREW ABRAMS DIRECTOR	1 00	Х						0	0	0		
BRUCE BACHMANN HONORARY DIRECTOR	1 00	Х						0	0	0		
ALLEN BERG DIRECTOR	1 00	Х						0	0	0		
STEVEN BLONDER DIRECTOR	1 00	Х						0	0	0		
ARNOLD BROWN DIRECTOR	1 00	Х						0	0	0		
NORMAN CUTLER HONORARY DIRECTOR	1 00	Х						0	0	0		
DAVID ENGLE DIRECTOR	1 00	Х						0	0	0		
MAURY AVI EPSTEIN TREASURER ELAINE FRANK	1 00	Х		Х				0	0	0		
HONORARY DIRECTOR KYLE FREIMUTH	1 00	Х						0	0	0		
DIRECTOR SHERMAN FRIEDMAN	1 00	Х						0	0	0		
DIRECTOR JULIA GERSTEIN	1 00	Х						0		_		
DIRECTOR LAWRENCE GILFORD	1 00							0		_		
HONORARY DIRECTOR PETER GLICK	1 00							0				
DIRECTOR	1 00	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Name and Title	A verage hours		ition that	(che				Reportable compensation from the	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	
ANDREW GROSSMANN DIRECTOR	1 00	Х						0	0	0	
HARLAN HAIMES HONORARY DIRECTOR	1 00	х						0	0	0	
MELVIN HECKTMAN HONORARY DIRECTOR	1 00	x						0	0	0	
SCOTT JACOBSON DIRECTOR	1 00	х						0	0	0	
STEVEN KANNER DIRECTOR	1 00	х						0	0	0	
JORDON KATZ HONORARY DIRECTOR	1 00	Х						0	0	0	
ROBERT KATZ HONORARY DIRECTOR	1 00	х						0	0	0	
LISA LANDES DIRECTOR	1 00	Х						0	0	0	
LEE LAZAR DIRECTOR	1 00	Х						0	0	0	
ALICIA LIEBERMAN DIRECTOR	1 00	х						0	0	0	
LAURIE LIEBERMAN HONORARY DIRECTOR	1 00	х						0	0	0	
HAMILTON LOEB HONORARY DIRECTOR	1 00	х						0	0	0	
RICHARD NELSON HONORARY DIRECTOR	1 00	Х						0	0	0	
GORDON PRUSSIAN HONORARY DIRECTOR	1 00	х						0	0	0	
RICK REIN DIRECTOR	1 00	х						0	0	0	
LISA REISMAN DIRECTOR	1 00	Х						0	0	0	
JONATHAN ROTHSTEIN DIRECTOR	1 00	Х						0	0	0	
ARLENE RUFF DIRECTOR	1 00	Х						0	0	0	
HELEN SCHECHTMAN DIRECTOR	1 00	Х						0	0	0	
BARBARA M SCHRAYER HONORARY DIRECTOR	1 00	Х						0	0	0	
JORDAN SIGALE DIRECTOR	1 00	х						0	0	0	
MARC SLUTSKY DIRECTOR	1 00	х						0	0	0	
PERRY SNYDERMAN HONORARY DIRECTOR	1 00	х						0	0	0	
AVERY STONE HONORARY DIRECTOR	1 00	х						0	0	0	
GERALD TENNER DIRECTOR	1 00	х						0	0	0	

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) Average hours per		(tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	اینمماد	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOHN THOMASON DIRECTOR	1 00	Х						0	0	0	
LEE TRESLEY DIRECTOR	1 00	Х						0	0	0	
JOE WOLF DIRECTOR	1 00	Х						0	0	0	
ALAN SOLOW HONORARY DIRECTOR	1 00	Х						0	0	0	
SUSAN SPECTOR DIRECTOR	1 00	Х						0	0	0	
JAY STERNS DIRECTOR	1 00	Х						0	0	0	
SHARON LEDERMAN BURACK DIRECTOR	1 00	Х						0	0	0	
BRIAN S CARTER DIRECTOR	1 00	Х						0	0	0	
ADAM FRIEDMAN DIRECTOR	1 00	Х						0	0	0	
NICOLE L FRIEDMAN DIRECTOR	1 00	Х						0	0	0	
LEV KATZ DIRECTOR	1 00	Х						0	0	0	
MARISA MANDREA DIRECTOR	1 00	Х						0	0	0	
KAREN WANDER DIRECTOR	1 00	Х						0	0	0	
ROBERT SCHWARTZ DIRECTOR	1 00	Х						0	0	0	
S SPANIER MINGOLELLI DIRECTOR	1 00	Х						0	0	0	
MARTY M LEVINE GENERAL DIRECTOR	37 50			Х				287,088	0	74,647	
JEROLD H WOLFF CHIEF FINANCIAL OFFICER	37 50			Х				180,036	0	24,292	
RONALD A LEVIN DIRECTOR OF RESIDENT CAMPING	37 50				х			152,533	0	63,594	
SHEILA J GOLDMAN ASSISTANT GENERAL DIRECTOR	37 50					Х		143,883	0	4,871	
NINA MIZRAHI DIRECTOR OF PRITZKER CENTER	37 50					Х		129,471	0	70,572	
MARK E MYERS CONTROLLER	37 50					Х		110,601	0	62,679	
DOREEN L EDELMAN MARKETING DIRECTOR	37 50					Х		125,193	0	12,713	
GAYLE MALVIN DIRECTOR OF CAMPING SERVICES	37 50					Х		107,701	0	36,929	
AVRUM I COHEN FORMER GENERAL DIRECTOR	0 00						×	100,130	0	10,347	

DLN: 93493353002322

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number JEWISH COMMUNITY CENTERS OF CHICAGO 36-2167758 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 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 included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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
- 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
- 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
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Ar	t, His	torical T	reas	ures, or Oth	er Similar Ass	ets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	_		_		on
а	Public exhibition		d	┌ Loar	orex	change prograr	ns	
b	Scholarly research		e	┌ Oth	er			
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expla	aın hov	v they furth	ner the	organızatıon's	exempt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes √ No
Par	Part IV, line 9, or reported an an	ements. Compl	ete ıf	the orga	nızatıc		'Yes" to Form 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for contrib	utions	or other asset		Yes No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing table				
							Amo	ount
с	Beginning balance					10	+	
d	Additions during the year					10	<u> </u>	
e	Distributions during the year					16	:	
f	Ending balance					11		
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	e 21?				Γ	Yes No
ь	If "Yes," explain the arrangement in Part XIV	•						
Pa	rt V Endowment Funds. Complete							
		(a)Current Year	(b)	Prior Year			` _	(e)Four Years Back
1a	Beginning of year balance	7,376,774		6,330,79	_	5,940,722	7,557,095	
Ь	Contributions	400		92		700	750	
С	Investment earnings or losses	-79,790		1,417,55	14	757,093	-1,254,527	
d	Grants or scholarships	4 422 440		272.40		267 724	252.505	
е	Other expenditures for facilities and programs	1,422,148		372,49	18	367,721	362,596	
f	Administrative expenses							_
q	End of year balance	5,875,236		7,376,77	'4	6,330,794	5,940,722	
2	Provide the estimated percentage of the yea		2.5			, , ,	, ,	
		1 000 %	as					
a	Board designated or quasi-endowment	1 000 70						
b	Permanent endowment F 75 000 %							
C	Term endowment ► 24 000 %							
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that are he	ld and	administered f	or the	Yes No
	(i) unrelated organizations						3a(i	
	(ii) related organizations						3a(ii	
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	chedule R	?.		3b	Yes
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowme	ent funds				
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	rt X, line	10.		_	
	Description of property			(a) Cost of basis (inve		(b) Cost or othe basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					957,10	96	957,106
b	Buildings					14,307,46	2 8,887,948	5,419,514
c	Leasehold improvements					6,537,69	7 4,087,109	2,450,588
d	Equipment					2,338,7	1,607,909	730,845
	Other					8,331,0:		3,021,726
	I. Add lines 1a-1e (Column (d) should equal Fo		mn (B)	, line 10(c)	.) .			12,579,779
	·						Schedule D	(Form 990) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of the of	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of	f-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, II	ne 15.		
(a) Descri	ption		(b) Book value
(1) BENEFICIAL INTEREST IN ENDOWMENT FOUNDAT	ION		4,450,066
(2) CASH SURRENDER VALUE OF LIFE INSURANCE PO	LICIES		119,325
(3) OTHER ASSETS			195,162
(4) DUE FROM AFFILIATE ORGANIZATION			464,739
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		5,229,292
Part X Other Liabilities. See Form 990, Part X			- , ,
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED RENT CREDITS	54,604		
CAPITAL LEASE OBLIGATION	352,587		
	· ·		
OTHER LIABILITIES	238,049		
	I I		
	l l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	645,240		

Sche	dule D (Form 990) 2011		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,249,060
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,019,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-770,720
4	Net unrealized gains (losses) on investments	4	-648,606
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-220,387
9	Total adjustments (net) Add lines 4 - 8	9	-868,993
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,639,713
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	33,462,593
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) -220,387		
e	Add lines 2a through 2d	2e	-868,993
3	Subtract line 2e from line 1	3	34,331,586
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) -82,526		
С	Add lines 4a and 4b	4c	-82,526
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,249,060
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per	35,102,306
-	statements	1	33,102,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 82,526		
e	Add lines 2a through 2d	2e	82,526
3	Subtract line 2e from line 1	3	35,019,780
4	Amounts 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		
b	Other (Describe in Part XIV)		

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,

Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)

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 STATEMENTS 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE AGENCY'S ENDOWMENT CONSISTS OF 20 INDIVIDUAL FUNDS ESTABLISHED TO OFFSET COSTS OF SCHOLARSHIPS, OFFSET COSTS OF SPECIFIC PROGRAMS, AND OFFSET COSTS OF FACILITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY FOLLOWS 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 A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION 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 -164,794 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES -2,592 NET UNREALIZED LOSSES ON OTHER ASSETS -53,001 TOTAL TO SCHEDULE D, PART XI, LINE 8 -220,387
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION -164,794 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES -2,592 NET UNREALIZED GAINS ON OTHER ASSETS -53,001
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -82,526
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 82,526

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Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

DLN: 93493353002322 OMB No 1545-0047

2011

Open to Public

Internal Revenue Service Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

SCHEDULE F

Department of the Treasury

(Form 990)

Employer identification number

36-2167758

1	For grantmakers. Does the assistance, the grantees' elig	gibility for the	grants or assi	stance, and the selec	tion criteria used to awa	rd _
2	the grants or assistance? For grantmakers. Describe in Pa United States					Yes No
3	Activites per Region (Use Part	V ıf addıtıonal s	space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	NORTH AMERICA	0	0	PRO GRAM SERVICES	1 HIGH ADVENTURE TRIP TO CANADA FOR TEENAGERS	63,000
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	5 MISSION TRIPS TO CUBA PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	
	MIDDLE EAST AND AFRICA	0	0	PROGRAM SERVICES		
	CENTRAL AMERICA AND THE	0	0	INVESTMENTS		1,327,123
	CARIBBEAN NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND HISTORICAL TOUR OF STRATFORD CANADA PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	
	Sub-total Total from continuation sheets	0				1,390,123 0
	to Part I C Totals (add lines 3a and 3b)	0	0			1.390.123

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
	1	

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JEWISH COMMUNITY CENTERS OF CHICAGO

As Filed Data -

DLN: 93493353002322

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

					36-2167758	
Part I Fundraising Act	ivities. Complete	e if the o	rganızat	tion answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organia	ization raised funds icitations written or oral agre Form 990, Part VII	through a ement wit) or entity entities (ny of the e f g th any ind in conne	following activities Ch Solicitation of noi Solicitation of god Special fundraisin Iividual (including office ction with professional ars) pursuant to agreem	eck all that apply n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fur	┌ Yes ┌ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contrib Yes	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total	organization is regis	tered or l	.► icensed t	o solicit funds or has b	een notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or reported 000.
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			(event type)	WOMEN'S AUXILIARY EVENT (event type)	(total number)	col (c))
EVE	1	Gross receipts	434,299	5,100	18,590	457,989
Revenue	2	Less Charitable contributions	204,359			204,359
	3	Gross income (line 1 minus line 2)	229,940	5,100	18,590	253,630
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	63,628			63,628
	7	Food and beverages	17,104		1,884	18,988
Drea	8	Entertainment	29,072			29,072
Δ	9	Other direct expenses .	4,294	3,044	10,324	17,662
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(129,350)
	11	Net income summary Combine III	nes 3 and 10 in column (d)		124,280
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lire		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
pen	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
౼	5	Other direct expenses				
	6	Volunteer labor	Γ Yes Γ Nο	┌ Yes	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)		
9		er the state(s) in which the organiza				
a b	Ist If"I	he organization licensed to operate	gaming activities in each	n of these states?		· Fyes Fno
10a b	Wer	re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		l I	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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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

DLN: 93493353002322

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization JEWISH COMMUNITY CENTERS OF CHICAGO Employer identification number

						36-2167758	
Part I General Information							
 Does the organization maintain the selection criteria used to at Describe in Part IV the organization 	ward the grants or as	sıstance?			the grants or assist	ance, and	✓ Yes
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	e United States. Con leck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
		3				<u> </u>	
2 Enter total number of section 5						_	
3 Enter total number of other organizations and Paperwork Reduction				Cat No. 50055P			le I (Form 990) 2011

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) A mount of cash grant	(d)A mount 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	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEE ASSISTANCE IS TRACKED THROUGH AN ELECTRONIC DATABASE A
MONITORING GRANTS		COMMITTEE OF CASE MANAGERS MEETS TO REVIEW FINANCIAL ASSISTANCE REQUESTS DECISIONS ARE
IN THE U S		REVIEWED BY THE DIRECTOR OF EZRA'S MULTI-SERVICE CENTER WHO DEVELOPS THE WORK PLAN AND
		PROCEDURES FOR EXECUTING THE FINANCIAL ASSISTANCE THE INFORMATION IS FREQUENTLY
1		SUBSTANTIATED BY GRANTOR REPORTING REQUIREMENTS

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)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RENTAL ASSISTANCE	120	36,091			
PUBLIC TRANSPORTATION	3434		12,592	соѕт	PUBLIC TRANSPORTATION FARE CARDS
UTILITY ASSISTANCE	41	2,779			
ID ASSISTANCE	15	143			
SCHOOL SUPPLIES	2		139	COST	SCHOOL SUPPLIES
GENERAL CLIENT ASSISTANCE	61	9,063			
HOUSEHOLD SUPPLIES	56		5,550	соѕт	HOUSEHOLD SUPPLIES
VOCATIONAL TRAINING	145	6,240			
MEDICAL	111	6,143			
CLOTHING	11	859			
FOOD PANTRY	1504	4,455			
FUNERAL SERVICES	4	682			
MOVERS	5	540			

DLN: 93493353002322

OMB No 1545-0047

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.

Open to Public Inspection

	nme of the organization WISH COMMUNITY CENTERS OF CHICAGO	Employer identification number				
JEV	VISH COMMONITY CENTERS OF CHICAGO	36-2167758				
Pa	art I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide					
		Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizatio reimbursement orprovision of all the expenses described abo			1b	Yes	
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director			2		No
3	☐ Independent compensation consultant ✓ (o establish the compensation of the Written employment contract Compensation survey or study Approval by the board or compensa				
4	During the year, did any person listed in Form 990, Part VII, or a related organization					
а	Receive a severance payment or change-of-control payment	7		4a	Yes	
ь	Participate in, or receive payment from, a supplemental nongi	ualified retirement plan?		4b	Yes	
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the		n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of	did the organization pay or accrue a	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	did the organization pay or accrue a	ny			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe i		n-fixed	7		N o
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs se in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the rebuttab	nle presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	of W-2 and/or 1099-MIS	.SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARTY M LEVINE	(ı) (ıı)	287,088 0	0	C	0 61,207 0 0	13,440 0	361,735	,
(2) JEROLD H WOLFF	(I) (II)	180,036 0	, o	C	0 17,048 0 0	7,244	204,328	,
(3) RONALD A LEVIN	(I) (II)	152,533 0	0 0	1	0 56,051 0 0	7,543 0	216,127 0 0	,
(4) NINA MIZRAHI	(ı) (ıı)	129,471 0	0 0	C	0 22,394 0	48,178 0	200,043	,
(5) MARK E MYERS	(ı) (ıı)	110,601	, o	C	0 61,651 0 0	1,028	8 173,280 0 0)
(6) AVRUM I COHEN	(I) (II)	100,130	0 0	[*] 1	0 0	/	7 110,477 0 0	,
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			<u> </u>			1		
	+				+			
			1					
	'							
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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
	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
	'	THE HOUSING ALLOWANCE IS A UNIQUE CIRCUMSTANCE THAT AFFECTS ONLY ONE STAFF MEMBER AND IT IS INCLUDED AS AN ADDENDUM TO HER EMPLOYMENT CONTRACT
	3	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED VIA NEGOTIATION WITH SELECT MEMBERS OF THE BOARD OF DIRECTORS AS CHOSEN BY THE PRESIDENT INFORMATION FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION (JCCA) AND THE JEWISH FEDERATION OF METROPOLITAN CHICAGO (JFMC) IS REVIEWED AS PART OF THE NEGOTIATION A WRITTEN CONTRACT IS SIGNED BY EXECUTIVE DIRECTOR AND BY PRESIDENT, SECRETARY, AND TREASURER OF THE BOARD OF DIRECTORS AND NOTARIZED FUTURE INCREASES ARE EITHER SPELLED OUT IN THE CONTRACT OR REVIEWED BY AN AD HOC COMMITTEE
	LINES 4A-B	SHEILA GOLDMAN, ASSISTANT GENERAL DIRECTOR AND DIRECTOR OF EARLY CHILDHOOD EDUCATION RECEIVED A \$58,504 PAYMENT PER A CONFIDENTIAL VOLUNTARY RETIREMENT AGREEMENT AVRUM COHEN, FORMER GENERAL DIRECTOR RECEIVED \$100,130 AS PART OF A DEFERRED COMPENSATION ARRANGEMENT

Schedule J (Form 990) 2011

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization JEWISH COMMUNITY CENTERS OF CHICAGO **Employer identification number**

36-2167758

ldentifier	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 FATHER OF NICOLE FRIEDMAN (DIRECTOR) CHARLES FRANK (VICE PRESIDENT) IS THE BROTHER OF LAURIE LIEBERMAN (HONORARY DIRECTOR) LAURIE LIEBERMAN (HONORARY DIRECTOR) IS THE AUNT OF NICOLE FRIEDMAN (DIRECTOR) LARRY GILFORD (HONORARY DIRECTOR) IS THE FATHER-IN-LAW OF ED ATKINS (VICE PRESIDENT) ALLEN BERG (DIRECTOR) IS THE FINANCIAL ADVISOR OF LARRY GILFORD (HONORARY DIRECTOR)
	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
	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
	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
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST THE GENERAL DIRECTOR REVIEWS ANY SUCH DISCLOSURES AND THEY ARE APPROPIATELY ADDRESSED BY THE BOARD
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE REVIEWED COMPARABLE DATA FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA (JCCA) 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 THE COMPENSATION OF OTHER KEY AND HIGHLY COMPENSATED EMPLOYEES IS DETERMINED BY TOP MANAGEMENT
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -648,606 CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION -164,794 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES -2,592 NET UNREALIZED LOSSES ON OTHER ASSETS -53,001 TOTAL TO FORM 990, PART XI, LINE 5 -868,993
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493353002322

2011

Employer identification number

Open to Public Inspection

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

JEWISH COMMUNITY CENTERS OF CHICAGO				36-21677	58		
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes"	on Form 990, Pa				
(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 Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	f the organization	answered "Yes"	on Form 990, P	Part IV, line 34 becaus	e it had	one
(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 statu (if section 501(c)(3	us Direct controlling entity	Section 5 cont	g) 12(b)(13 rolled ization
(1) 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)	Yes	No No
For Privacy Act and Panerwork Reduction Act Notice see the Instruct	ions for Form 990	Cat No. 50)135Y		Schedule R (F	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	, ·	(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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

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) Рптагу 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

che	edule R (Form 990) 2011		Ρa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1 g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n	Sharing of paid employees with related organization(s)	1n		No
0	Reimbursement paid to related organization(s) for expenses	10		No
р	Reimbursement paid by related organization(s) for expenses	1р		No
q	Other transfer of cash or property to related organization(s)	1 q	Yes	+
r	O ther transfer of cash or property from related 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 threshold	s		
	(a) Name of other organization (b) Transaction type(a-r) Amount involved Method of decrease to the control of the control o	(d) letermi involve	-	nount

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY CENTERS ENDOWMENT FOUNDATION	С	243,710	CASH
(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)	income(related, unrelated, excluded from tax under sections 512-	Predominant Are come (related, unrelated, sec coluded from tax under ections 512-514)		(f) Share of total income	Share of end-of-year amount in tal income assets 20 of Sched		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership	
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011