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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

1.

A	For the	2012 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	s COMMON GROUND COMMUNITIES INC.			
	Name change	- CONGRILING GOLUMTONG TWO		27-352	3909
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Termin	•		212-471	
F	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	4,145,762.
Ē	Applica			H(a) Is this a group re	turn
	pendin	F Name and address of principal officer:ROSANNE HAGGERTY		for affiliates?	Yes X No
		14 EAST 28TH STREET, NEW YORK, NY 10016		H(b) Are all affiliates inc	
T	Tax∙exe	mpt status: X 501(c)(3)	or 527	7	list (see instructions)
		e: WWW.CMTYSOLUTIONS.ORG		H(c) Group exemption	,
K	Form of	organization: x Corporation Trust Association Other	L Year		State of legal domicile: NY
P	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities: TO STR	ENGTHEN (COMMUNITIES TO END	
Governance	!	HOMELESSNESS BY BUILDING PARTNERSHIPS, SHARING INNOVATIONS,	AND		
ř	2	Check this box If the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	75
Σį	6	Total number of volunteers (estimate if necessary)		6	5
Activities &	7 a	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		7b	0.
			<u></u>	Prior Year	Current Year
ē	8	Contnbutions and grants (Part VIII, line 1h)	7,967,260.	3,612,878.	
Revenue	9	Program service revenue (Part VIII, line 2g)	220,580.	512,069.	
કુ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	. L	150,715.	0.
_	11 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,480.	20,815.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,434,035.	4,145,762.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	0.
es	15	Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	<u> </u>	2,674,144.	2,967,489.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
X	b		585.		
-	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,349,545.	1,805,664.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	4,023,689.	4,773,153.
		Revenue less expenses. Subtract line 18 from line 12		4,410,346.	<627,391.>
ts or			Be	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	<u> </u>	4,618,517.	4,230,933.
Net Assets	21	Total liabilities (Part X, line 26)	_	208,171.	447,978.
		Net assets or fund balances. Subtract line 21 from line 20		4,410,346.	3,782,955.
	_	ties of perjury, I declare that I have examined this return, including accompanying schedule	o and states	anto and to the best of m	channeledge and ballef it is
		t, and complete. Decidation of preparer (other than officer) is based on all information of w			y knowledge and belief, it is
- 11 11	, 601166	t, and complete, beggration of gyptater (order trial officer) is based on an information of wi	ilicii prepare	i ilas ally kilowicuge.	
Ci.		Signature of officer		L Date	
Sig He		ROSANNE HAGGERTY, PRESIDENT		05/28	12013
HE	16	Type or print name and title			
		Print/Type preparer's name Preparer's granter /	/	Date / Check	TI PTIN
Pai	d	LORI BUDNICK		if self-employe	
Preparer Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's EIN 06-1009					
	Only	Firm's address 29 S. MAIN STREET, P.O. BOX 272000		1.3111.0 2.111	
	•	WEST HARTFORD, CT 06127-2000		Phone no. 86	0-561-4000
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		1	Yes No
	001 12-1		ons.		Form 990 (2012)

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	990 (2012) COMMON GROUND COMMUNITIES INC.	27-352390	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO STRENGTHEN COMMUNITIES TO END HOMELESSNESS BY BUILDING		
	PARTNERSHIPS, SHARING INNOVATIONS, AND CONNECTING VULNERABLE PEOPLE TO		
	HOMES AND SUPPORT.		
2	Did the organization undertake any significant program services during the year which were not listed or	 1	
	the pnor Form 990 or 990-EZ?	•	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		•
4a	(Code) (Expenses \$ 1,614,041. including grants of \$	(Revenue \$	21,288.)
	BROWNSVILLE PARTNERSHIP - A NEIGHBORHOOD MANAGEMENT ASSOCIATION THAT,		
	IN CONJUNCTION WITH KEY PARTNERS, TRACKS KEY INDICATORS OF COMMUNITY		
	AND FAMILY PERFORMANCE AND COORDINATES THE EFFORTS OF RESIDENTS,	••	
	BUSINESS, GOVERNMENT AND NOT FOR PROFITS TO ACHIEVE COMMONLY		
	AGREED-UPON COMMUNITY-WIDE GOALS WITHIN SPECIFIED TIME FRAMES		
			-
	1 · · · · · · · · · · · · · · · · · · ·		
			
4b	(Code) (Expenses \$1,595,682. including grants of \$)	(Revenue \$	16,903.)
	100K HOMES CAMPAIGN - TO DEVELOP EFFECTIVE SOLUTIONS TO HOMESLESSNESS	(November 4	,
	THAT CAN BE SHARED BROADLY AND TO CONVENE LOCAL LEADERS, NON-PROFITS,		
	BUSINESSES AND PUBLIC AGENCIES TO CREATE NATIONAL NETWORKS TO END		·
	HOMESLESSNESS AND STRENGTHEN COMMUNITIES.	· · · · ·	
			
		-	
		_	
		 :	
		·	
4c	(0.1.) \(\(\) \(404 603 >
40	(Code) (Expenses \$ 810,816. including grants of \$ CREATING HOMES AND HEALTHY COMMUNITIES - CREATING HOMES: TO PRESERVE	(Revenue \$	494,693.)
		· · · · · · · · · · · · · · · · · · ·	
	AND EXPAND HOUSING OPPORTUNITIES FOR THOSE NOT SERVED BY THE		
	CONVENTIONAL HOUSING MARKET AND TO CREATE ATTRACTIVE, AFFORDABLE	<u></u>	
	RESIDENCES THAT PROMOTE HEALTH AND SPUR COMMUNITY DEVELOPMENT. HEALTHY	 .	
	COMMUNITIES: TO DEVELOP A COLLECTIVE APPROACH TO COMMUNITY		
	REVITALIZATION IN HARTFORD, CT IN ONE OF THE POOREST, LEAST HEALTHY		
	COMMUNITIES IN THE STATE BY MOBILIZING AND CONNECTING EXISTING	·	
	RESOURCES IN THE NEIGHBORHOOD TO CREATE A SAFER, HEALTHIER AND MORE		
	PROSPEROUS NEIGHBORHOOD.		
4d	Other program services (Describe in Schedule O.)		_
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 4,020,539.		
232002			Form 990 (2012)

Form 990 (2012) COMMON GROUND COMMUNITIES INC. 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
5	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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	_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable Did the organization report an amount for land, buildings, and agreement in Rest V. line 100 if "You " complete Cabadula D			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	х	
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-7	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2012)

Form 990 (2012) COMMON GROUND COMMUNITIES I Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, committed Schedule I, Parts and II 22 Link 22 Link the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column IA, III in 27 II "Yes." complete Schedule I, Part I and III 22 Link 22 Lin				Yes	No
22 Life the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and IX and former officers, directors, fusitees, key employees, and highest compensation of the organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule II was a sailed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II they sair, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If It is a said a sair of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 1 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction was not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part IV is the organization or employee thereof, a grant aselection committee member, or to a 39% controlled entiry or family member of any of these persons? If "Yes," complete Schedule L, Part IV is a A current or former officer, director, trustee, or key employee, substantial contribution or employee thereof, a grant aselection committee member, or to a 39% controlled entiry or family member of any of these persons? If "Yes," complete Schedule L, Part IV is a A current or former officer, director, trustee, or key employee (or a family member downward thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
22			21		х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to him 25 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 6 Did the organization are say an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 8 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 9 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 10 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 11 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 12 Did the organization act and the self-off organizations. Did the organization self-off or any of the organization self-off organization engage 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 IV 12 Did the organization provide a grant or other assistance to an officer, director, trustee, well accomplete Schedule L, Part IV 12 Did the organization aparty to a bissness transaction with one of the following parties (see Schedule L, Part IV 13 Did the organization organi	22		22		х
Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 but the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to get the year of the year is any tax exempts of the year it is a section of the organization with a disqualified person unit in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization wi	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dit 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 "Piss," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
staday of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 24d 255 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction benefit transaction with a disqualified person in a prior year, and that the transaction and that the transaction and the organization and an excess benefit transaction with a disqualified person in a prior year, and that it is regarded and the prior transaction wi		Schedule J	23	х	
Schedule K. If *No**, go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year? Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year? Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year? Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year? Did the organization act as an *on behalf of *issuer for bonds outstanding at any time during the year? Did the organization on that the tensaction has not been reported on any of the organization on that a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or profess of *issuer* complete *Schedule L, Part I *issuer* contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons Off *inestor, director, trustee, or key employee, the following parties (see Schedule L, Part I *issuer* complete Schedule L, Part	24a				
b Did the organization ministra an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an on behalf of "ssuer for bonds outstanding at any time during the year? 24d 24d 255 Section SDI((a)) and SDI((a)) an		•			İ
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 901(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 x b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I 25b x 25b was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b x 25b x 27b did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons of "Yes," complete Schedule L, Part IIV 27b was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27b A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a		·			X
any tax-exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? "I "Yes," complete Schedule L, Part I 25a			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) 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	С				
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b	_				
disqualified person during the year? If "Yes," complete Schedule L, Part I 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 pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b			240		
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-E2? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c	2.00		250		l _v
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I	b		23a		 -
Schedule L, Part I 25b X 26 Was alon to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 X 36 Did the organization have a controlled entity within the meaning of se	_				
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part III	26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
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of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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If "Yes," complete Schedule R, Part V, line 2 36	00	• •	35b		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37	27		36		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	31		27		, y
Note. All Form 990 filers are required to complete Schedule O	38		37		
			38	x	
					(2012)

Form 990 (2012) COMMON GROUND COMMUNITIES INC. 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 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 2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
ь	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

Form 990 (2012) COMMON GROUND COMMUNITIES INC. 27-3523909 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	Į		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
_	more members of the governing body?	7a		_
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-70		
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	In Schedule O how this was done	12c	Х	x
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	x	_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
ь	Other officers or key employees of the organization	15b		х
	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ		
	exempt status with respect to such arrangements?	16b		<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY, DC, CA, CT, DE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	id finai	ncial	
^^	statements available to the public during the tax year.	A		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ANDREW R. HAUPT, SENIOR DIRECTOR, OPERATIONS - 212-471-0848	tion:	_	
	14 EAST 28TH STREET, NEW YORK, NY 10016			
23200				

12-10-12

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			ed any current officer, o	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	⊢	T		1	1		from	from related	other
	(list any hours for	Individual trustee or director				[the organization	organizations (W-2/1099-MISC)	compensation from the
,	related	Be or	stee			nsate		(W-2/1099-MISC)	(11 27 1000 111100)	organization
,	organizations	trust	Institutional trustee		oyee	Highest compensated employee		,		and related
,	below	Mdua	碧	Officer	Key emplayee	hest c	Former			organizations
	line)	置	E	#0	ş	표를	Fon			
(1) JILL KER CONWAY	5.00									
CHAIR		х	<u> </u>	х	<u> </u>			0.	0.	0
(2) PETER LARSON	5.00	ļ								
VICE CHAIR		х	-	х	_	_		0.	0.	0.
(3) KENNETH DIRCKS	5.00							_		_
SECRETARY	25.00	х		х	ļ	<u> </u>		0.	0.	0.
(4) ROSANNE HAGGERTY PRESIDENT	35,00			۱				042 025		
(5) KENNETH W. BANTA	5.00	х	_	х				213,935.	0.	8,733
BOARD MEMBER	5.00	x						0.	0	
(6) EILEEN O. RUBY	5.00	^						U.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0
(7) ANDREW HAUPT	35.00		\vdash	├	├	\vdash		· · · · · · · · · · · · · · · · · · ·	0.	0.
SENIOR DIRECTOR OPERATION	33,00	l		x				126,662.	0.	18,930
(8) REBECCA KANIS	35.00	\vdash	\vdash	Ë	\vdash		_	110,002.		10,330
DIRECTOR OF 100K HOMES CAM		l				x		122,860.	0.	11,394
1877 - 1844										
]		1								
							_			
,		1								
								,		
,		1								
	*	İ								
							L_		- 1.	
										·
		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	L		<u></u>	$ldsymbol{ld}}}}}}$	<u> </u>			
, , , , , , , , , , , , , , , , , , ,		ı	ı		l					

232007 12-10-12

Pàr	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)	_			
	(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om th anızat d relat anızatı	e ion ed
		<u></u>												
			ļ											
			_	<u> </u>						~				
			_											
			_	_		_				· · · · · · · · · · · · · · · · · · ·				
	Cub total						Ļ	L	463,457.		0.	ļ	30	,057.
	Sub-total Total from continuation sheets to Part V	II, Section A							0.		0.			0
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	463,457. eceived more than \$100),000 of reportab	0. le		39	,057
	compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the stand related organizations greater than \$15									the organization		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-							elat	ed organization or indiv	idual for services		5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpopeated in	100	nnda	nt o	ont	raote	ero t	that recoved more than	\$100,000 of com	2000	ation i	from	
	the organization. Report compensation for										ipens	alion	110111	
	(A) Name and business	address	NO	NE					(B) Description of s	services	c	Ompe		n
	Total number of independent	n alı ıdını = E - A			- A I	41			d about the recovery	and the				
	Total number of independent contractors (i \$100,000 of compensation from the organi	=	OL II	me	u 10	ıno	se II 0	siec	above) who received if	iore man			000	

232008

		Check if Schedule O cont	anis a response	To any question in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
AT (c	Fundraising events	1c					
ᇐ	d	Related organizations	1d					
ış,		• ,		269,695.				
e gi	f	All other contributions, gifts, gran						
들위		similar amounts not included abor		3,343,183.				
덜팅	g		1a-1f \$	72,898.				
2 6	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	3,612,878.			ļ
.	_	DELECOMENM C NOVE THE		Business Code	202 150	202.450		
Program Service Revenue	2 a			900099	303,152.	303,152.		
Ser	b	FROGRAM SERVICE FEES		300033	208,917.	208,917.		-
E è	ب 2			 				
P. B.	d						•…	
된	e f	All other program service reve	enue					
		Total. Add lines 2a-2f	ariae		512,069.			
\neg	3	Investment income (including	dividends, inter		,		•	
		other similar amounts)	·	· ▶				
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	-	▶ [
			(ı) Real	(II) Personal	, ,			
	6 a	Gross rents						j
	b	Less: rental expenses			•			
- 1	С	Rental income or (loss)						
ı	d	. (,		<u>, ▶</u>				_
	7 a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory		ļ		i		
	ь	Less: cost or other basis		l i		•		
		and sales expenses						
		Gain or (loss)	L					
		Net gain or (loss)		•				
nue	ъа	Gross income from fundraisin	•					
		including \$	of	1				
Other Reve		contributions reported on line Part IV, line 18	•]				
를	h	Less: direct expenses	a					
δ			-					
		Gross income from gaming ac	_					
		Part IV, line 19	a	.]				
	ь	Less: direct expenses	t					
		Net income or (loss) from gam		•				
		Gross sales of inventory, less	-					
		and allowances	a	.				
	b	Less: cost of goods sold	t					
l	С	Net income or (loss) from sale	s of inventory					
[Miscellaneous Revenu	ie	Business Code				
ſ	11 a	CONSULTING		541610	10,876.	10,876.		<u> </u>
	b	OTHER INCOME		900099	9,939.	9,939.		
	c							
	d	All other revenue	-					
	е			▶ [20,815.			
	12	Total revenue. See instructions.			4,145,762.	532,884.	C	0.1

Form 990 (2012) COMMON GROUND COMMUNITIES INC.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	ise to any question in thi	s Part IX		
	not include amounts reported on lines 6b, Bb, 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				
3	Grants and other assistance to governments,			ŀ	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u></u>			
5	Compensation of current officers, directors,				
	trustees, and key employees	502,514.	461,489.	18,891.	22,134.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 464 075	0.054.505	04 530	100 550
7	Other salanes and wages	2,464,975.	2,264,695.	91,730.	108,550.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits	-			
10	Payroll taxes Fees for services (non-employees):			-:-	
11	Management				
a b	Legal	19,232,	12,825.	5,001.	1,406.
C	Accounting	143,340.	95,589.	37,273.	10,478.
d	· · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	· <u> </u>	·		
q	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	936,971.	701,868.	183,517.	51,586.
12	Advertising and promotion	37,041.	14,650.	22,391.	
13	Office expenses	30,544.	14,647.	11,381.	4,516.
14	Information technology	-			
15	Royalties .				
16	Occupancy	134,185.	72,719.	46,514.	14,952.
17	Travel	232,131.	185,508.	21,660.	24,963.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		.,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19 671		10 671	
23	Insurance Other expenses, Itemize expenses not covered	19,671.		19,671.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	·			
9	COMMUNICATION	86,435.	69,528.	16,907.	
h	PROGRAM EXPENSE	80,420.	80,420.		
6	PRINTING AND POSTAGE	41,925.	28,070.	13,855.	·
d	EQUIPMENT PURCHASES AND	30,207.	16,253.	13,954.	
e	All other expenses	13,562.	2,278.	11,284.	
25	Total functional expenses. Add lines 1 through 24e	4,773,153.	4,020,539.	514,029.	238,585.
26	Joint costs. Complete this line only if the organization		· · · · ·		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Form 990 (2012)		(
Part X	Ba	ance	Sheet	

· u.	τ χ_	Check if Schedule O contains a response to any question in this Part X	<u>.</u>		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,861,369.	1	2,245,903.
	2	Savings and temporary cash investments	-	2	
	3	Pledges and grants receivable, net	2,699,768.	3	1,675,517.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,099.	9	22,267.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded secunties		11	5,184.
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	31,281.	15	282,062.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,618,517.	16	4,230,933.
	17	Accounts payable and accrued expenses	117,897.	17	442,978.
	18	Grants payable		18	
	19	Deferred revenue	21,240.	19	5,000.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≅	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L .		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	69,034.	25	0.
	26	Total liabilities. Add lines 17 through 25	208,171.	26	447,978.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	181,781.	27	700,503.
3a(28	Temporanly restricted net assets	4,228,565.	28	3,082,452.
פַ	29	Permanently restricted net assets		29	
בַּ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ģ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,410,346.	33	3,782,955.
	34	Total liabilities and net assets/fund balances .	4,618,517.	34	4,230,933.

Form	990 (2012)	COMMON GROUND COMMUNITIES INC.	27-3523909		Pag	ge 12
Pa	rt XI Reco	nciliation of Net Assets				
	Check	f Schedule O contains a response to any question in this Part XI				
1	Total revenue	(must equal Part VIII, column (A), line 12)	1		,145	
2	•	es (must equal Part IX, column (A), line 25)	2		,773	
3		expenses. Subtract line 2 from line 1	3			391.
4		fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,410	346.
5	Net unrealize	d gains (losses) on investments	5			
6	Donated serv	ices and use of facilities	6			
7	Investment e	·	7			
8	Prior period a	djustments	8			
9	Other change	s in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or	fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
_	column (B))	<u> </u>	10	3	,782,	955.
Pa	rt XIII Finan	cial Statements and Reporting				
	Check	f Schedule O contains a response to any question in this Part XII				<u>Ш</u>
					Yes	No
1	Accounting n	nethod used to prepare the Form 990: Lash Lx Accrual L Other				
		ation changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.			
2a	Were the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," ched	k a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate bas	s, consolidated basis, or both:				
	L Separa	te basis Consolidated basis Both consolidated and separate basis				
b	Were the org	anization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," ched	k a box below to indicate whether the financial statements for the year were audited on a separ	ate basis,			
		basis, or both:				
	X Separa	te basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to lin	e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audıt,			
	review, or co	npilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organiz	ation changed either its oversight process or selection process during the tax year, explain in So	hedule O.			
За	As a result of	a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OME	Circular A-133?		3a		х
b	If "Yes," did t	he organization undergo the required audit or audits? If the organization did not undergo the rec	quired audit			
	or audits, exp	lain why in Schedule O and describe any steps taken to undergo such audits		3b		
				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

			UND COMMUNITIES IN						27	-3523909		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	i.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 닏			s, or association of chur			ction 170	(b)(1)(A)(i)).				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳			tal service organization o									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ne,
	city, and stat											
5 📖			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental unr	t describ	ed in		
		(b)(1)(A)(iv). (Comple	· ·									
6		-	ent or governmental und			, ,,	,, ,, ,					
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	nbed	ın
		b)(1)(A)(vi). (Comple										
8			section 170(b)(1)(A)(vi).		•							
9 📖			eives: (1) more than 33 1							-		
			nctions - subject to certa							_		
		inrelated business t 509(a)(2). (Complete	axable income (less sect	lion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 19	/5.
10 🗀			e Part III) perated exclusively to te	at for publ	ia aafati. G	Coo oootio	- E00/-V	• `				
11 🗔			perated exclusively for the						v out the	DI IMPOCOO A	of one	or
			ations described in section							• •		Oi
			organization and comple				.). Occ 3c (, 11011 509(i	a)(O). One	CCK IIIE DOX	lilat	
	а П Туре І		· — ·	ype III - Fu	•			avT 🔲 I	e III - Nor	n-functional	lv inte	grated
е 🔲			at the organization is not	•	•	-					•	~
			han one or more publicly			_				-		
f			ten determination from t						(/ (/		.,,,	
	supporting or	rganization, check th	nis box			• • •			_			
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ıı) and (ιιί) below,	,	Yes	No
	the gove	eming body of the si	upported organization?						-	11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?		-			11g(iii)	1	
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
			T	1				1 4 15 1				_
	of supported	(ii) EIN			organization sted in your			(vi) ls organizatio	n in col. I	(vii) Amount	of mo	netary
org	anization			governing			support?	(i) organızı U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes		Yes				
				162	NO	162	No	res	No			
				 								
		· · · · · · · · · · · · · · · · · · ·										
		 -										
Total			<u> </u>	<u> </u>			L	<u> </u>		·		
HA For F	Danamuark Da	duction Act Notice	see the Instructions for	OF				Schodul	o A (Earr	n 990 or 90	W E7	2012

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 COMMON GROUND COMMUNITIES INC. 27-3523909 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		· · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	• •			1	,,,	1,7
	membership fees received. (Do not						
	include any "unusual grants.")		-		7,967,260.	3,612,878.	11,580,138.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		1				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				7,967,260.	3,612,878.	11,580,138.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,434,996.
6	Public support. Subtract line 5 from line 4						10,145,142.
	ction B. Total Support	·		•		· · · · · · · · · · · · · · · · · · ·	· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	, ,	, ,	, ,	7,967,260.	3,612,878.	11,580,138.
8	Gross income from interest,	_	-				· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	· · · · · · · · · · · · · · · · · · ·					
	or loss from the sale of capital						
	assets (Explain in Part IV)					532,884.	532,884.
11	Total support. Add lines 7 through 10						12,113,022.
	Gross receipts from related activities,	. etc. (see instructi	ons)	· · · · · · · · · · · · · · · · · · ·	·	12	<u> </u>
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a sectio		
	organization, check this box and stop	here		, ,	•	(// /	▶ x
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			ightharpoonup
17a	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Explair	ın Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anızatıon	ightharpoons
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	ınd see instruction	s •
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ		1	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				Ì		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	-				1	
	First five years. If the Form 990 is for	the organization'	's first, second. thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation.
	check this box and stop here		, ,	, ,	,	(-)(-)	▶ □
Sec	ction C. Computation of Publi	c Support Pe	ercentage			<u> </u>	
	Public support percentage for 2012 (li			column (fl)		15	%
	Public support percentage from 2011		-	· · · · · · · · · · · · · · · · · · ·		16	%
_	ction D. Computation of Inves		_		**		
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	=	•	(,,,	-	18	%
	33 1/3% support tests - 2012. If the	-	· ·	on line 14, and lin	e 15 is more than	· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box ar	~					▶□
h	33 1/3% support tests - 2011. If the	=	-	, ,		•	and
_	line 18 is not more than 33 1/3%, che	-				-	
20	Private foundation. If the organization		-	•		•	
	23 12-04-12	u		, 2, 3/100/(hedule A (Form 99	0 or 990-F7) 2012

Scriedule B (FORM 990, 990-EZ, 0f 990-PF) (2012)	Page 7
Name of organization	Employer identification number
COMMON GROUND COMMUNITIES INC.	27-3523909

COMMON	ROUND COMMUNITIES INC.		-3523909
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STELLA AND CHARLES GUTTMAN FOUNDATION 122 EAST 42ND STREET, SUITE 2010 NEW YORK, NY 10168	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	UNITED TECHNOLOGIES CORPORATION ONE FINANCIAL PLAZA HARTFORD, CT 06103	\$\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JOHN F. GALBRAITH & BROOKE BARRETT 1016 FIFTH AVENUE NEW YORK, NY 10028	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	JP MORGAN CHASE FOUNDATION 270 PARK AVENUE NEW YORK, NY 10017	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	LUCRETIA PHILANTHROPIC FOUNDATION, INC 1 BRIDGE STREET, SUITE 200 NEWTWON, MA 02458	\$175,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	CENTER FOR COURT INNOVATION 520 8TH AVENUE, 18TH FLOOR NEW YORK, NY 10018	\$58,333.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

COMMON GROUND COMMUNITIES INC.

Employer identification number 27-3523909

Pa	organizations maintaining bonor Advised organization answered "Yes" to Form 990, Part IV, line		is or Accounts. Complete if the
	organization answered Tes to Form 550, Fart IV, inter-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	nting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's e	•	Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	
	for chantable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	_	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located 🕨	
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l	holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	_	
7	Amount of expenses incurred in monitoring, inspecting, and el	nforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	•
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tracourse or (Othor Cimilar Acasta
Га	Complete if the organization answered "Yes" to Form 9		Julier Sillillar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describ		-
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		. *
	(i) Revenues included in Form 990, Part VIII, line 1		*
9	(ii) Assets included in Form 990, Part X	curso, or other cimilar secrets for financial	Juli gain, provide
2	If the organization received or held works of art, historical treatite following amounts required to be reported under SEAS 11	*	iai gairi, provide
_	the following amounts required to be reported under SFAS 11 Revenues included in Form 990, Part VIII, line 1	o (ASC 950) relating to these items:	▶ ¢
a h	•		~
b	Assets included in Form 990, Part X		~ •

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Schedule D (Form 990) 2012

	20.0 = (1 0.111 000) 2012	ND COMMUNITIES						27-35239		Page 2
Par	t III Organizations Maintaining C	ollections of A	<u>rt, Hist</u>	orical Tr	easures,	or Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a sigi	nificant i	use of its	collection	ı ıtems
	(check all that apply):									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е	. [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		•	-			ose in Par	t XIII.	
5	During the year, did the organization solicit o					ner sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma								」Yes	No_
Par			ete if the	organizatio	n answered	"Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	ns or other as	ssets not in	cluded		٦	
	on Form 990, Part X?								⅃ Yes	∟ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
	_						\vdash	-	Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance	000 5	040				1f		T.	
	Did the organization include an amount on Fo					D 4 VIII			」 Yes	No
Par	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete if									
L	Elidowillelit i dilds. Complete ii				(c) Two year			rears back	(a) Four	years back
10	Reginning of year halance	(a) Current year	(6) P	nor year	(C) I WO yea	is back (c) Tillee y	Cai S Dack	(e) roui	years back
1a h	Beginning of year balance								<u> </u>	
b	Contributions								<u> </u>	
	Net investment earnings, gains, and losses		<u> </u>		 					
d	Grants or scholarships Other expenditures for facilities		ļ							
е	and programs									
	Administrative expenses					—— -			 	
	End of year balance		 		 					
g 2	Provide the estimated percentage of the curr	rent year and balanc	co (lina 1	a column (all bold as:				<u>l</u>	
	Board designated or quasi-endowment	rent year end balanc	%	g, coluitii (c	ajj riela as					
b	Permanent endowment	%								
	Temporarily restricted endowment	^% %								
Ū	The percentages in lines 2a, 2b, and 2c shou									
3а	Are there endowment funds not in the posse		ation tha	nt are held a	ind administr	ered for the	organi	zation		
	by:	ocion or the organiz			ara darriir ilot	0.00 101 111	o ga		ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					•			3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai										
	Description of property	(a) Cost or o			or other	(c) Acc	umulate	ed	(d) Bool	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)					0.

Schedule D (Form 990) 2012

232053 12-10-12 Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Department of the Treasury

COMMON GROUND COMMUNITIES INC.

Employer identification number 27-3523909

Schedule J (Form 990) 2012

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a х b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a х **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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COMMON GROUND COMMUNITIES INC.

27-3523909

Page 2

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

Service Control of the	(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	
(1) ROSANNE HAGGERTY	li)	213,935,	0	0.	0	8,733.	222,668.	0
PRESIDENT	€	.0	0	0.		0	0	0
	3							
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	(ii)							
	(1)							
	(ii)							
	(1)							
	(ii)							
	Ξ							
	(ii)							
232112				Ċ			Sched	Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMON GROUND COMMUNITIES INC.

Employer identification number

27-3523909

Pai	TI Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contri amounts repor		Method of de			
		applicable		Form 990, Part VI		noncash contribu	ition ai	mount	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes			<u> </u>					
8	Intellectual property								
9	Secunties - Publicly traded	<u> </u>	2	1	7,682.	FMV			
10	Securities - Publicly traded Securities - Closely held stock			-	7,002.	1114			
	•								
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous		ļ 	<u> </u>					
13	Qualified conservation contribution								
	Historic structures								
14	Qualified conservation contribution - Other					<u></u>			
15	Real estate - Residential								
16	Real estate - Commercial					<u> </u>			
17	Real estate - Other								
18	Collectibles		ļ						
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (OFFICE SPACE)	х	1	5	5,216.	FMV			
26	Other ()								
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, line	es 1.28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	d for exen	npt purposes for			ĺ
	the entire holding period?			•			30a		х
b	If "Yes," describe the arrangement in Part II.		•			•			
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	rd contrib	utions?	31		х
32a	Does the organization hire or use third parties								
	contributions?		J	. , [32a		х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	nn (a) is ch	necked.			ĺ
	describe in Part II.	(3)	>F F>P	,	() 01	·· 			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** COMMON GROUND COMMUNITIES INC. 27-3523909 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTING VULNERABLE PEOPLE TO HOMES AND SUPPORT. FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 AND VOTE ON WHETHER TO RECOMMEND ITS APPROVAL TO THE FULL BOARD. THE FULL BOARD WILL REVIEW AND APPROVE BY VOTE, BASED ON THE FINANCE COMMITTEE'S RECOMMENDATION. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD EVALUATES CONFLICT DISCLOSURES ON AN ANNUAL BASIS AND MAKES ANY OTHER NECESSARY INQUIRIES TO DETERMINE THE EXTENT AND NATURE OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND, IF APPROPRIATE, INVESTIGATES ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRGANGEMENT. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING & SUBCONTRACT FEES: PROGRAM SERVICE EXPENSES 701,868. MANAGEMENT AND GENERAL EXPENSES 183,517. FUNDRAISING EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

entity

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) 27-3523909 End-of-year assets **e** Total income € Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity COMMON GROUND COMMUNITIES INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part Part

(g) Section 512(b)(13) S controlled entity? × Yes Direct controlling Ξ status (if section 501(c)(3)) Public charity LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) CONNECTICUT Primary activity NON-PROPIT ENTITY บี 27-3267930, 410 ASYLUM STREET, HARTFORD, NORTHEAST NEIGHBORHOOD PARTNERS INC. Name, address, and EIN of related organization

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

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Schedule R (Form 990) 2012

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COMMON GROUND COMMUNITIES INC

Schedule R (Form 990) 2012

General or Percentage managing ownership partner? Schedule R (Form 990) 2012 Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Y Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** Legal domicile (state or foreign country) Ö (d)
| Direct controlling entity Primary activity Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part III Part IV

27-3523909

ES INC.

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

				1-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				Th X
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or load guarantees to or for related organization(s)				×
 Loans or loan guarantees by related organization(s) 				1e
f Dividends from related organization(s)				×
i Exchange of assets with related organization(s)				-li
j Lease of facilities, equipment, or other assets to related organization(s)				1 <u>,</u>
k Lease of facilities, equipment, or other assets from related organization(s)				*
l Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			1 x
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			± ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			
 P Reimbursement paid to related organization(s) for expenses 				1p ×
				, ×
r Other transfer of cash or property to related organization(s)				1r x
s Other transfer of cash or property from related organization(s)				1s ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved
	(a =) ad (s			
(1)				
6				
(3)				
(4)				
(5)				
(9)				
232163 12-10-12	39		Schedule F	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 COMMON GROUND COMMUNITIES INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

(clusion for certain investme (c) Legal domicile (rel (rel ext country) under country)	Name, address, and EIN Name, address, and EIN Name, address, and EIN Name, address, and EIN Primary activity of entity country) Inder section 512-514	Control partnerships Control C	ON 52		
	(b) Primary activity	Clusion for certain investme (c) Legal domicile (rel (state or foreign exc			

Schedule R	(Form 990) 2012	COMMON GROUN	D COMMUNITIES INC.	27-3523909	Page 5
Part VII	(Form 990) 2012 Supplemental Ir	nformation			
			ormation for responses to questions on Schedule	B (see instructions)	
	proto trito part to	provide additional in	oa.a.r. io. roope, io.e. to queen io or occitoratio	Those mondenonsy.	
					
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Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		•	×			
	re filing for an Additional (Not Automatic) 3-Month Ex	-		this form)					
-	emplete Part II unless you have already been granted	-			rm 8868.				
	c filing (e-file). You can electronically file Form 8868 if y					oration			
	o file Form 990-T), or an additional (not automatic) 3-mo								
	file any of the forms listed in Part I or Part II with the exi		-		•				
	Benefit Contracts, which must be sent to the IRS in pap								
	urs.gov/efile and click on e-file for Chanties & Nonprofits		(see instructions). For more details t	on the elec	stronic filing of this	iomi,			
Part I			u brait original (no conico nos	adad)	- ·				
	·								
Part I only	tion required to file Form 990-T and requesting an autor	nauc 6-mc	onth extension - check this box and t	complete					
•		110 d A				٠ ــــا			
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ics, and t	rusts must use Form 7004 to reques	it an exten	sion of time				
Type or	Name of exempt organization or other filer, see instru		Employer identification number (EIN) or						
print									
	COMMON GROUND COMMUNITIES INC.		27-3523909						
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your return See	14 EAST 28TH STREET			,					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	NEW YORK, NY 10016								
	<u> </u>		4-4-11						
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 1			
	the same to the total that the application to the	o a copara	to application for cash rotally						
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A		· · · · ·				
			*		· · · · · · · · · · · · · · · · · · ·	08			
	0 (individual)	03	Form 4720		09				
Form 990		04 05	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	ANDREW R. HAUPT, SENIO								
	ooks are in the care of 14 EAST 28TH STREET -	NEW YOR							
	one No. 212-471-0848		FAX No. 🕨						
	organization does not have an office or place of business				•	· []			
• If this i	s for a Group Return, enter the organization's four digit								
box 🕨 L	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memb	ers the extension i	s for.			
1 I red	quest an automatic 3-month (6 months for a corporation	required '	to file Form 990-T) extension of time	untıl					
	AUGUST 15, 2013 , to file the exemp	t organıza	tion return for the organization name	ed above.	The extension				
	or the organization's return for:								
▶ļ	x calendar year 2012 or								
▶L	tax year beginning	, an	d ending		<u> </u>				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 i	Fınal retur	n				
	Change in accounting period								
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,								
	refundable credits. See instructions.	За	\$	0.					
	mated tax payments made. Include any prior year overp	3b	\$	0.					
	ance due. Subtract line 3b from line 3a. Include your pa	- "							
	using EFTPS (Electronic Federal Tax Payment System).	3c	\$	0.					
	If you are going to make an electronic fund withdrawal v		=						
				UIII 6679-					
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868 (F	iev. 1-2013)			

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