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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 S WELLS ST NO 4000

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

D Employer identification number
36-2167758

E Telephone number
(312)775-1800

G Gross receipts $ 34,675,119

F Name and address of principal officer
STUART B HOCHWERT
30 S WELLS ST NO 4000
CHICAGO,IL 606065054

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW GOJCC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1903

M State of legal domicile IL

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	39
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	1,779
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,814,549	11,074,042
9	Program service revenue (Part VIII, line 2g)	21,622,821	21,542,819
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	494,641	703,924
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	317,049	309,898
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,249,060	33,630,683
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	85,276	92,351
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,890,979	18,450,533
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶403,702		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,043,525	15,906,986
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,019,780	34,449,870
19	Revenue less expenses Subtract line 18 from line 12	-770,720	-819,187

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	36,855,462	36,376,121
21	Total liabilities (Part X, line 26)	14,306,118	14,145,009
22	Net assets or fund balances Subtract line 21 from line 20	22,549,344	22,231,112

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2013-12-20
Signature of officer | Date

JEROLD H WOLFF CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SUSAN GREGGO				P00595460

Firm's name ▶ WARADY & DAVIS LLP | Firm's EIN ▶ 36-2170602

Firm's address ▶ 1717 DEERFIELD RD SUITE 300S
DEERFIELD, IL 60015 | Phone no (847) 267-9600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

JEWISH COMMUNITY CENTERS OF CHICAGO ("JCC CHICAGO" OR "AGENCY") IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION DEDICATED TO ENSURING A STRONG AND VIBRANT JEWISH LIFE AND COMMUNITY FOR GENERATIONS TO COME THROUGH A MIX OF FORMAL AND INFORMAL EDUCATION, RECREATIONAL AND CULTURAL ACTIVITIES, JCC CHICAGO PROVIDES QUALITY EXPERIENCES THAT ENRICH THE LIVES OF INDIVIDUALS, FAMILIES AND THE COMMUNITY AT LARGE FOUNDED IN 1903, JCC CHICAGO SERVED THE NEEDS OF THE BURGEONING POPULATION OF CHICAGO'S JEWISH IMMIGRANTS, AND OVER A CENTURY LATER, JCC CONTINUES TO MAKE IMPACT THROUGH ITS PROGRAMS AND SERVICES HAPPENING INSIDE AND OUTSIDE THE WALLS OF ITS BUILDINGS JCC CHICAGO WELCOMES PEOPLE OF ALL AGES, FAITHS, AND BACKGROUNDS AND PROVIDES INNOVATIVE PROGRAMS DESIGNED TO MEET THE NEEDS OF EVERYONE FROM INFANTS TO ADULTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 10,064,783 including grants of $) (Revenue $ 6,849,932)

EARLY CHILDHOOD SERVICES OUR NAEYC ACCREDITED PROGRAMS ASSURE EXCELLENCE AS WE GUIDE EACH CHILD TO REACH THEIR INDIVIDUAL POTENTIAL AT JCC CHICAGO, PARENTS AND TEACHERS CREATE AN EDUCATIONAL PARTNERSHIP THAT NURTURES AND CHALLENGES EACH CHILD TO GROW AND DEVELOP IN THEIR FIRST FORMAL LEARNING EXPERIENCE USING DEVELOPMENTALLY APPROPRIATE PRACTICE, JCC CHICAGO ENCOURAGES THE STRENGTHS AND INDIVIDUALITY IN EACH CHILD THROUGH THE LENS OF JEWISH CULTURE AND TRADITION, CHILDREN HAVE FUN LEARNING ABOUT THEMSELVES, THEIR VALUES, THEIR COMMUNITY AND THE WORLD, PREPARING THEM FOR A LIFELONG JOURNEY OF JOY AND DISCOVERY THROUGHOUT THE CHICAGO METROPOLITAN AREA, JCC EARLY CHILDHOOD PROGRAMS AND SERVICES ARE PROVIDED FOR CHILDREN FROM SIX WEEKS TO FIVE YEARS, AS WELL AS THEIR FAMILIES, AND INCLUDE FULL-DAY INFANT/TODDLER PROGRAMS, HALF-DAY AND FULL-DAY PRESCHOOL, JUNIOR KINDERGARTEN AND KINDERGARTEN, BACKUP CARE, SUMMER FUN, ENRICHMENT CLASSES, ADULT/CHILD CLASSES, AND PARENTING AND FAMILY EVENTS JCC EARLY CHILDHOOD ALSO PROVIDES PRESCHOOL FOR ALL, WHICH IS A PUBLICLY FUNDED PROGRAM

4b (Code) (Expenses $ 8,000,468 including grants of $) (Revenue $ 7,603,126)

DAY CAMPING AT JCC CHICAGO DAY CAMPS, CHILDREN HAVE FUN, GROW, MAKE NEW FRIENDS, EXPERIENCE A WIDE RANGE OF ACTIVITIES, AND DISCOVER AND EXPAND THEIR INTERESTS AND TALENTS WITH THE HELP OF QUALIFIED STAFF AND SPECIALISTS WHO CAN BE TRUSTED LIKE FAMILY JEWISH VALUES, TRADITION, SPIRIT AND ISRAELI CULTURE ARE WOVEN INTO CAMP DAYS THROUGH SONGS, ART, STORIES, SPORTS, DRAMA, GAMES AND CELEBRATIONS OFFERING A WIDE RANGE OF CAMPING ACTIVITIES FOR KIDS THREE YEARS OLD THROUGH 7TH GRADE, JCC DAY CAMPING PROGRAMS INCLUDE TRADITIONAL DAY CAMPS, SPECIALTY CAMPS FOR SPORTS, PERFORMING ARTS, TWEEN ADVENTURE AND COUNSELOR-IN-TRAINING PROGRAMS FOR TEENS SUMMER PROGRAMS ARE PROVIDED THROUGHOUT METROPOLITAN CHICAGO AND CAMPS ARE TRADITIONAL OR SPECIALTY, HALF-DAY OR FULL-DAY, AND AIM TO BUILD SKILLS, BOOST SELF-ESTEEM AND TEACH IMPORTANT JEWISH VALUES

4c (Code) (Expenses $ 4,407,328 including grants of $) (Revenue $ 3,453,203)

RESIDENT CAMPING SPANNING 600 ACRES ON BEAUTIFUL LAKE BLASS NEAR THE WISCONSIN DELLS, JCC CHICAGO'S CAMP CHI PROVIDES A COMPLETE OVERNIGHT CAMPING EXPERIENCE FOR BOYS AND GIRLS, AGES NINE TO SIXTEEN, WITH MORE THAN 40 SPECIALTY PROGRAMS, INCLUDING AGE AND GENDER SPECIFIC OPPORTUNITIES AT JCC CAMP CHI, CHILDREN AND TEENS DEVELOP SELF-CONFIDENCE AND CULTIVATE LASTING FRIENDSHIPS IN AN ENVIRONMENT RICH IN JEWISH CULTURE AND SUMMER FUN PROVIDING A ONE-TO-THREE STAFF-TO-CAMPER RATIO AND SMALL CABIN GROUPS, JCC CAMP CHI ENSURES THAT CAMPERS RECEIVE REGULAR PERSONALIZED ATTENTION THE MODERN CAMP FACILITIES ARE EQUIPPED WITH UNMATCHED AMENITIES THAT BRING CAMPERS' SUMMERS ALIVE THROUGH ACTIVITIES SUCH AS HORSEBACK RIDING AT PRIVATE STABLES, SPORTS IN AN AIR-CONDITIONED GYMNASIUM, WATER SKIING OFF OF PRIVATE DOCKS AND MUCH MORE CAMPERS ALSO ENJOY SPECIAL SHABBAT CELEBRATIONS AND ISRAEL EDUCATION PROGRAMS, WHICH COMBINED WITH THE INTERACTIONS AND CONNECTIONS WITH OTHER JEWISH CAMPERS AND ISRAELI STAFF SETS THE GROUNDWORK FOR A UNIQUELY POWERFUL SENSE OF PRIDE FOR THEIR JEWISH HERITAGE

(Code) (Expenses $ 1,716,404 including grants of $) (Revenue $ 1,037,118)

CHILDREN AND FAMILY SERVICES JCC CHICAGO PROGRAMS ARE PROVIDED TO SCHOOL-AGED CHILDREN, TEENS AND FAMILIES THROUGHOUT THE CHICAGO METROPOLITAN AREA TEACHING LIFE LESSONS AND SKILLS THAT SERVE THEM FOR A LIFETIME CHILDREN MAY PARTICIPATE IN SHABBAT ACTIVITIES, BE PART OF MITZVAH PROJECTS, LEARN TO SWIM WITH THE RED CROSS SWIMMING INSTRUCTION PROGRAM, SHARE SPECIAL EXPERIENCES THROUGH THE ME AND MY DAD PROGRAM OR LEARN THE VALUE OF TEAM BUILDING THROUGH OUR SPORTS AND LEAGUES PROGRAMS FOR TEENS, THERE ARE MANY OPPORTUNITIES TO MAKE FRIENDS THROUGH PROGRAMS LIKE JCC MACCABI AND BBYO FOR FAMILIES, JCC CHICAGO OFFERS ACTIVITIES THAT INCLUDE HOLIDAY PARTIES, GOT SHABBAT, FRIDAYS AT THE J, FAMILY TRAVEL ADVENTURES, AS WELL AS SPECIAL PROGRAMS FOR YOUNGER CHILDREN LIKE START SMART FOOTBALL AND BASKETBALL OTHER CHILDREN AND FAMILY SERVICES INCLUDE JCC AFTERSCHOOL AND VACATION DAYS, PROGRAMS THAT EXTEND JCC SERVICES TO FAMILIES WHEN SCHOOL IS NOT IN SESSION

(Code) (Expenses $ 1,466,691 including grants of $ 92,351) (Revenue $ 0)

AT RISK INDIVIDUALS AND FAMILIES THROUGH THE DINA AND ELI FIELD EZRA MULTI-SERVICE CENTER (MSC) AND JUF UPTOWN CAFE, EMERGENCY SERVICES ARE PROVIDED TO HOMELESS AND DISADVANTAGED INDIVIDUALS AND FAMILIES MSC IS FUNDED BY THE JEWISH FEDERATION OF METROPOLITAN CHICAGO AND IS ADMINISTERED BY JCC IN CHICAGO'S UPTOWN NEIGHBORHOOD SERVICES INCLUDE EMERGENCY ASSISTANCE, FOOD AND CLOTHING DISTRIBUTION, EVICTION PREVENTION, ADVOCACY, JOB PLACEMENT, SOCIAL OPPORTUNITIES AND INTERIM HOUSING THE UPTOWN CAFE IS A JEWISH FEDERATION-SPONSORED KOSHER MEAL PROGRAM COORDINATED BY MSC DESIGNED TO RESPOND TO THE NEEDS OF CHICAGO'S INDIGENT POPULATION, THE PROGRAM IS STAFFED BY VOLUNTEERS FROM JCC CHICAGO, THE JEWISH UNITED FUND (JUF), SYNAGOGUES AND YOUTH GROUPS PROVIDING HUNDREDS OF MEALS EACH WEEK, AS WELL AS AN ATMOSPHERE THAT OFFERS DIGNITY TO THE PEOPLE IT SERVES

(Code) (Expenses $ 1,301,972 including grants of $) (Revenue $ 615,844)

OTHER SERVICES THE PERLSTEIN RESORT AND CONFERENCE CENTER AND PRITZKER CENTER FOR JEWISH EDUCATION (PRITZKER CENTER) OFFER ADDITIONAL PROGRAMS AND SERVICES THROUGH JCC CHICAGO THE PERLSTEIN RESORT AND CONFERENCE CENTER LOCATED IN LAKE DELTON, WISCONSIN, ADJACENT TO JJC CAMP CHI, IS JCC CHICAGO'S PREMIER DESTINATION FOR FAMILIES, GROUPS, BUSINESSES AND INDIVIDUALS THROUGHOUT THE MIDWEST, PROVIDING PROGRAMMING, ACCOMMODATIONS AND MEANINGFUL EVENTS FOR GUESTS THE PRITZKER CENTER IS CHARGED BY THE JCC BOARD OF DIRECTORS TO SERVE THE JEWISH MISSION OF THE AGENCY BY ENHANCING JEWISH LIFE FOR JEWS OF ALL AGES AND BACKGROUNDS THROUGH FORMAL AND INFORMAL LEARNING EXPERIENCES THE PRITZKER CENTER STRENGTHENS AND ARTICULATES A JEWISH VISION, DEVELOPS JEWISH EDUCATIONAL MODELS AND PROGRAMS, AND OFFERS RESOURCES FOR STAFF AND LAY LEADERS

(Code) (Expenses $ 1,155,643 including grants of $) (Revenue $ 933,858)

ADULT SERVICES JCC CHICAGO PROVIDES ACTIVITIES FOR ADULTS OF ALL AGES AT SELECT CHICAGOLAND LOCATIONS JCC OFFERS OPPORTUNITIES TO INVIGORATE THE BODY AND THE MIND ADULT PROGRAMS AND SERVICES INCLUDE THE SIDNEY N SHURE KEHILLA PROGRAM FOR ADULTS UNDER 40, MOTHER'S CIRCLE AND GRANDPARENT'S CIRCLE FOR INTERFAITH FAMILIES RAISING JEWISH CHILDREN, VARIOUS FILM SERIES AND LECTURE GROUPS, ROAD SCHOLAR AND "SHALOM OVER 50" IN PARTNERSHIP WITH PRESENTENSE, JCC CHICAGO PROMOTES SOCIAL ENTREPRENEURISM THROUGH THIS INNOVATIVE PROGRAM, PROVIDING COACHING AND MENTORING TO INDIVIDUALS SEEKING TO DEVELOP NEW VENTURES THERE ARE ALSO DAY-LONG EXCURSIONS TO THEATRE AND SPECIAL EVENTS THROUGHOUT THE YEAR, AS WELL AS DOMESTIC AND INTERNATIONAL TRAVEL OPPORTUNITIES VOLUNTEER OPPORTUNITIES ARE ALSO AVAILABLE FOR INDIVIDUALS LOOKING TO CONTRIBUTE TO THE COMMUNITY

(Code) (Expenses $ 3,010,989 including grants of $) (Revenue $ 1,049,738)

RECREATION AND WELLNESS RECREATION AND WELLNESS PROGRAMS INCLUDE SPORTS CLASSES AND LEAGUES - WITH SOME INCLUDING TRAVEL - GROUP AND PRIVATE AQUATICS CLASSES, SWIM TEAM, GROUP EXERCISE, FITNESS AND OPEN SWIM, GENERAL WELLNESS CLASSES AND THE JCC MACCABI GAMES THE JCC MACCABI GAMES IS AN ATHLETIC COMPETITION THAT INTRODUCES JEWISH TEENS FROM AROUND THE WORLD, INVOLVES THEM IN COMMUNITY, INSTILLS CONFIDENCE IN THEIR SKILLS AND TALENTS, AND INSPIRES THEM TO OPEN THEIR LIVES TO COMMUNITY SERVICE

4d Other program services (Describe in Schedule O)
(Expenses $ 8,651,699 including grants of $ 92,351) (Revenue $ 3,636,558)

4e **Total program service expenses** ▶ 31,124,278

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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**	Yes	
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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 . .	1a	114		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,779		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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** 39			
	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** 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JEROLD H WOLFF 30 SOUTH WELLS STREET SUITE 4000 CHICAGO, IL (312) 775-1800

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,575,052	0	331,371

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRST STUDENT INC 22157 NETWORK PLACE CHICAGO IL 606731221	BUSING SERVICES	276,548
ILLINOIS CENTRAL SCHOOL BUS 78 N CHICAGO ST FL 2 JOLIET IL 60432	BUSING SERVICES	247,571
LAMERS BUS LINES INC 2407 S POINT ROAD GREEN BAY WI 543135498	BUSING SERVICES	182,551
CHICAGO TAILGATORS 3760 DEMPSTER ST SKOKIE IL 60076	FOOD SERVICES	176,694
LASTING IMPRESSIONS INC 1236 KNOLLWOOD DR CAROL STREAM IL 60188	GENERAL CONTRACTOR	142,935

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 8,959,679				
	b	Membership dues	1b				
	c	Fundraising events	1c 151,464				
	d	Related organizations	1d 250,051				
	e	Government grants (contributions)	1e 486,024				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,226,824				
	g	Noncash contributions included in lines 1a-1f $	10,244				
	h	**Total.** Add lines 1a-1f	▶	11,074,042			
Program Service Revenue			Business Code				
	2a	DAY CAMPING	624410	7,603,126	7,603,126		
	b	EARLY CHILDHOOD SERVICES	624410	6,849,932	6,849,932		
	c	RESIDENT CAMPING	721210	3,453,203	3,453,203		
	d	RECREATION & WELLNESS	713940	1,049,738	1,049,738		
	e	CHILDREN & FAMILY SERVICES	624100	1,037,118	1,037,118		
	f	All other program service revenue		1,549,702	1,549,702		
	g	**Total.** Add lines 2a–2f	▶	21,542,819			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	325,122			325,122
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	291,222				
	b	Less rental expenses	74,453				
	c	Rental income or (loss)	216,769				
	d	Net rental income or (loss)	▶	216,769	19,418		197,351
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,220,064				
	b	Less cost or other basis and sales expenses	841,262				
	c	Gain or (loss)	378,802				
	d	Net gain or (loss)	▶	378,802			378,802
	8a	Gross income from fundraising events (not including $ 151,464 of contributions reported on line 1c) See Part IV, line 18	a 61,182				
	b	Less direct expenses	b 78,825				
	c	Net income or (loss) from fundraising events	▶	-17,643			-17,643
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a 96,506				
	b	Less cost of goods sold	b 49,896				
	c	Net income or (loss) from sales of inventory	▶	46,610	46,610		
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUES	900099	46,662	46,662		
	b	P-CARD REBATES	900099	17,500	17,500		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	64,162			
	12	**Total revenue.** See Instructions	▶	33,630,683	21,673,009	0	883,632

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	92,351	92,351		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,022,993	527,575	467,379	28,039
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,789,092	12,573,438	996,452	219,202
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	634,594	603,659	12,279	18,656
9 Other employee benefits	1,644,745	1,337,042	273,837	33,866
10 Payroll taxes	1,359,109	1,273,966	64,418	20,725
11 Fees for services (non-employees)				
a Management				
b Legal	137,578		137,578	
c Accounting	51,500		51,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	32,834		32,834	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	444,754	347,188	83,578	13,988
12 Advertising and promotion	258,391		258,391	
13 Office expenses	160,519	147,247	9,724	3,548
14 Information technology	469,942	339,575	116,154	14,213
15 Royalties . .				
16 Occupancy	7,366,493	7,096,193	238,167	32,133
17 Travel	75,424	60,986	12,140	2,298
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,024	68,991	3,940	4,093
20 Interest	98,449	94,244	3,909	296
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,399,376	1,320,230	75,352	3,794
23 Insurance	315,516	255,271	59,984	261
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES	3,477,213	3,476,193	207	813
b BUS TRANSPORTATION	767,818	767,818		
c BANKING AND CREDIT CARD	371,106	367,999	44	3,063
d EQUIPMENT AND VEHICLES	104,208	101,826	786	1,596
e All other expenses	298,841	272,486	23,237	3,118
25 **Total functional expenses.** Add lines 1 through 24e	34,449,870	31,124,278	2,921,890	403,702
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	597,493	1	1,076,729
	2	Savings and temporary cash investments	1,979,931	2	1,112,749
	3	Pledges and grants receivable, net	1,298,511	3	1,172,804
	4	Accounts receivable, net	304,205	4	373,134
	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	115,552
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,372,350	9	2,346,126
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 33,134,621			
	b	Less accumulated depreciation — 10b: 21,293,598	12,579,779	10c	11,841,023
	11	Investments—publicly traded securities	12,418,883	11	12,720,198
	12	Investments—other securities See Part IV, line 11	75,018	12	75,045
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,229,292	15	5,542,761
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	36,855,462	16	36,376,121
Liabilities	17	Accounts payable and accrued expenses	1,929,071	17	1,927,331
	18	Grants payable		18	
	19	Deferred revenue	10,368,800	19	10,610,100
	20	Tax-exempt bond liabilities	770,000	20	710,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	19,770
	24	Unsecured notes and loans payable to unrelated third parties	593,007	24	352,607
	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	645,240	25	525,201
	26	**Total liabilities.** Add lines 17 through 25	14,306,118	26	14,145,009
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,900,349	27	9,237,761
	28	Temporarily restricted net assets	8,228,121	28	8,568,152
	29	Permanently restricted net assets	4,420,874	29	4,425,199
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	22,549,344	33	22,231,112
	34	Total liabilities and net assets/fund balances	36,855,462	34	36,376,121

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,630,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,449,870
3	Revenue less expenses Subtract line 2 from line 1	3	-819,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,549,344
5	Net unrealized gains (losses) on investments	5	325,746
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	175,209
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,231,112

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

Additional Data

Software ID:
Software Version:
EIN: 36-2167758
Name: JEWISH COMMUNITY CENTERS OF CHICAGO

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM FRIEDMAN DIRECTOR	1 00	X						0	0	0
ALICIA LIEBERMAN DIRECTOR	1 00	X						0	0	0
ALLEN BERG DIRECTOR	1 00	X						0	0	0
ANDREW ABRAMS DIRECTOR	1 00	X						0	0	0
ARLENE RUFF DIRECTOR	1 00	X						0	0	0
ARNOLD BROWN DIRECTOR	1 00	X						0	0	0
BRIAN S CARTER DIRECTOR	1 00	X						0	0	0
DAVID ENGLE DIRECTOR	1 00	X						0	0	0
GERALD TENNER DIRECTOR	1 00	X						0	0	0
HELEN SCHECHTMAN DIRECTOR	1 00	X						0	0	0
JAY STERNS DIRECTOR	1 00	X						0	0	0
JONATHAN ROTHSTEIN DIRECTOR	1 00	X						0	0	0
JORDAN SIGALE DIRECTOR	1 00	X						0	0	0
JULIA GERSTEIN DIRECTOR	1 00	X						0	0	0
KAREN WANDER DIRECTOR	1 00	X						0	0	0
LEE TRESLEY DIRECTOR	1 00	X						0	0	0
LEV KATZ DIRECTOR	1 00	X						0	0	0
LISA LANDES DIRECTOR	1 00	X						0	0	0
LISA REISMAN DIRECTOR	1 00	X						0	0	0
MARC SLUTSKY DIRECTOR	1 00	X						0	0	0
MARISA MANDREA DIRECTOR	1 00	X						0	0	0
NICOLE L FRIEDMAN DIRECTOR	1 00	X						0	0	0
PETER GLICK DIRECTOR	1 00	X						0	0	0
ROBIN FRANK DIRECTOR	1 00	X						0	0	0
SCOTT JACOBSON DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON LEDERMAN BURACK DIRECTOR	1 00	X						0	0	0
SHERMAN FRIEDMAN DIRECTOR	1 00	X						0	0	0
STEVEN BLONDER DIRECTOR	1 00	X						0	0	0
STEVEN KANNER DIRECTOR	1 00	X						0	0	0
SUSAN SPECTOR DIRECTOR	1 00	X						0	0	0
BENJAMIN KLEIN DIRECTOR	1 00	X						0	0	0
CHERYL PERLIS DIRECTOR	1 00	X						0	0	0
DAVID SALTZMAN DIRECTOR	1 00	X						0	0	0
MARK D GRUEN DIRECTOR	1 00	X						0	0	0
MARK SCHWARTZ DIRECTOR	1 00	X						0	0	0
MARK PUTTERMAN PAST PRESIDENT/DIRECTOR	1 00	X		X				0	0	0
DEBORAH RUDY PAST SECRETARY	1 00	X		X				0	0	0
STUART HOCHWERT PRESIDENT	1 00	X		X				0	0	0
LISA BLOOM SECRETARY	1 00	X		X				0	0	0
MAURY AVI EPSTEIN TREASURER	1 00	X		X				0	0	0
CAROL COHEN VICE-PRESIDENT	1 00	X		X				0	0	0
CHARLES FRANK VICE-PRESIDENT	1 00	X		X				0	0	0
EDWARD ATKINS VICE-PRESIDENT	1 00	X		X				0	0	0
EMILY EMMERMAN VICE-PRESIDENT	1 00	X		X				0	0	0
JAMES MATANKY VICE-PRESIDENT	1 00	X		X				0	0	0
KYLE FREIMUTH VICE-PRESIDENT	1 00	X		X				0	0	0
LAURI ZESSAR VICE-PRESIDENT	1 00	X		X				0	0	0
ANDREW GROSSMANN VICE-PRESIDENT	1 00	X		X				0	0	0
JEROLD H WOLFF CHIEF FINANCIAL OFFICER	37 50			X				189,681	0	25,447
ALAN SATALOFF GENERAL DIRECTOR	37 50			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTY M LEVINE GENERAL DIRECTOR	37 50			X				310,311	0	62,848
SUSAN ABRAMS ASSOCIATE GENERAL DIRECTOR	37 50				X			189,592	0	12,553
RONALD A LEVIN DIRECTOR OF RESIDENT CAMPI	37 50				X			157,706	0	67,990
MARK E MYERS CONTROLLER	37 50					X		123,013	0	48,341
GAYLE MALVIN DIRECTOR OF CAMPING SERVIC	37 50					X		120,629	0	44,662
WENDY PLATT-NEWBERGER DIRECTOR OF EARLY CHILDHOOD SERVICES	37 50					X		117,521	0	10,266
NINA MIZRAHI DIRECTOR OF PRITZKER CENTE	37 50					X		137,840	0	39,855
DOREEN L EDELMAN MARKETING DIRECTOR	37 50					X		128,629	0	19,409
AVRUM I COHEN FORMER GENERAL DIRECTOR	0 00						X	100,130	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,587,521	12,171,952	12,157,048	11,814,549	11,074,042	59,805,112
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	12,587,521	12,171,952	12,157,048	11,814,549	11,074,042	59,805,112
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						59,805,112

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12,587,521	12,171,952	12,157,048	11,814,549	11,074,042	59,805,112
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	515,036	385,276	409,118	522,617	616,344	2,448,391
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)	50,669	64,286	52,504	63,120	64,160	294,739
11 **Total support** (Add lines 7 through 10)						62,548,242

12 Gross receipts from related activities, etc (see instructions)	**12**	112,812,456

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	**14**	95 610 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	**15**	94 890 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER MISCELLANEOUS REVENUE - 2008 AMOUNT $ 30,702 2009 AMOUNT $ 14,479 2010 AMOUNT $ 26,026 2011 AMOUNT $ 16,780 2012 AMOUNT $ 59,578 SECURITY SURCHARGE - 2009 AMOUNT $ 7,839 2010 AMOUNT $ 3,967 2012 AMOUNT $ 1,125 CANCELLATION AND LATE FEES - 2008 AMOUNT $ 2,251 2009 AMOUNT $ 1,759 2012 AMOUNT $ 992 REIMBURSED EXPENSES - 2009 AMOUNT $ 6,808 2011 AMOUNT $ 10,827 ADMINISTRATION FEES - 2009 AMOUNT $ 20 2012 AMOUNT $ 852 VENDING MACHINE REVENUE - 2008 AMOUNT $ 2,563 2009 AMOUNT $ 2,539 2011 AMOUNT $ 1,806 2012 AMOUNT $ 1,463 BOARD MEMBER FEES - 2008 AMOUNT $ 13,600 2009 AMOUNT $ 9,200 2010 AMOUNT $ 10,400 2011 AMOUNT $ 10,400 NSF CHECK FEES - 2008 AMOUNT $ 1,220 2009 AMOUNT $ 1,187 2011 AMOUNT $ 670 2012 AMOUNT $ 150 COBRA ADMINISTRATIVE FEES - 2008 AMOUNT $ 333 2009 AMOUNT $ 1,139 2011 AMOUNT $ 1,087 BOOK SALES - 2009 AMOUNT $ 68 CAMP CHI TRIP MONIES - 2009 AMOUNT $ 780 INSURANCE PROCEEDS - 2009 AMOUNT $ 8,255 2011 AMOUNT $ 10,843 INTEREST ON REFUNDS - 2009 AMOUNT $ 50 MOVIE MONDAY-PROGRAM FEES - 2009 AMOUNT $ 230 REBATE - 2009 AMOUNT $ 4,612 ROYALTY - 2009 AMOUNT $ 1,821 2011 AMOUNT $ 10,707 SIGNING BONUS - 2009 AMOUNT $ 3,500 EXTRAORDINARY GAIN - 2010 AMOUNT $ 12,111

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,875,236	7,376,774	6,330,794	5,940,722	7,557,095
b	Contributions	0	400	924	700	750
c	Net investment earnings, gains, and losses	509,510	-79,790	1,417,554	757,093	-1,254,527
d	Grants or scholarships					
e	Other expenditures for facilities and programs	363,611	1,422,148	372,498	367,721	362,596
f	Administrative expenses					
g	End of year balance	6,021,135	5,875,236	7,376,774	6,330,794	5,940,722

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

- a Board designated or quasi-endowment ▶ 1 080 %
- b Permanent endowment ▶ 73 500 %
- c Temporarily restricted endowment ▶ 25 420 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		957,106		957,106
b Buildings		14,405,101	9,240,055	5,165,046
c Leasehold improvements		6,539,722	4,308,280	2,231,442
d Equipment		2,559,643	1,869,233	690,410
e Other		8,673,049	5,876,030	2,797,019
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,841,023

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ENDOWMENT FOUNDATION	4,596,582
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	137,150
(3) OTHER ASSETS	224,653
(4) DUE FROM AFFILIATE ORGANIZATION	584,376
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,542,761

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT CREDITS	30,411
CAPITAL LEASE OBLIGATION	341,379
OTHER LIABILITIES	153,411
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	525,201

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

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

1	Total revenue, gains, and other support per audited financial statements			1	34,206,091
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	325,746		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	175,209		
e	Add lines **2a** through **2d**			2e	500,955
3	Subtract line **2e** from line **1**			3	33,705,136
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-74,453		
c	Add lines **4a** and **4b**			4c	-74,453
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	33,630,683

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

1	Total expenses and losses per audited financial statements			1	34,524,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	74,453		
e	Add lines **2a** through **2d**			2e	74,453
3	Subtract line **2e** from line **1**			3	34,449,870
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	34,449,870

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF RELIGIOUS, ART AND OTHER OBJECTS THAT ARE HELD FOR DISPLAY, EDUCATION AND OTHER PURPOSES THESE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION
	PART III, LINE 4	THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF RELIGIOUS, ART AND OTHER OBJECTS THAT ARE HELD FOR DISPLAY, EDUCATION AND OTHER PURPOSES THE ORGANIZATION'S COLLECTION PROVIDE TANGIBLE EXAMPLES OF JEWISH CULTURE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE AGENCY'S ENDOWMENT CONSISTS OF 20 INDIVIDUAL FUNDS ESTABLISHED TO OFFSET COSTS OF SCHOLARSHIPS, OFFSET COSTS OF SPECIFIC PROGRAMS, AND OFFSET COSTS OF FACILITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE AGENCY FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE AGENCY HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS UNDER THE GUIDANCE, THE AGENCY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE AGENCY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS RETURNS
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION 146,516 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 17,825 NET UNREALIZED GAINS ON OTHER ASSETS 10,868
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -74,453
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 74,453

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
3a	Sub-total	0	0			1,484,000
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			1,484,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2167758
Name: JEWISH COMMUNITY CENTERS OF CHICAGO

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES	HIGH ADVENTURE TRIP SPECIFICALLY FOR TEENAGERS	60,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	5 MISSION TRIPS TO CUBA PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	
MIDDLE EAST AND AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL AND HISTORICAL TOURS OF ISRAEL AND MOROCCO 1 TRIPS TO ISRAEL, 2 TRIP TO MOROCCO PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS & PROGRAM SERVICES		1,424,000
EUROPE	0	0	PROGRAM SERVICES	EDUCATION AND HISTORICAL TOUR DOWN DANUBE RIVER, CROSSING THROUGH HUNGARY PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL AND HISTORICAL TOUR OF BRAZIL, URUGUAY, AND ARGENTINA PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION THE AGENCY HAS NO DIRECT EXPENSES	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BENEFIT CONCERT (event type)	(b) Event #2 WOMEN'S AUXILIARY EVENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	182,956	2,094	27,596	212,646
	2 Less Contributions	151,464			151,464
	3 Gross income (line 1 minus line 2)	31,492	2,094	27,596	61,182
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,570			2,570
	7 Food and beverages	50,000			50,000
	8 Entertainment	6,114			6,114
	9 Other direct expenses	2,138	538	17,465	20,141
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(78,825)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-17,643

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-2167758
Name: JEWISH COMMUNITY CENTERS OF CHICAGO

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RENTAL ASSISTANCE	130	54,366			
PUBLIC TRANSPORTATION	2706		10,770	COST	PUBLIC TRANSPORTATION FARE CARDS
UTILITY ASSISTANCE	17	1,769			
SCHOOL SUPPLIES	2		96	COST	SCHOOL SUPPLIES
GENERAL CLIENT ASSISTANCE	86	6,873			
HOUSEHOLD SUPPLIES	9		1,341	COST	HOUSEHOLD SUPPLIES
VOCATIONAL TRAINING	121	7,126			
MEDICAL	69	2,519			
FOOD PANTRY	1533	5,000			
FUNERAL SERVICES	3	1,521			
MOVERS	6	970			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JEROLD H WOLFF CHIEF FINANCIAL OFFICER	**(i)** **(ii)**	189,681 0	0 0	0 0	18,351 0	7,096 0	215,128 0	0 0
(2)MARTY M LEVINE GENERAL DIRECTOR	**(i)** **(ii)**	310,311 0	0 0	0 0	50,635 0	12,213 0	373,159 0	0 0
(3)SUSAN ABRAMS ASSOCIATE GENERAL DIRECTOR	**(i)** **(ii)**	189,592 0	0 0	0 0	4,457 0	8,096 0	202,145 0	0 0
(4)RONALD A LEVIN DIRECTOR OF RESIDENT CAMPI	**(i)** **(ii)**	157,706 0	0 0	0 0	60,730 0	7,260 0	225,696 0	0 0
(5)MARK E MYERS CONTROLLER	**(i)** **(ii)**	123,013 0	0 0	0 0	47,659 0	682 0	171,354 0	0 0
(6)GAYLE MALVIN DIRECTOR OF CAMPING SERVIC	**(i)** **(ii)**	120,629 0	0 0	0 0	30,517 0	14,145 0	165,291 0	0 0
(7)NINA MIZRAHI DIRECTOR OF PRITZKER CENTE	**(i)** **(ii)**	137,840 0	0 0	0 0	24,699 0	15,156 0	177,695 0	0 0
(8)AVRUM I COHEN FORMER GENERAL DIRECTOR	**(i)** **(ii)**	100,130 0	0 0	0 0	0 0	0 0	100,130 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE AGENCY HAS A RABBI ON STAFF WHO IS PROVIDED A HOUSING ALLOWANCE THE ADDENDUM TO THE HIRING AGREEMENT PROVIDED TO THE RABBI ALLOWS FOR 26% OF HER GROSS INCOME TO BE ALLOCATED AS A HOUSING ALLOWANCE
	PART I, LINE 1B	THE HOUSING ALLOWANCE IS A UNIQUE CIRCUMSTANCE THAT AFFECTS ONLY ONE STAFF MEMBER AND IT IS INCLUDED AS AN ADDENDUM TO HER EMPLOYMENT CONTRACT
	PART I, LINE 3	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED VIA NEGOTIATION WITH SELECT MEMBERS OF THE BOARD OF DIRECTORS AS CHOSEN BY THE PRESIDENT INFORMATION FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION (JCCA) AND THE JEWISH FEDERATION OF METROPOLITAN CHICAGO (JFMC) IS REVIEWED AS PART OF THE NEGOTIATION A WRITTEN CONTRACT IS SIGNED BY EXECUTIVE DIRECTOR AND BY PRESIDENT, SECRETARY, AND TREASURER OF THE BOARD OF DIRECTORS AND NOTARIZED FUTURE INCREASES ARE EITHER SPELLED OUT IN THE CONTRACT OR REVIEWED BY AN AD HOC COMMITTEE
	PART I, LINE 4B	AVRUM COHEN,FORMER GENERAL DIRECTOR RECEIVED $100,130 AS PART OF A DEFERRED COMPENSATION ARRANGEMENT

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES G-3 COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727	19645RQN4	06-01-2012	770,000	REFUND PRIOR BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	770,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	5,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	765,000			
12	Other unspent proceeds				
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) ALAN SATALOFF	GENERAL DIRECTOR	LOAN FOR PURCHASE OF A RESIDENCE		X	114,000	115,552		No	Yes		Yes	
Total			▶ $			115,552						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CHARLES FRANK (VICE PRESIDENT) IS THE FATHER OF NICOLE FRIEDMAN (DIRECTOR)
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE THE DIRECT BENEFICIARIES OF THE JCC'S COMMITMENT, WHICH IS IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES THE JCC IS DEDICATED TO KEEPING MEMBERSHIP VALUABLE BY MAINTAINING A DIVERSE INVENTORY OF QUALITY PROGRAMS AND SERVICES, AND OFFERING AS MANY BENEFITS AS POSSIBLE
	FORM 990, PART VI, SECTION A, LINE 7A	AT THE ANNUAL MEETING OF THE JCC, THE ENTIRE SLATE OF THE BOARD OF DIRECTORS IS VOTED ON BY THE MEMBERSHIP
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE DRAFT 990 IS LOADED ON THE AGENCY'S INTRA-NET SITE AND A COMMUNICATION IS SENT TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE REQUESTING THAT THEY REVIEW THE DOCUMENT AND RESPOND TO MANAGEMENT WITH ANY QUESTIONS THE AUDIT COMMITTEE SUBSEQUENTLY MEETS TO APPROVE THE 990 PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST THE GENERAL DIRECTOR REVIEWS ANY SUCH DISCLOSURES AND THEY ARE APPROPRIATELY ADDRESSED BY THE BOARD
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE REVIEWED COMPARABLE DATA FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA (JCCA) FOR THE GENERAL DIRECTOR, ASSOCIATE GENERAL DIRECTOR, AND ASSISTANT GENERAL DIRECTOR RAISES FOR THE GENERAL DIRECTOR HAVE BEEN BASED ON THE CONTRACT SIGNED WHEN THE GENERAL DIRECTOR WAS HIRED THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISIONS THROUGH THE KEEPING OF COMMITTEE MINUTES THE COMPENSATION OF OTHER KEY AND HIGHLY COMPENSATED EMPLOYEES IS DETERMINED BY TOP MANAGEMENT
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION 146,516 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 17,825 NET UNREALIZED GAIN ON OTHER ASSETS 10,868
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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2012

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Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) JEWISH COMMUNITY CENTERS ENDOWMENT FOUNDATION 30 SOUTH WELLS NO 4049 CHICAGO, IL 60606 36-4310828	CARRY OUT THE PURPOSES OF JEWISH COMMUNITY CENTERS OF CHICAGO	IL	501(C)3	509(A)(3)			No

Part III **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.)

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

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY CENTERS ENDOWMENT FOUNDATION	C	250,051	CASH

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2167758
Name: JEWISH COMMUNITY CENTERS OF CHICAGO

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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