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DLN: 93493093000274

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)

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginnin	g 07-01-2012 , 2012, and endi	ng 06-30)-2013			
		applicable	C Name of organization CHICAGO COOK WORKFORCE PART	NERSHIP			D Emplo	yer iden	tification number
	dress cl	_	Doing Business As				36-4	122225	
	me cha	_							
	tıal retu		Number and street (or P O box if m 69 WEST WASHINGTON STREET NO	nail is not delivered to street address)	Room/sur	te	E Teleph	one numb	per
	rmınate						(312)	603-70	065
	ended		City or town, state or country, and CHICAGO, IL 606023046	ZIP + 4					
J Ap	plicatioi	n pending					G Gross	receipts \$	41,220,578
			F Name and address of print KARIN M NORINGTON-REA	•		H(a) Is the	ns a group ates?	return	for ┌ Yes ✔ No
			69 WEST WASHINGTON ST CHICAGO,IL 606023046	REET NO 2860					
			CHICAGO, IL 000023040						led? Tyes TNo
I Ta	x-exen	npt status	▼ 501(c)(3)	insert no)	27	11 "N	o, attacr	ialist (see instructions)
J W	ebsite	e:⊫ WC	ORKFORCEBOARD ORG			H(c) Gro	up exemp	tion num	nber 🗠
<u></u>	of or	raa nizatio n	Corporation Trust Associatio	n Cothor M		L Voor of f	ormation 20)12 M	State of legal domicile IL
	rt I		imary	irj Other F		L fear or it	omation 20)12 M :	state of legal dofficile. It
		THE PA	escribe the organization's mission RTNERSHIP'S MISSION IS CO	MMITTED TO IMPROVE SERV					
			ONOMIC DEVELOPMENT ACR						
9 0			T PRACTICES AND COORDINA		E REGIO	N'S BUSIN	ESS COM	MUNIT	Y IN ORDER TO
ĕ		MEELI	HE WORKFORCE NEEDS OF EM	PLOYERS					
E E									
Governance	,	Chack t	his box ► if the organization di	econtinued its operations or dis	nosed o	f more than	2.5% of its	netace	ente
2 6		CHECK	ins box Fig. in the organization di	scontinued its operations of dis	poseu o	i illore citati .	25 /0 OTTES	o nec as:	sets
ë	3	Number	of voting members of the govern	ing body (Part VI, line 1a) .				3	28
Activities &	1		of independent voting members					4	28
₫	1		mber of individuals employed in			5	60		
	1		mber of volunteers (estimate if n					6	54
	1		related business revenue from P elated business taxable income f	, , ,,				7a 7b	0
		Tree unit	stated business taxable meeting i	<u> </u>		or Year	 /5 	Current Year	
	8	Contr	ıbutıons and grants (Part VIII, lı	ne 1 h)			1,364,	118	41,220,049
E E	9		am service revenue (Part VIII, li					0	0
Rayenue	10	Inves	tment income (Part VIII, columr	(A), lines 3, 4, and 7d)				65	264
芷	11		revenue (Part VIII, column (A),					0	265
	12		revenue—add lines 8 through 11			1,364,	183	41,220,578	
	13		s and similar amounts paid (Part				602,		34,829,914
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)				0	0
øs.	15		es, other compensation, employe	ee benefits (Part IX, column (A)	, lines		200	1 2 0	5,279,714
Expenses	16a	5-10 Profes) ssional fundraising fees (Part IX,			388,120 5,279,7 0			
क ≘	ь		undraising expenses (Part IX, column (D						0
Ð	17		rexpenses (Part IX, column (A),				356,	668	1,336,149
	18		expenses Add lines 13-17 (mu				1,346,		41,445,777
	19		nue less expenses Subtract line					276	-225,199
<u>%</u> 8							g of Curre	nt	End of Year
D de la company		Tabal	anata (Dart V. lina 16)				Year	1 2 7	
Net Assets or Fund Balances	20 21		assets (Part X, line 16) liabilities (Part X, line 26)				1,292, 405,		8,317,712 7,656,462
2 E	22		ssets or fund balances Subtract			' 	886,		661,250
_		_	nature Block		- •	<u>I</u>			551,250
my k	nowle	dge and	perjury, I declare that I have extended, it is true, correct, and connowledge			an officer) is			
Sigr	1	Sign	ature of officer				ate		
Her			IN M NORINGTON-REAVES CEO						
		17	e or print name and title						
		[7	Print/Type preparer's name	Preparer's signature	Da	I	eck if f-employed	PTIN P006922	224
Paid			Firm's name F WASHINGTON PITTMA	N AND MCKEEVER LLC			n's EIN 🟲 3		
	pare On		Firm's address ► 819 SOUTH WABASH A'	VENI IF		Dh	one no (312	2) 786-02	30
		113.7	3 uuuress 🟲 ois 300111 WADASH A'	*L11-VL		1 110	TIC IO (314	_, ,,,,,,,,,,,,	J-0

CHICAGO, IL 60605

Form	990 (2012) Pa	age 2
Part	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	
СОМІ	CHICAGO COOK WORKFORCE PARTNERSHIP IS COMMITTED TO BUILDING A STRONG WORKFORCE DEVELOPMENT MUNITY THROUGH PROVIDING QUALITY SERVICES FOR JOB SEEKERS AND EMPLOYERS TO ENHANCE AND MEET THE NE EGIONAL BUSINESSES AND COMMUNITIES	EDS
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	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 \$ 39,469,631 including grants of \$ 33,624,064) (Revenue \$ 265) THE WORKFORCE INVESTMENT ACT (WIA) AUTHORIZES THE UNITED STATES DEPARTMENT OF LABOR TO ADMINISTER FUNDING FOR THE PURPOSE OF WORKFORCE DEVELOPMENT ON A NATIONAL LEVEL WIA IS THE LARGEST SINGLE SOURCE OF FEDERAL FUNDING FOR THE PURPOSE OF WORKFORCE DEVELOPMENT ACTIVITIES IT IS ADMINISTERED BY THE EMPLOYMENT AND TRAINING ADMINISTRATION (ETA) UNDER THE UNITED STATES DEPARTMENT OF LABOR WIA TITLE I ADDRESSES THE NEEDS OF JOB SEEKERS WHO ARE ADULTS, DISLOCATED WORKERS, AND YOUTH, OTHER SECTIONS OF THE LAW COVER ADULT BASIC EDUCATION AND LITERACY PROGRAMS (TITLE II), STATE EMPLOYMENT SERVICES UNDER THE WAGNER-PEYSER ACT (TITLE III), AND VOCATION REHABILITATION PROGRAMS (TITLE IV) TITLE I OF WIA SEEKS TO PROVIDE UNIVERSAL ACCESS TO EMPLOYMENT AND TRAINING PROGRAMS THROUGH A NATIONWIDE NETWORK OF ONE-STOP CENTERS ADMINISTERED THROUGH STATE AND LOCAL WORKFORCE INVESTMENT BOARDS (WIBS) WIA TITLE I PROVIDED FEDERAL FUNDING TO SUPPORT THE PROVISION OF INDIVIDUAL TRAINING AND SUPPORT SERVICES, ESTABLISHES A GOVERNANCE AND OPERATIONS INFRASTRUCTURE, AND SETS PERFORMANCE AND ACCOUNTABILITY STANDARDS FOR TITLE I-FUNDED PROGRAMS ACHIEVEMENTS FOR WIA PROGRAMDURIN LAST PROGRAM YEAR THE PARTNERSHIP MET OR EXCEEDED ALL FEDERAL WIA BENCHMARKS SPECIFICALLY OUR WIA OUTCOMES FOR LOW INCOME ADULTS OVER 70% OF LOW INCOME ADULTS ENTER EMPLOYMENT FOR 9 MONTHS* EARN AN AVERAGE AN SALARY OF OVER \$27,000FOR DISLOCATED WORKERS * OVER 75% OF DISLOCATED WORKERS ENTER EMPLOYMENT FOR 9 MONTHS* EARN AN AVERAGE AND SECONDARY EDUCATION * APPROXIMATELY 55% EARN A CREDENTIAL OR DEGREE* OVER 55% SHOW INCREASE IN LITERACY AND NUMERACY LEVELS	DES G THE * NNUAL
4b	(Code) (Expenses \$ 1,495,971 including grants of \$ 1,205,850) (Revenue \$)	
	SECTOR INITIATIVES MICHAEL REESE HEALTH TRUSTTHE MICHAEL REESE HEALTH TRUST'S YOUTH WORKFORCE HOSPITAL/HIGH SCHOOL IS A COLLABORATIVE PILOT PROJECT THAT FOCUSES ON CREATING A SUSTAINABLE AND REPLICABLE MODEL FOR EFFECTIVELY LINKING CAREER AND TECHNICAL EDUCATION HEAD SCIENCES STUDENTS WITH EMPLOYER PROVIDED WORK-BASED LEARNING OPPORTUNITIES THAT ALIGN FULLY WITH THE STUDENT DEVELOPMENT CONTINUL HOSPITALS AGREE TO PROVIDE JOB SHADOWS, HOST INTERNS, AND IMPLEMENT SERVICE LEARNING PROJECT PERSONAL MENTORS GUIDE STUDENTS THROU CERTIFICATION TESTING AND POST-SECONDARY PLANNING THE PARTNERSHIP MANAGES A ROUNDTABLE OF PARTNERS TO SHARE BEST PRACTICES AND EVALUATE THE PROGRAM'S PROGRESS IN ORDER TO REPLICATE THOSE PRACTICES THROUGHOUT THE YOUTH WORKFORCE PROGRAMS CALUMET GREEN MANUFACTURING PARTNERSHIP ENHANCES THE MANUFACTURING INDUSTRY IN THE CALUMET REGION ADDRESSING THE LABOR/SKILLS MISMATCH AND PROMOTING CAREERS IN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL ECONOMIC DEVELOPMENT IN JULY 2011, THE CALUMET GREEN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL ECONOMIC DEVELOPMENT IN JULY 2011, THE CALUMET GREEN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL ECONOMIC DEVELOPMENT IN JULY 2011, THE CALUMET GREEN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL ECONOMIC DEVELOPMENT IN JULY 2011, THE CALUMET GREEN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL ECONOMIC DEVELOPMENT IN JULY 2011, THE CALUMET GREEN MANUFACTURING TO ENSURE A COMPETITIVE WORKFORCE IS A KEY ASSET FOR REGIONAL FORD AND ADDRESSING THE PARTNERS FOR MEAN TO THE FUTURE TO IMPLEMENT A COMPUTER NUMERIC CONTROL (CNC.) MACHINING TRAINING TRAINING PROGRAM COURSES ARE OFFERED AT THREE CALUMET. AREA COMMUNITY COLLEGE, RAITIE STATE COLLEGE AND SOUTH SUBJECT THE INDUSTRY, MANUFACTURING BASICS AND ADVANCED COLLEGE, AND COMMUNITY SOULEGE, TRAINING TRAINING RESOURCES IT WITH SUBJECT THE INDUSTRY, MANUFACTURING BASICS	TH JM JGH N BY OF OF ONS TT THE LED
4 c	(Code) (Expenses \$ 256,742 including grants of \$) (Revenue \$) HUMAN CAPITAL INITIATIVESCOMPLETE THE DEGREE DEFINED AND TARGETED A PARTICULAR POPULATION, ADULTS WITH SOME COLLEGE, WHICH HAD BEEN PREVIOUSLY NEGLECTED NO AGENCY, PUBLIC OR PRIVATE, HAD HISTORICALLY MADE AN ATTEMPT TO SYSTEMICALLY REACH OUT TO THIS GROUP COMPLET DEGREE'S POSITION AS A NEW, BIG, BOLD INITIATIVE GENERATED CONSIDERABLE EXCITEMENT WITH FUNDERS AND POTENTIAL PARTNERS BY DISSECTING OF POTENTIAL AUDIENCE AND THOROUGHLY UNDERSTANDING THE "SOME COLLEGE" DEMOGRAPHIC, WERE ABLE TO CREATE A THOUGHTFUL PROGRAM DESIGN BEFORE SERVING A SINGLE CLIENT IN ADDITION, THIS EXPERIENCE VALIDATED THE IMPORTANCE OF MULTI-STAKEHOLDER, COLLABORATIVE WORK THE COLLABORATION BETWEEN FOUR HIGHER EDUCATION/WORKFORCE DEVELOPMENT ORGANIZATIONS BROUGHT ABOUT SYNERGIES IN TERMS OF APPROACH, STUDENT SUPPORT EXPERTISE, AND WORKFORCE DEVELOPMENT POTENTIAL FOR EXAMPLE, ONE MILLION DEGREES WAS ABLE TO PROVIDE EXPERTISE WITH OUTREACH BECAUSE OF THEIR EXISTING COMMUNITY AND MEDIA PARTNERSHIPS THEY WERE ALSO AN ADDITIONAL POTENTIAL SCHOLARSHIP SOURCE FOR STUDENTS INTERESTED IN ATTENDING CITY COLLEGES CAEL PROVIDED ITS EXPERTISE IN PRIOR LEARNING ASSESSMENTS, STUDENT ADVISING, AND EMPLOY SERVICES CTD WAS ALSO ABLE TO LEVERAGE WOMEN EMPLOYED'S EXPERIENCE HELPING ADULT STUDENTS COMPLETE COLLEGE BY ADVOCATING FOR POLICIAND SUPPORT SERVICES THAT LEAD TO INCREASED GRADUATION RATES MANY OF WE'S BEST PRACTICE RECOMMENDATIONS FOR COLLEGES WERE ADOPTED THE CTD STAFF FINALLY, CWIC CONTRIBUTED A VARIETY OF WORKFORCE DEVELOPMENT PROCESSES, DATA, AND RELATIONSHIPS TO THE INITIATIVE	OUR YER ES
	(Code) (Expenses \$ 100,000 including grants of \$) (Revenue \$) SYSTEM REFORM INITIATIVESTO DATE, THE BRED UNIT'S EFFORTS HAVE EXCEEDED ORIGINAL EXPECTATIONS THROUGH VARIED OUTREACH EFFORTS TO EN EMPLOYERS DIRECTLY OR BY PRESENTING THE PARTNERSHIP TO INDUSTRY, TRADE AND ECONOMIC DEVELOPMENT ORGANIZATIONS, THE TEAM HAS ENGAGE 131 EMPLOYERS, REFERRED 1736 INDIVIDUALS (BOTH WIA AND NON-WIA), OF WHICH, 503 WERE HIRED FOR PERMANENT EMPLOYMENT AS NOTED ABOVE AMONG THE UNANTICIPATED OUTCOMES IS OUR NEW COLLABORATION WITH OAKTON COMMUNITY COLLEGE INITIALLY DESIGNED TO MEET A LOCAL EMPLOY NEED FOR DIESEL MECHANICS, THIS ALLIANCE PROMPTED LABOR MARKET RESEARCH BEYOND OUR ORIGINAL FOCUS AND HAS LED TO THE CREATION OF A PROGRAM FOR SEVERAL REGIONAL EMPLOYERS THIS EFFORT ALSO LED TO THE PARTNERSHIP AND OAKTON COMMUNITY COLLEGE CONVENING A SERIES OF INDUSTRY BREAKFASTS BEGINNING IN AUGUST 2013 WITH EMPLOYERS FROM RAIL, TRUCKING, AND AIR CARGO SECTORS TO DISCUSS THEIR WORKFORCE NEEDS THIS SERIES PROVIDES A UNIQUE OPPORTUNITY TO INFORM BUSINESSES ABOUT THE BENEFITS OF USING THE PUBLIC WORKFORCE SYSTEM AND IT THE PARTNERSHIP, AND THE COLLEGE THE MUCH NEEDED INDUSTRY PERSPECTIVE WHILE ENGAGING THE REGIONAL BUSINESS COMMUNITY FOR TRAINING EMPLOYMENT SERVICES, THE BRED UNIT HAS ALSO MANAGED KEY PLACEMENT/RECRUITMENT EFFORTS INCLUDING THE GAS UTILITY WORKERS TRAINING PROGRAM (PEOPLE'S GAS), CHICAGO TRANSIT AUTHORITY'S RED LINE SOUTH PROJECT, WALMART REGIONAL EXPANSION, AND FEMA EMERGENCY FLOOD RESPONDES PROJECT BRED LIAISES WITH THE CITY AND COUNTY DEPARTMENTS OF ECONOMIC DEVELOPMENT THE PARTNERSHIP'S CEO SERVES AS A MEMBE THE COOK COUNTY ECONOMIC DEVELOPMENT ADVISORY COUNCIL AND THUS HAS A UNIQUE OPPORTUNITY TO MEET WITH COMPANIES SERKING LOCAL TAX INCENTIVES AS A RESULT, THE COOK COUNTY BUREAU OF ECONOMIC DEVELOPMENT NOW ISSUES A LETTER TO ALL APPLICANTS ARE STRONGLY ENCOURAGED TO CONTACT BRED FOR WORKFORCE RELATED NEEDS WITH RESPECT TO THE CITY, THE BRED DIRECTOR MEETS REGULARLY WITH THE TIFWORKS UNIT TO A) REVIEW CURRENT AND	ED ER'S GIVES AND ER OF

Other program services (Describe in Schedule O)

Total program service expenses ►

(Expenses \$

4e

100,000 including grants of \$

41,322,344

Form **990** (2012)

) (Revenue \$

Part TV	Check	list 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		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		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 2	8		No
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^{\square}	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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		No
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		

Par	t 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	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		No
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			1
		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		Νo
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		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		No
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? <i>If</i> "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		Νo
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	

Pal	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 5		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
-	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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	6b		
7	were not tax deductible?	ОВ		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νo
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			
Ĭ	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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?		II.	1
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

	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	2.8	3		
	If there are material differences in voting rights among members of the governing			1		
	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	2.8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?	erto	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders	, 7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following		ndertaken during the			
а	The governing body?			8a	Yes	
	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v					
-						No
	organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		NO
Se	ection B. Policies (This Section B requests information about policies not i				ue Cod	
Se					ue Cod Yes	
		requi	ired by the Internal I			e.)
L0a	ection B. Policies (This Section B requests information about policies not i	requi	ired by the Internal I	Revenu		e.) No
LOa b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I s of such chapters, exempt purposes?	10a 10b		e.) No
LOa b L1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	e.) No
LOa b L1a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	ired by the Internal I	10a 10b	Yes	e.) No
LOa b L1a b L2a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activatfiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	ired by the Internal I	10a 10b	Yes	e.) No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a	Yes Yes	e.) No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa filiates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before filing of the could give of	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before filing of the could give of	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before filing on the series of the se	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	requi	s of such chapters, exempt purposes? erning body before filing of the series of the se	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization.	requi	s of such chapters, exempt purposes? erning body before filing of the series of the se	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	requires on's easy on's easy on's easy on the particular and the parti	s of such chapters, exempt purposes? erning body before filing on the could give on the could give of	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	e.) No No

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)
 - 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTHE ORGANIZATION 69 WEST WASHINGTON STREET NO 2860 CHICAGO, IL (312)603-7065

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related (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-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MISC)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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	(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-		(E) Reportable compensation from related organizations (W	/- ·	(F) Estima mount of compens	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Highest compensated		2/1099-MISC)		rganizati relate organiza	ed	
1b	Sub-Total			٠.				 						
c	Total from continuation sheet	ts to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							►		418,916		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	ed more th	nan			
													Yes	No
3	Did the organization list any f oon line 1a? If "Yes," complete S						emplo	yee, -	, or highes	t compen	sated employee	-		NI -
4	For any individual listed on line						nsatio	n and	d other co	mpensatu	on from the	3		N o
	organization and related organ											4		No
5	Did any person listed on line 1 services rendered to the organ									janization • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tav voo:	
		(A)		acion	101	ine C	arend	ar ye	ar enumg		(B)	1011 5	(C)
СНАР	N IN HALL 1313 EAST 60TH STREET CHIC	lame and business	address								cription of services CONSULTANT	-	Comper	110,423
	ELLE ELLE ELLE ELLE													
												-		
												-+		

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 1-1

Part V	11111	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
g g	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
<u>5</u> 6	c	Fundraising events 1c				
F, A	d	Related organizations 1d				
ii 3a						
ns,	е					
er igi	f	All other contributions, gifts, grants, and similar amounts not included above				
듈된	g	Noncash contributions included in lines 2,899	İ			İ
id d		1a-1f \$	41,220,049			
<u>ة ت</u>	h	Total. Add lines 1a-1f	41,220,049			
e E		Business Code				
ven	2a					
윤	Ь					
MC e	С					
Ser	d					
E	e					
Program Serwde Revenue	f	All other program service revenue				
ΔŤ	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest,	264			264
	4	and other similar amounts)				
	5	Royalties				
		(I) Real (II) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income				
	d	or (loss) Net rental income or (loss)				
	•	(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other				
	b	than inventory Less cost or other basis and sales expenses				
	C	Gain or (loss)				
	d o-	Net gain or (loss)				
/enne/	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Revenue	L	See Part IV, line 18				
∄	b C	Net income or (loss) from fundraising events				
		Gross income from gaming activities				
		See Part IV, line 19				
	_	a				
	ь	Net income or (loss) from gaming activities				
	с 10а	Net income or (loss) from gaming activities				
	TOO	returns and allowances .				
		а				
		Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
	44-	Miscellaneous Revenue Business Code 624100	265	265		
		OTHER 624100	205	205		
	b					
	c	All III				
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶	265			
	12	Total revenue. See Instructions	41,220,578	265	0	264

Form	990 (2012)				Page 10
Part	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ Al	l other organizat	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	art IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	34,829,914	34,829,914		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	, ,		
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	418,916	394,753	12,887	11,276
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	3,904,746	3,881,815	6,800	16,131
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	633,163	628,656	2,164	2,343
10	Payroll taxes	322,889	319,737	1,506	1,646
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	130,706	130,089	256	361
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	409,168	402,980	1,688	4,500
12	Advertising and promotion	3,167	2,281	886	
13	Office expenses	164,013	163,957	56	
14	Information technology	169,718	169,718		
15	Royalties				
16	Occupancy	309,392	309,371	21	
17	Travel	45,887	45,887		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,953	8,888		65
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,520	4,520		
23	Insurance	29,501	29,501		
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)				
а	MISCELLANEOUS	61,124	277	60,847	
ь					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	41,445,777	41,322,344	87,111	36,322
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
	1	Cash—non-interest-bearing	680,419	1	478,244
	2	Savings and temporary cash investments	200,486	2	1,895,806
	3	Pledges and grants receivable, net	398,041	3	5,917,701
ts	4	Accounts receivable, net		4	4,293
	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	<u> </u>
	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	
4ssets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9		8,670	9	7,174
	10a	Prepaid expenses and deferred charges	,	9	7,174
		Part VI of Schedule D 108, 193		40	0
	b	Less accumulated depreciation	4,521		0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0	15	14,494
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,292,137	16	8,317,712
	17	Accounts payable and accrued expenses	253,169	17	7,656,462
	18	Grants payable		18	
	19	Deferred revenue	152,519	19	
	20	Tax-exempt bond liabilities		20	_
σ.	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			
Liabili		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	405,688	26	7,656,462
S D		Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	257,337	27	554,444
<u></u>	28	Temporarily restricted net assets	629,112	28	106,806
=	29	Permanently restricted net assets	,	29	· ·
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
ō	30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
[]	31	Paid-in or capital surplus, or land, building or equipment fund		31	
<u>ر</u> 2	32	Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	886,449	33	661,250
Š	33		· · ·		
	34	Total liabilities and net assets/fund balances	1,292,137	34	8,317,712

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41,2	220,578
2	Total expenses (must equal Part IX, column (A), line 25)	2		41,4	145,777
3	Revenue less expenses Subtract line 2 from line 1	3			225,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			386,449
5	Net unrealized gains (losses) on investments	5			,00,443
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		ϵ	61,250
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

EIN: 36-4122225

Name: CHICAGO COOK WORKFORCE PARTNERSHIP

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

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	Positio more unless an dire	than	onot one on i er an trust	box s bot d a tee)	, th		(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
FRANK CLARK CO-CHAIR	5 00	×						0	0	0	
DR LARRY GOODMAN CO-CHAIR	5 00	х						0	0	0	
TERRY ALLEN DIRECTOR	5 00	х						0	0	0	
HERMAN BREWER DIRECTOR	5 00	х						0	0	0	
OLGA CAMARGO TREASURER	5 00	х						0	0	0	
SCOTT DRACH DIRECTOR	5 00	х						0	0	0	
ERVIN FLORES DIRECTOR	5 00	х						0	0	0	
MARC GORDON DIRECTOR	5 00	х						0	0	0	
DARREL HACKETT DIRECTOR	5 00	х						0	0	0	
MONICA HASLIP DIRECTOR	5 00	х						0	0	0	
RALPH HUGHES DIRECTOR	5 00	х						0	0	0	
CHERYL HYMANN DIRECTOR	5 00	х						0	0	0	
VICKI LINKO DIRECTOR	5 00	x						0	0	0	
WESLEY LUJAN DIRECTOR	5 00	x						0	0	0	
JIM MABIE DIRECTOR	5 00	×						0	0	0	
PAM MCDONOUGH DIRECTOR	5 00	х						0	0	0	
RICH MONOCCHIO DIRECTOR	5 00	х						0	0	0	
ANDY MOONEY DIRECTOR	5 00	х						0	0	0	
STEVE PEMBERTON DIRECTOR	5 00	х						0	0	0	
JOSEPH PICONE DIRECTOR	5 00	х						0	0	0	
DR SYLVIA JENKINS DIRECTOR	5 00	x						0	0	0	
JORGE RAMIREZ DIRECTOR	5 00	Х						0	0	0	
ANDRE RICE DIRECTOR	5 00	x						0	0	0	
JAY ROWELL DIRECTOR	5 00	х						0	0	0	
MICHELLE SADDLER DIRECTOR	5 00	х						0	0	0	

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

1	i						!	1	ı
(B) Average hours per week (list	(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
any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
5 00	х						0	0	0
	х						0	0	0
5 00	х						0	0	0
5 00	х						0	0	0
42 50			х				76,751	0	0
42 50			х				108,291	0	0
42 50			х				71,550	0	0
42 50			х				65,301	0	0
42 50			х				97,023	0	0
	(B) A verage hours per week (list any hours for related organizations below dotted line) 5 00 5 00 5 00 42 50 42 50 42 50	A verage hours per week (list any hours for related organizations below dotted line) 5 00	(B) A verage hours per week (list any hours for related organizations below dotted line) 5 00 X 5 00 X 5 00 X 42 50 42 50 42 50	A verage hours per week (list any hours for related organizations below dotted line) 5 00	A verage hours per week (list any hours for related organizations below dotted line) 5 00	A verage hours per week (list any hours for related organizations below dotted line) 5 00	A verage hours per week (list any hours for related organizations below dotted line) 5 00	(B) A verage hours per week (list any hours for related organizations below dotted line) 5 00	(B) A verage hours per week (list any hours for related organizations below dotted line) 5 00

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As Filed Data -

DLN: 93493093000274

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CHICAGO COOK WORKFORCE PARTNERSHIP

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.

Inspection

									36-41222				
	t I			blic Charity Sta						structions	i		
The c	rganı:			te foundation becaus			-						
1			-	ion of churches, or a				ection 170(b)(1)(A)(i).				
2	Г	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedı	ıle E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descri	ibed in sectio	n 170(b)(1)(A)(iii).				
4	Γ	A medi	cal researcl	h organization opera	ted ın conjun	ction with a	hospital des	cribed in se	ction 170(b)(1)(A)(iii).	Enter the		
	_			ity, and state									
5	ļ		•	erated for the benefi	_	or universi	ty owned or o	perated by	a government	al unit des	cribed in		
		section	170(b)(1)((A)(iv). (Complete P	art II)								
6	Γ	A feder	al, state, or	·local government o	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	굣	, , , , , , , , , , , , , , , , , , , ,											
8	Г			on 170(b)(1)(A)(vi). : described in sectio r			nplete Part II	.)					
9	Г			at normally receives					butions, meml	pership fees	s, and gross		
	·	_		rities related to its e					•	-	-		
				oss investment inco	•	=							
										,			
10	\vdash	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11	<u>'</u>	An organization organized and operated exclusively to test for public safety (See Section 309(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
	'			ly supported organiz									
				bes the type of supp							(, (- ,		
		a l	Type I	b Type II c	┌ Type II	I - Function	ally integrate	:d d	Type III - No	n-function	ally integrated		
е	Γ		_	ox, I certify that the	_		,				•		
				ion managers and ot	her than one	or more pub	licly support	ed organiza	tions describe	ed in sectio	n 509(a)(1) or		
£			1509(a)(2)	received a written de	otormination	from the IP	S that it is a	Typo I Typ	o II or Typo	III cupport	ing organization		
•			this box	received a written d	etermination	nom the 1K	5 that it is a	Type I, Typ	e II, or Type	III Support			
g				2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the		,		
_			ng persons?			, -		·					
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No		
		and (111) below, the	governing body of th	ie supported	organization	۱?			119	J(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11 g	(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)		
h		Provide	e the follown	ng information about	the support	ed organızat	ıon(s)						
			·	_									
•) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is t		(vii) A mount of		
	uppor			organization	organizati		the organiz		organizati		monetary		
or	ganız	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) o suppor	•	col (i) orga		support		
				or IRC section	docume	-	Suppor		III the o	J .			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No	1		
						110	1.03	110	1.03	1,10	+		
							 				+		

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,107,164 2,064,430 2,754,684 3,857,930 41,220,049 52,004,257 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,107,164 2,064,430 2,754,684 3,857,930 41,220,049 52,004,257 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 52,004,257 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 41,220,049 52,004,257 2,107,164 2,064,430 2,754,684 3,857,930 Amounts from line 4 Gross income from interest, dividends, payments received on 2,499 1,658 327 257 5,005 securities loans, rents, royalties 264 and income from similar sources 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) 11 Total support (Add lines 7 52,009,262 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 990 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 99 960 % 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 $\vdash \Gamma$ 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

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

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	16					
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493093000274

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization CHICAGO COOK WORKFORCE PARTNERSHIP			Employer iden	tification number	
CHICAGO COOK WORKFORCE PARTNERSHIP			36-4122225		
	ning Donor Advised Funds of es" to Form 990, Part IV, line 6	5.		·	
	(a) Dono	or advised funds	(b) Funds	and other accoun	ts
Total number at end of year	,				
Aggregate contributions to (during your Aggregate grants from (during year)	ear)				
Aggregate value at end of year			<u> </u>		
Did the organization inform all donor funds are the organization's property			or advised	☐ Yes	□ No
Did the organization inform all grante used only for charitable purposes an conferring impermissible private ben	d not for the benefit of the donor or			┌ Yes │	┌ No
art II Conservation Easemen	nts. Complete if the organization	on answered "Yes" to	Form 990, Pa	ırt IV, lıne 7.	
Purpose(s) of conservation easemer Preservation of land for public us Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the	e (e g , recreation or education)	Preservation of an I Preservation of a co	ertified historic	structure	
easement on the last day of the tax					
Total number of conservation easem	. a m ha	-		t the End of the Y	ear
		_	2a		
		Ludad in (a)	2b		
Number of conservation easements Number of conservation easements historic structure listed in the Nation	included in (c) acquired after 8/17/	· · · ·	2c 2d		
Number of conservation easements	-	ـــ inquished, or terminated:	d by the organiza	ation during	
the tax year 🛌		,	. 3	5	
· ————					
Number of states where property sub	•		<u> </u>		
Does the organization have a written enforcement of the conservation eas		toring, inspection, handl	ling of violations	Yes	□ No
Staff and volunteer hours devoted to	monitoring, inspecting, and enforc	ing conservation easem	ents during the	year	
A mount of expenses incurred in mon	itoring, inspecting, and enforcing c	onservation easements	during the year		
Does each conservation easement r and section 170(h)(4)(B)(ii)?	eported on line 2(d) above satisfy t	the requirements of sect	:ion 170(h)(4)(B		□ No
In Part XIII, describe how the organ balance sheet, and include, if application the organization's accounting for cor	able, the text of the footnote to the				
	ning Collections of Art, Historium Ion answered "Yes" to Form 99		or Other Simi	lar Assets.	
If the organization elected, as permi works of art, historical treasures, or service, provide, in Part XIII, the te	other similar assets held for public	exhibition, education, o	r research in fur		:
If the organization elected, as permi works of art, historical treasures, or service, provide the following amoun	other similar assets held for public				:
(i) Revenues included in Form 990,	Part VIII, line 1		► \$_		
(ii) Assets included in Form 990, Pa	rt X		► \$		
If the organization received or held we following amounts required to be rep	works of art, historical treasures, or		. –		
Revenues included in Form 990, Par	t VIII, line 1		► \$_		
• Assets included in Form 990, Part X			<u> </u>		

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>ւ, His</u>	tori	<u>cal Tr</u>	<u>easur</u>	es, or C	<u>ther</u>	<u> Similar A</u>	<u>ssets</u>	(con	tınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	he follo	wing that	are a	significant us	e of its		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	r the or	ganızatıor	ı's ex	empt purpose	ı ın		
5	During the year, did the organization solicit	or receive donations	s of ar	t, hıs	torical	treasur	es or othe	rsımı	lar			
	assets to be sold to raise funds rather than t		•							☐ Yes	3	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y€	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions or	other ass	ets n	ot	┌ Yes	5	□ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	wing t	able		г					
							-		Α	mount		
С	Beginning balance							1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							☐ Yes	5	□ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has b	een pro	ovided in F	art X	III			Γ
Pa	rt V Endowment Funds. Complete											
_		(a)Current year	(b)) Prior	year	b (c) Tw	o years bacl	((d) T	hree years back	(e) Fοι	ır yea	ars back
1a	Beginning of year balance							+			—	
b	Contributions							+				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance		<u> </u>									
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	ne 1g	, columi	n (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
С	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	ation f	that	are held	and ad	mınıstere	d for t	he			
	organization by								_	-	es	No
	(i) unrelated organizations							•	—	1(i)	\dashv	
b	(ii) related organizations								· · · -	(ii) 3b	井	
4	Describe in Part XIII the intended uses of th	•						•		עכ		
	t VI Land, Buildings, and Equipme					0.						
	Description of property	114 000 101111 33	<u> </u>	(a) Cost o	r other	(b)Cost or		(c) Accumula		d) Bo	ok value
				ba	ısıs (ınve:	stment)	basis (ot	her)	depreciatio	n		
1a	Land											
ь	Buildings											
c	Leasehold improvements											
d	Equipment						-	79,121	7	9,121		0
e	Other						t		_			
_			•				2	29,072	2	9,072		0

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-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, lin			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue	per ket	urn
1	Total revenue, gains, and other support per audited financial statements	1	41,220,578
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,220,578
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	41,220,578
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn
1	Total expenses and losses per audited financial statements	1	41,445,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,445,777
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
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	41,445,777
Part	Supplemental Information		
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV , lı	nes 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

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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

DLN: 93493093000274

Open to Public
Inspection

Name of the organization Employer identification number CHICAGO COOK WORKFORCE PARTNERSHIP 36-4122225 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table

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

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

83

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art 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.	, g	,	,

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I	1	Ī	1	1

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	,	SCHEDULE I, PART I, LINE 2 THE PARTNERSHIP MONITORS THE USE OF GRANT FUNDS PROVIDED TO ITS SUBRECIPIENTS BY REQUIRING THEM TO SUBMIT QUARTERLY PROGRESS REPORTS, CONDUCTING SITE VISITS AND REGULAR MEETINGS WITH THE SUBRECIPIENTS AND DETAILED REVIEW BY THE PARTNERSHIP'S CHIEF FINANCIAL OFFICER OF VOUCHERS AND REQUESTS FOR REIMBURSEMENT BEFORE PROCESSING PAYMENT AND REQUEST FOR DRAWDOWNS

Software ID:

Software Version:

EIN: 36-4122225

Name: CHICAGO COOK WORKFORCE PARTNERSHIP

Return to Form

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
ABLE PROFESSIONAL SERVICES - PILSEN567 W LAKE STREET SUITE 1150 CHICAGO,IL 60661	36-3673980	501(C)(3)	852,064		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
AERO SPECIAL EDUCATION COOPERATIVE7600 S MASON AVE BURBANK,IL 60459	36-3081116	501(C)(3)	93,186		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN CHRISTIAN FOUNDATION 6707 NORTH AVE OAK PARK,IL 60302	36-3398925	501(C)(3)	251,459		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
ALBANY PARK COMMUNITY CENTER INC1945 W WILSON CHICAGO,IL 60640	36-2841886	501(C)(3)	125,451		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVE SCHOOL NETWORK1807 W SUNNYSIDE AVE CHICAGO,IL 60640	23-7375976	501(C)(3)	1,315,664		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
ASIAN HUMAN SERVICES - AFFILIATE CENTER4753 N BROADWAY 3RD FLOOR CHICAGO,IL 60640	36-3005889	501(C)(3)	99,911		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN HUMAN SERVICES - YOUTH PROGRAM4753 N BROADWAY 3RD FLOOR CHICAGO,IL 60640	36-3005889	501(C)(3)	114,805		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
ASPIRA INC2415 N MILWAUKEE AVENUE CHICAGO,IL 60647	36-2666800	501(C)(3)	281,255		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUNT MARTHAS19899 GOVERNORS HWY OLYMPIA FIELDS,IL 60460	23-7188150	501(C)(3)	329,626		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
BETHEL COMMUNITY FACILITY1250 PORTLAND AVE CHICAGO HEIGHTS,IL 60411	36-3070745	501(C)(3)	167,836		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOM TOWNSHIP HIGH SCHOOL DISTRICT101 WEST 10TH STREET CHICAGO HEIGHTS,IL 60411	36-6004398	501(C)(3)	32,104		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
BOYS AND GIRLS CLUB OF CHICAGO550 W VAN BUREN CHICAGO,IL 60607	32-2166997	501(C)(3)	299,350		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS AND CAREER SERVICES723 W ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	20-0287758	501(C)(3)	1,487,445		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CALUMET AREA INDUSTRIAL COMMISSION 1000 E 111TH STREET - 10TH FLO CHICAGO,IL 60628	36-2647579	501(C)(3)	117,721		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREER ADVANCEMENT NETWORK20 E JACKSON BLVD SUITE 1000 CHICAGO,IL 60604	20-0596934	501(C)(3)	32,818		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CARES CHICAGO 700 NORTH SACRAMENTO BLVD 221 CHICAGO,IL 60612	45-0506584	501(C)(3)	197,745		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC BISHOP OF CHICAGO - ST SABINA 7909 S RACINE AVE CHICAGO,IL 60620	36-2171123	501(C)(3)	122,523		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CATHOLIC CHARITIES721 NORTH LASALLE CHICAGO,IL 60654	36-2170821	501(C)(3)	33,957		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL STATES SER 2138 S 61ST COURT THIRD FLOOR CICERO,IL 60804	36-1211270	501(C)(3)	1,751,596		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CENTRAL STATES SER- BRIDGE PROGRAM3948 W 26TH STREET SUITE 213 CHICAGO,IL 60623	36-1211270	501(C)(3)	183,079		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL STATES SER- YOUTH PROGRAM3948 W 26TH STREET SUITE 213 CHICAGO,IL 60623	36-1211270	501(C)(3)	225,751		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CHAPIN HALL1313 E 60TH STREET CHICAGO,IL 60637	36-2167012	501(C)(3)	66,180		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES A HAYES INVESTMENT CENTER4455 S KING DRIVE CHICAGO,IL 60653	36-4142621	501(C)(3)	120,573		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CHICAGO FEDERATION OF LABOR130 E RANDOLPH SUITE 2600 CHICAGO,IL 60601	36-3977262	501(C)(3)	119,539		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO FEDERATION OF LABOR WORKERS130 E RANDOLPH SUITE 2600 CHICAGO,IL 60601	36-3977262	501(C)(3)	242,694		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CHICAGO FEDERATION OF LABOR WORKERS130 E RANDOLPH SUITE 2600 CHICAGO,IL 60601	36-3977262	501(C)(3)	521,372		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVE CHICAGO,IL 60653	36-2225483	501(C)(3)	77,047		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
CHICAGO WOMEN IN TRADES2625 BUTTERFIELD RD SUITE 102E OAK BROOK,IL 60523	36-3256699	501(C)(3)	97,323		ACTUAL PAID		SECTOR INITIATIVESSECTOR INITIATIVESSECTOR INITIATIVESSECTOR INITIATIVESSECTOR INITIATIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAP1256 ESTES AVENUE ELK GROVE VILLAGE,IL 60007	36-6128101	501(C)(3)	589,483		ACTUAL PAID		SECTOR INITIATIVE
CHINESE AMERICAN SERVICE LEAGUE - AFFILIATE2141 S TAN COURT CHICAGO,IL 60616	36-2984043	501(C)(3)	153,765		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE AMERICAN SERVICE LEAGUE - YOUTH PROGRAM2141 S TAN COURT CHICAGO,IL 60616	36-2984043	501(C)(3)	216,918		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
COMMUNITY ASSISTANCE PROGRAMS11715 SOUTH HALSTED CHICAGO HEIGHTS,IL 60411	36-4316936	501(C)(3)	66,840		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ASSISTANCE PROGRAMS208 S LASALLE STREET SUITE 1900 CHICAGO,IL 60604	36-2597741	501(C)(3)	196,749		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
DYNAMIC EDUCATIONAL SYSTEMS INC - AFFILIATE 11004 SOUTH MICHIGAN AVENUE CHICAGO,IL 60628	86-0665593	1362(A)	512,321		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYNAMIC EDUCATIONAL SYSTEMS INC - CAREER CENTER11004 SOUTH MICHIGAN AVENUE CHICAGO,IL 60628	86-0665593	501(C)(3)	575,459		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
EASTER SEALS METROPOLITAN CHICAGO - AFFILIATE11004 SOUTH MICHIGAN AVENUE CHICAGO,IL 60628	36-2169153	501(C)(3)	52,799		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS METROPOLITAN CHICAGO - YOUTH PROGRAM1939 W 3TH STREET CHICAGO,IL 60608	36-2169153	501(C)(3)	24,724		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
EDASSIST350 N CLARK ST SUITE 500 CHICAGO,IL 60654	27-0700703	1362(A)	6,363,359		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL DATA SYSTEMS INC500 N DEARBORN ST STE 305 CHICAGO,IL 60610	38-2272565	1362(A)	463,853		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
ELGIN COMMUNITY COLLEGE1700 SPARTAN DRIVE ELGIN,IL 60123	36-2600170	501(C)(3)	206,376		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPLOYMENT & EMPLOYER SERVICES - MAYWOOD35 SOUTH 19TH AVE MAYWOOD,IL 60153	36-3242702	1362(A)	1,379,042		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
EMPLOYMENT & EMPLOYER SERVICES - OAK FOREST 15900 SOUTH CICERO OAK FOREST, IL 60452	36-3242702	1362(A)	972,209		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPLOYMENT AND EMPLOYER SERVICES - MID SOUTH4314 S COTTAGE GROVE CHICAGO,IL 60653	36-3242702	1362(A)	936,616		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
EMPLOYMENT AND EMPLOYER SERVICES - SOUTH WEST7500 S PULASKI BLDG 100 CHICAGO,IL 60652	36-3242702	1362(A)	1,177,749		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE NEIGHBORHOOD HOUSE1701 WEST SUPERIOR STREET CHICAGO,IL 60622	36-3043253	501(C)(3)	115,060		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO 30 N RACINE SUITE 230 CHICAGO,IL 60607	36-4455490	501(C)(3)	38,373		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WEST TOWN PROJECT - AFFILIATE534 N SACRAMENTO BLVD CHICAGO,IL 60612	36-3657734	501(C)(3)	170,290		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
GREATER WEST TOWN PROJECT - BRIDGE PROGRAM534 N SACRAMENTO BLVD CHICAGO,IL 60612	36-3657734	501(C)(3)	306,745		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARPER COLLEGE534 N SACRAMENTO BLVD CHICAGO,IL 60612	36-3657734	501(C)(3)	507,940		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
HEARTLAND HUMAN CARE SERVICES1200 W ALGONQUIN ROAD PALENTINE,IL 60067	36-2582782	501(C)(3)	127,871		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND HUMAN CARE SERVICES208 S LASALLE STREET SUITE 1818 CHICAGO,IL 60604	36-4053244	501(C)(3)	65,733		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
HOWARD AREA COMMUNITY CENTER - AFFILIATE7648 N PAULINA CHICAGO,IL 60626	36-3008606	501(C)(3)	130,291		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD AREA COMMUNITY CENTER - YOUTH PROGRAM7648 N PAULINA CHICAGO,IL 60626	36-3008606	501(C)(3)	115,276		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
INSPIRATION CORPORATION4554 N BROADWAY 207 CHICAGO,IL 60640	36-3673980	501(C)(3)	89,214		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO DEL PROGRESSO LATINO2520 S WESTERN AVE CHICAGO,IL 60608	36-2937375	501(C)(3)	147,332		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
INSTITUTO DEL PROGRESSO LATINO - AFFILIATE7909 S RACINE AVE CHICAGO,IL 60621	36-2937375	501(C)(3)	271,589		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO DEL PROGRESSO LATINO - BRIDGE HEALTHCARE7909 S RACINE AVE CHICAGO,IL 60621	36-2937375	501(C)(3)	147,288		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
INSTITUTO DEL PROGRESSO LATINO - BRIDGE MANUFACTURING 7909 S RACINE AVE CHICAGO,IL 60621	36-2937375	501(C)(3)	194,303		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO DEL PROGRESSO LATINO - SECTOR7909 S RACINE AVE CHICAGO,IL 60621	36-2937375	501(C)(3)	386,024		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
JANE ADDAMS RESOURCE CENTER4432 N RAVENSWOOD CHICAGO,IL 60640	36-3682559	501(C)(3)	128,594		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH VOCATIONAL SCHOOL216 W JACKSON 7TH FLOOR CHICAGO,IL 60606	36-2167762	501(C)(3)	250,491		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
JOBS FOR YOUTH401 N MICHIGAN AVENUE SUITE 1200 CHICAGO,IL 60611	36-2996380	501(C)(3)	34,961		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAGRANGE AREA DEPARTMENT OF SPECIAL EDUCATION1301 COSSITT AVENUE LAGRANGE,IL 60525	36-3699084	501(C)(3)	199,810		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
MAINE TOWNSHIP 207 2601 DEMPSTER ST PARK RIDGE, IL 60068	36-6004399	501(C)(3)	204,555		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARRIOTT FOUNDATION 850 W JACKSON SUITE 260 CHICAGO,IL 60607	52-1655740	501(C)(3)	435,762		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
METROPOLITAN FAMILY SERVICES1 NORTH DEARBORN CHICAGO,IL 60602	36-2167940	501(C)(3)	121,133		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICROTRAIN720 E BUTTERFIELD ROAD LOMBARD,IL 60148	36-4314002	1362(A)	151,942		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
MICROTRAIN - SECTOR 130 E RANDOLPH SUITE 2600 CHICAGO,IL 60601	36-4314002	1362(A)	68,374		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST ENERGY EFFICIENCY ALLIANCE20 N WACKER DR CHICAGO,IL 60606	36-4352022	501(C)(3)	27,000		ACTUAL PAID		SECTOR INITIATIVE
MORAINE VALLEY COMMUNITY COLLEGE 9000 W COLLEGE PARKWAY PALOS HILLS,IL 60465	36-2614971	501(C)(3)	482,110		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ABLE NETWORK 567 W LAKE STREET SUITE 1150 CHICAGO,IL 60661	23-7339397	501(C)(3)	859,658		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
NATIONAL ABLE NETWORK 1000 E 111TH STREET - 10TH FLO CHICAGO,IL 60628	23-7339397	501(C)(3)	43,391		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ABLE NETWORK - EVANSTON7909 S RACINE AVE CHICAGO,IL 60621	23-7339397	501(C)(3)	746,496		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
NATIONAL ABLE NETWORK - OAKTON7909 S RACINE AVE CHICAGO,IL 60621	23-7339397	501(C)(3)	56,365		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PCCTI216 W JACKSON BLVD 900 CHICAGO,IL 60606	36-4192449	501(C)(3)	2,955		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
PHALANX4628 W WASHINGTON BLVD CHICAGO,IL 60644	36-4468891	501(C)(3)	137,358		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIESWORKFORCE INVESTMENT ACT ACTIVITIESWORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLISH AMERICAN ASSOCIATION3819 N CICERO AVE CHICAGO,IL 60641	36-2240816	501(C)(3)	159,761		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
PRAIRIE STATE COLLEGE 202 SO HALSTED ST RM 2272 CHICAGO HEIGHTS,IL 60411	36-2603931	501(C)(3)	248,582		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PYRAMID PARTNERSHIP INC - AFFILIATE CENTER 3057 N LINCOLN AVE CHICAGO,IL 60657	36-3360198	1362(A)	253,318		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
PYRAMID PARTNERSHIP INC - BRIDE PROGRAM 3057 N LINCOLN AVE CHICAGO,IL 60657	36-3360198	1362(A)	84,550		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PYRAMID PARTNERSHIP INC - YOUTH PROGRAM 3057 N LINCOLN AVE CHICAGO,IL 60657	36-3360198	1362(A)	123,296		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
SAFER FOUNDATION571 WEST JACKSON BOULEVARD CHICAGO,IL 60614	36-2762178	501(C)(3)	229,959		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFER FOUNDATION - AFFILIATE CENTER571 WEST JACKSON BOULEVARD CHICAGO,IL 60614	36-2762178	501(C)(3)	110,584		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
SER - AFFILIATE CENTER 3948 W 26TH STREET SUITE 213 CHICAGO,IL 60623	38-2891233	1362(A)	129,404		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERCO INC - GARFIELD CENTER10 S KEDZIE CHICAGO,IL 60612	38-2891233	1362(A)	793,409		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
SKILLS FOR CHICAGOLANDS FUTURE 191 N WACKER DR STE 925 CHICAGO,IL 60606	45-1287418	501(C)(3)	250,374		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SUBURBAN COLLEGE15800 S STATE ST SOUTH HOLLAND,IL 60473	36-3673980	501(C)(3)	404,448		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
SOUTHEAST CHICAGO DEVELOPMENT COMMISSION9204 S COMMERCIAL CHICAGO,IL 60617	36-3165936	501(C)(3)	26,715		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHLAND HEALTHCARE FORUM30 E 15TH STREET 405 CHICAGO HEIGHTS,IL 60411	57-1192504	501(C)(3)	74,541		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
SYMBOL TRAINING INSTITUTE8151 N RIDGEWAY AVE SKOKIE,IL 60076	02-0747211	1362(A)	70,000		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CABET GROUP228 SOUTH WABASH AVENUE SUITE 600 CHICAGO,IL 60604	36-2757763	501(C)(3)	303,590		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
TOWNSHIP HIGHSHCOOL DISTRICT 2142121 S GOEBBERT RD ARLINGTON HEIGHTS,IL 60005	36-6004405	501(C)(3)	124,126		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRITON COLLEGETRITON COLLEGE 2000 FIFTH AVENUE RIVER GROVE,IL 60171	36-2537114	501(C)(3)	152,646		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
UTILITY WORKERS UNION OF AMERICA AFL-CIO815 16TH ST NW WASHINGTON, DC 20006	53-0183102	501(C)(3)	492,043		ACTUAL PAID		SECTOR INITIATIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTILITY WORKERS UNION OF AMERICA AFL-CIO 5417 W DIVISION STREET CHICAGO,IL 60651	36-3789879	501(C)(3)	73,110		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES
YOUTH CONNECTION CHARTER SCHOOL10 WEST 35TH STREET CHICAGO,IL 60616	36-4202184	501(C)(3)	284,142		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIESWORKFORCE INVESTMENT ACT ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH GUIDANCE1 N LASALLE ST SUITE 900 CHICAGO,IL 60602	36-2167032	501(C)(3)	170,218		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIESWORKFORCE INVESTMENT ACT ACTIVITIES
YOUTH JOB CENTER OF EVANSTON1114 CHURCH ST EVANSTON,IL 60201	36-3252809	501(C)(3)	258,438		ACTUAL PAID		WORKFORCE INVESTMENT ACT ACTIVITIES

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SCHEDULE O

As Filed Data -

DLN: 93493093000274

2012

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Open to Public Inspection

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.

Name of the organization CHICAGO COOK WORKFORCE PARTNERSHIP

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

36-4122225

Identifier	Return Reference	Explanation			
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CFO AND CEO PRIOR TO THE BOARD REVIEWING AND APPROVAL			
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MONITORS AND ENFORCES ITS WRITTEN CONFLICT OF INTEREST BY MEASURING ANY NEW CONT RACT OR HIRE WITH THE WRITTEN POLICY OUTLINED IN THE EMPLOYEE HANDBOOK			
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION IS DISCUSSED AND VOTED ON BY THE BOARD OF DIRECTORS			
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS MADE AVAILABLE UPON WRITTEN REQUEST			