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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca l applicable	C Name of organization Chicago Commons Association	07-01-2013 , 2013, and ending 06-	30-2014	D Emplo	yer iden	tification number
— Add	lress c	hange				36-21	69136	
Na:	ne cha	ange	Doing Business As					
	ial retu minate		Number and street (or P O box if ma 515 E 50th St No 200	ıl ıs not delivered to street address) Room/s	suite	E Telepho	ne numb	per
			City or town state or province count	and ZID or foreign postal sada		(773)	638-5	500
		return n pending	City or town, state or province, count Chicago, IL 60615	ry, and ZIP or foreign postal code		G Gross r	eceints ¢	27,650,291
		,	F Name and address of princ	cipal officer	H(a) I	s this a group		
			Edgar Ramırez 515 E 50th St No 200	·		subordinates?	recuiii	┌ Yes ┌ No
			Chicago, IL 60615		Н(р)	Are all subordı	nates	┌ Yes ┌ No
			<u> </u>		_	ncluded?		
		npt status		sert no) 4947(a)(1) or 527	_	If "No," attach	a list (see instructions)
			w chicagocommons org		1	Group exempt		nber ►
			Corporation Trust Association	Other ►	L Year	of formation 18	94 M :	State of legal domicile IL
Pa	rt I		nmary describe the organization's mission					
Governance		Service:	n Chicago Commons operates fou s	with individuals, families and commu r core programs Child Development	, Senior Se	ervices, A dult	Educat	on and Youth
	2	Check t	his box 🔭 if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net ass	sets
Activities &				ng body (Part VI, line 1a)			3	15
<u> </u>				f the governing body (Part VI, line 1	•		4	1!
្ន	l			alendar year 2013 (Part V, line 2a)			5 6	939
ž				rt VIII, column (C), line 12			7a	300
	l			om Form 990-T, line 34			7b	(
						Prior Year	<u>' </u>	Current Year
	8 Contributions and grants (Part VIII,			e 1 h)		822,4	138	977,675
Ravenue	9	Progra	am service revenue (Part VIII, lin		22,698,116		26,527,647	
e ve	10		tment income (Part VIII, column		33,8	393	10,180	
	11		revenue (Part VIII, column (A), I			9,7	775	28,320
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lı	ne	23,564,2	222	27,543,822
	13			X, column (A), lines 1-3)		430,6	538	336,879
	14			(, column (A), line 4)			0	0
8	15	Saları 5–10		e benefits (Part IX, column (A), lines		16,142,	545	18,952,117
Expenses	16a	Profes	ssional fundraising fees (Part IX, c	column (A), line 11e)			0	0
ਡੋ	ь	Total fu	undraısıng expenses (Part IX, column (D),	line 25) • 388,097				
	17			nes 11a-11d, 11f-24e)		6,809,1		7,963,344
	18			t equal Part IX, column (A), line 25)		23,382,2		27,252,340
Not Assets or Fund Balances	19	Kever	ide less expenses Subtract line 1	8 from line 12		181,9 nning of Curre Year		291,482 End of Year
See Page	20	Total	assets (Part X, line 16)			13,843,7	700	14,442,452
A B	21		liabilities (Part X, line 26)			3,871,1	-	3,904,941
žÏ	22	Net a	ssets or fund balances Subtract li	ine 21 from line 20		9,972,5		10,537,511
Unde my kı	nowle irer ha	alties of dge and as any k	belief, it is true, correct, and complements and complements and complements are seen to be seen the complements are seen to be seen	mined this return, including accompa plete Declaration of preparer (other				
	-		ar Ramırez President & CEO e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	27
Paid	t	<u> </u>	Marek Rozowicz Firm's name MCGLADREY LLP			self-employed Firm's EIN F 42	P01616 2-071432	
	pare	er _		000				
Use	On	ıly 📙	Firm's address ► 1 S WACKER DRIVE STE	800		Phone no (312) 634-34	00

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes No

orn	n 990 (2013) Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
hic om	ago Commons Association partners with individuals, families and communities to overcome poverty, discrimination and isolation ago Commons operates four core programs. Child Development, Senior Services, Adult Education and Youth Services. Chicago amounts targets neighborhoods with the greatest needs, with a current focus on West Humboldt Park, Pilsen, Back of the Yards and Grand levard.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 11,112,848 including grants of \$ 140,250) (Revenue \$ 11,773,027)
	Child Development Child Development operates four child care centers and works with other community partners' sites to provide child care and education to 1,4 children in some of Chicago's most distressed neighborhoods. Commons was one of the first preschools in the U.S. to use the Reggio Emilia approach to educating young children, and has garneered regional and national recognition for our approach, results, and adaptations of the method. The Reggio Emilia approach is an educational philosophy that views the preschool years as crucial to the development of children as individuals. The program is based on principles of respect, responsibility, and community, and empowers children to learn though self-directed discovery. Chicago Commons tailors the Reggio Emilia approach to meet the needs of each child. We work from the recognition that every student has the potential to love learning and, ultimately, be academically successful Commons' fou child care centers provide quality. HeadStart, Preschool For All, Prevention Initiative, and Child Care services annually to over 1,470 children between the ages of seven weeks and 12 years. We operate four year-round centers and support 16 community partner programs.
4 L	(Code) (Expenses \$ 12,689,591 including grants of \$) (Revenue \$ 13,776,071)
4b	Senior Care Senior Services operates two adult day service centers and provides in-home services for seniors and adults with disabilities. The program provides services to 1,512 seniors and adults with disabilities to help them continue living in their own home prolonging, and in some cases preventing, the need for institutional care
 4с	(Code) (Expenses \$ 731,936 including grants of \$ 73,164) (Revenue \$ 640,135)
	Youth & Community ServicesChicago Commons Youth Services provides after-school and summer programmings in Humboldt Park, serving 168 students. Services include tutoring, community projects, leadership development, field trips, computer access and more to promote and support in-classroom academic achievement.
	(Code) (Expenses \$ 497,172 including grants of \$ 123,465) (Revenue \$ 338,414)
	Chicago Commons Adult Education & Training Center Chicago Commons Adult Basic Education and Training Center offers adult basic education, vocational bridge programming, digital literacy and job readiness courses to 450 low-skilled adults each year In 2013, the center began offering job placement, financial coaching and income support services to its menu of services through a new Center for Working Families
	Other program corruces (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 497,172 including grants of \$ 123,465)(Revenue \$ 338,414)
40	Total program convice expenses by 25.031.547

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		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
. 0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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			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	11c	Yes	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
-	The organization report an amount for other habilities in Part X, line 25 / 11 Fes, Complete Schedule D, Part X &	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
l2a	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
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	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
. 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	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
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L 9	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 or other assistance to any domestic organization or government 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 or 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 "Yes," complete Schedule J</i>	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 25a	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? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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 "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

G	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	.) No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 126		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
ı	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
ı	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the 50 of 50, and the organization metrorin 0000 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5с		
ı	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	ı	
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI.
	file Form 8282?	7 c		N
	11 Yes, indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ı	N
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
ı	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response or note to any line in this Part	VΙ														
--------------------------------------------------------------------------	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax 15			
	year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 or similar arrangement with a taxable entity during the year? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

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

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Dhiren Shah CPA 515 E 50th Street Suite 200 Chicago,IL 60615 (773)638-5600

<u>Part VII</u> 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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Daniel G Valliere	45 00	х		х				64,684	0	C
President & Exec Director (2) Edgar E Ramırez	45 00									
President & CEO		×		Х				100,704	0	7,734
(3) James Hill III	1 00	х		х				0	0	C
Chair (4) Willard S Evans Jr	1 00	×		X				0	0	C
Vice Chair										
(5) Michael D Pratt	1 00	×		х				0	0	C
Treasurer (6) Annette G Dezelan	1 00									
Secretary		X		Х				0	0	С
(7) Holly M Baumgart	1 00	х						0	0	C
Director (8) Joel Brosk	1 00									
Director		X						0	0	C
(9) Shonte Coleman	1 00	х						0	0	C
Director										
(10) Alfred E D'Ancona	1 00	x						0	0	C
Director (11) Caroline Harney	1.00				_					
	1 00	x						0	0	C
Director (12) Ann Beran Jones	1 00									
Director		×						0	0	C
(13) Phillip B Kenny	1 00	х						0	0	C
Director		<u> </u>						0	0	C
(14) Robert E Smietana	1 00	×						0	0	C
Director (15) Steven Sparks	1.00									
	1 00	x						0	0	C
Director (16) Joseph T Vanyo	1 00									
Director (Left FY14)		×						0	0	C
(17) Mary E Timmons	1 00	х						0	0	C
								. ()	(1)	·

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boot	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18)	Ronald G Kamınskı	1 00	х						0			0
Direc		1.00							_			
` '	Lizette Castenada	1 00	x						0			0
	tor (Left FY14) Dhiren Shah	45 00	-			1						
` '	Financial Officer				х				131,737			8,293
	Sarah Frick	45 00					l					
Sr VI	P, External Affairs/Strategy						X		113,023	•)	7,490
(22)	Cary Crawford	45 00					x		128,201			2,592
VP, S	enior Services					_						
						+						
						-						
						<u> </u>						
1b	Sub-Total					<u> </u>	<u> </u> ≽-					
c	Total from continuation sheets to Parl	: VII. Section A		•			▶					
d	Total (add lines 1b and 1c)				٠.		▶ -		538,349	0		26,109
2	Total number of individuals (including b \$100,000 of reportable compensation	out not limited to	those		ed a	bov	e) who	rec	eived more than			
											Yes	No
3	Did the organization list any former offi						yee, o	r hıg	hest compensate	d employee		
	on line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•	•			3		No
4	For any individual listed on line 1a, is t									om the		
	organization and related organizations	greater than \$1	50,000)	"Ye:	s,"c	ompie •	te Sc	chedule J for such	4		No
5	Did any person listed on line 1a receive	e or accrue com	nensat	on f	rom	anv	unrel	ated	l organization or u			110
	services rendered to the organization?		•						_	5		No
<u></u>	ection B. Independent Contracto	ors										
1	Complete this table for your five highes		ındepe	nden	nt co	ntra	actors	that	t received more th	nan \$100,000 of		
	compensation from the organization Re		tion foi	the	cale	enda	ryeaı	end	ling with or within			
	Name and t	(A) ousiness address								(B) on of services	(C Comper	
	on the Future 6969 N Ravenswood Chicago IL 600								Daycare Service	s		217,286
	: Computer Solutions Inc 5152 W Main St Skokie I sey Daycare 3155 W Diversey Chicago IL 60647	L 0UU//							IT Consulting Daycare Service			154,317 152,610
Outso	ource partners International 280 Park Avenue 38th	Floor New York N	10017						Accounting Serv	ces		106,445
Kımb	all Daycare 2609 N Kımball Chıcago IL 60647								Daycare Service	s		102,750

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 \blacktriangleright 5

Part V	/##1	Statement of Re		nce or note to any lir	o in this Dort VIII			
		Check if Schedule O	<u>Contains a respo</u>	nse or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaign	s 1a	50,000				
unt	ь	Membership dues .	1b					
9 10 10 10 10 10 10 10 10 10 10 10 10 10	c	Fundraising events	1c	159,685				
ffs, FA	d	Related organization						
ons, Gifts, Grants Similar Amounts	e	Government grants (conf						
Sir	f	All other contributions, gr		767,990				
ributi Other	'	sımılar amounts not ınclu	ded above		ļ			
	g	Noncash contributions inc 1a-1f \$	luded in lines	116,100				
Coma	h	Total. Add lines 1a-	1f		977,675			
<u>a</u>				Business Code				
venu	2a	Senior Care		624100	13,776,071	13,776,071		
æ	b	Child Development		624100	11,773,027	11,773,027		
Program Serwoe Revenue	С	Youth & Community Serv	rices	624100	640,135	640,135		
	d	Adult Education		624310	338,414	338,414		
Ē	e	All other was supplied						
Į,	f	All other program se						
<u> </u>	g	Total. Add lines 2a-			26,527,647			
	3	Investment income and other similar am			10,180			10,180
	4	Income from investment	of tax-exempt bond	proceeds F				
	5	Royalties	() D					
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental income or	(loss)					
	_		Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d Ra	Net gain or (loss). Gross income from f						
Other Revenue	Julia	events (not including \$ 159,685 of contributions repo See Part IV, line 18	rted on line 1c)					
Ā		1000 4	a	113,980				
₹		Less direct expense Net income or (loss)			7,511			7,511
		Gross income from g See Part IV, line 19	amıng actıvıtıes					
	ь	Less direct expense						
	c	Net income or (loss)		vities .				
	10a	Gross sales of inven						
	ь	Less cost of goods	sold b					
	С	Net income or (loss)		_				
	4.4	Miscellaneous Rev	enue	Business Code				
	11a							
	b c							
	d	All other revenue .			20,809			20,809
	e	Total. Add lines 11a		🕨	,			,
	12	Total revenue. See I			20,809			
				7	27,543,822	26,527,647	0	38,500

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ıons must comp	lete column (A)	Tage 10
	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
	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	334,367	334,367		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,512	2,512		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,312	2,312		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	313,152	295,491	13,592	4,069
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	15,962,196	15,061,957	692,826	207,413
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,386	62,025	7,039	2,322
9	Other employee benefits	1,244,132	1,173,900	58,745	11,487
10	Payroll taxes	1,361,251	1,280,848	64,642	15,761
11	Fees for services (non-employees)				
а	Management	56,408		56,408	
b	Legal	64,403		64,403	
С	Accounting	152,062		152,062	
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)	3,026,082	2,667,858	278,498	79,726
12	Advertising and promotion	73,696		39,130	34,566
13	Office expenses	586,603	537,283	 	8,398
14	Information technology	214,046	178,930		2,146
15	Royalties		27.5,22.5		_,
16	Occupancy	1,893,170	1,782,559	101,244	9,367
17	Travel	64,177	39,084		1,395
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings	153,612	121,661	31,171	780
20	Interest	131,929	53,000	76,624	2,305
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259,759	228,645	27,530	3,584
23	Insurance	157,677	146,420	10,686	571
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	Program Food	525,685	525,685		
b	Program Supplies	291,995	291,995		
c	Membership Dues	113,201	53,476	57,770	1,955
d	Bad Debt Expense	80,000	80,000		
е	All other expenses	118,839	113,851	2,736	2,252
25	Total functional expenses. Add lines 1 through 24e	27,252,340	25,031,547	1,832,696	388,097
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

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck in Schedule S contains a response of note to any line in this fare X	(A)		(B)
	1	Cash-non-interest-bearing	Beginning of year 3,552,308		End of year 3,163,846
	2	Savings and temporary cash investments	5,552,555	2	0,100,010
	3	Pledges and grants receivable, net	108,450	3	221,690
	4	Accounts receivable, net	3,134,220		3,682,521
	5	Loans and other receivables from current and former officers, directors, trustees, key	3,134,220	-	3,002,321
	3	employees, and highest compensated employees. Complete Part II of Schedule L		5	
×	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets				6	_
<i>⊗</i>	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	38,948	9	183,578
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 5,351,655			
	b	Less accumulated depreciation	3,862,200	10c	3,757,765
	11	Investments—publicly traded securities	90,823	11	104,068
	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	3,056,751	15	3,328,984
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,843,700	16	14,442,452
	17	Accounts payable and accrued expenses	1,390,624	17	1,579,438
	18	Grants payable		18	
	19	Deferred revenue	72,296	19	183,503
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,328,212	23	2,072,000
	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			70.000
		D	80,000	25	70,000
	26	Total liabilities. Add lines 17 through 25	3,871,132	26	3,904,941
S)		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,318,639	27	5,545,160
<u>ප</u>	28	Temporarily restricted net assets	1,520,178	28	1,586,367
Fund Balance	29	Permanently restricted net assets	3,133,751	29	3,405,984
Ĭ	29	·	3,133,731	29	3,403,904
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
<u>0</u>	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
s s	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,972,568	33	10,537,511
Net	34	Total liabilities and net assets/fund balances	13,843,700	34	14,442,452
		rotal habilities and het assets/fulla balances	15,645,700	J4	14,442,402

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,5	543,822
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,2	252,340
3	Revenue less expenses Subtract line 2 from line 1	3			291,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			72,568
5	Net unrealized gains (losses) on investments	5			1,228
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		2	272,233
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10,5	537,511
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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 review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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	rate			
	▼ 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?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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As Filed Data -

DLN: 93493133036315

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name	of	the	orga	niza	tio
Chicado	Co	ommo	ons As	socia	ition

Employer identification number

									36-2169		
	rt I			blic Charity Sta						<u>nstructions</u>	<u>. </u>
	rganı		-	e foundation becaus	•		-	· ·	-		
1			-	on of churches, or a				ection 170(b)(1)(A)(i).		
2	Г	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedı	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descri	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)(1)(A)(iii). E	nter the
	_			ty, and state							
5	ı	-	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_	sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Г	A feder	al, state, or	local government or	nent or governmental unit described in section 170(b)(1)(A)(v).						
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
8	Г			n 170(b)(1)(A)(vi). described in section			nplete Part II)			
9	Ī		-	at normally receives			•	-	outions, mem	bership fees	, and gross
	•	_		ities related to its ex					· <u>-</u> '	-	-
		•		oss investment inco	•	-		•	` '		
		•	_	janızatıon after June				=		.,	
10	Г			ganized and operated							
11	<u></u>	_		ganized and operated			•			o carry out t	the nurnoses of
	ļ			ly supported organiz							
		the box	that descri	bes the type of supp	orting organ	ization and o	complete line	s 11e throu	ıgh 11h		
		а	Type I	b	┌ Type II	I - Function	ally integrate	d d Γ	Type III - N	on-functiona	lly integrated
e	Γ	•	_	ox, I certify that the	_		•		•	•	•
				on managers and ot	her than one	or more pub	licly support	ed organiza	tıons descrıb	ed in sectior	า 509(a)(1) or
_			509(a)(2)			forms that D	C +b - b . b :	T T T	- II T	TIT accordan	
f			rganization :his box	received a written de	etermination	from the 1K	S that it is a	iype i, iyp	e II, or Type	III Supporti	ng organization,
g				2006, has the organi	ızatıon accer	ted any gift	or contribution	on from any	of the		,
_			g persons?	,		, 5		,			
		(i) A pe	erson who di	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No
		and (III) below, the	governing body of th	ie supported	organızatıor	٦?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)
h		Provide	the following	ng information about	the supporte	ed organizat	ıon(s)				
•) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of
	oqqui			organization	organizati		the organiz		organizat		monetary
OI	ganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support
				or IRC section	docume	_	Suppor		I III the o	3 '	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	-
					1.62	140	1 63	140	1 63	140	
							-		+		
									1		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,064,628	22,656,120	23,646,611	822,438	1,038,095	69,227,892
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	454,863	284,355	399,596	22,698,116	26,527,647	50,364,577
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	21,519,491	22,940,475	24,046,207	23,520,554	27,565,742	119,592,469
	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts 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						0
c	year Add lines 7a and 7b						0
8	Public support (Subtract line 7c from line 6)						119,592,469
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	21,519,491	22,940,475	24,046,207	23,520,554	27,565,742	119,592,469
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,862	21,281	185,807	33,893	10,180	260,023
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	8,862	21,281	185,807	33,893	10,180	260,023
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	21,528,353	22,961,756	24,232,014	23,554,447	27,575,922	119,852,492
14 Se	First five years. If the Form 990 in the check this box and stop here ection C. Computation of Pu		· 	, third, fourth, or	fifth tax year as a	a 501(c)(3) orga	nization, ▶☐
15	Public support percentage for 201			13, column (f))		15	99 780 %
16	Public support percentage from 20	012 Schedule A, P	art III, line 15			16	99 770 %
Se	ction D. Computation of In	vestment Inco	me Percenta	ge			
17	Investment income percentage fo				nn (f))	17	0 220 %
18	Investment income percentage fro					18	0 230 %
19a	33 1/3% support tests—2013. If the	ne organization did 	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	lline 17 is not

^{33 1/3%} support tests—2012. 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

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
		Facts And Circumstances Test				
Return Reference Explanation						
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493133036315

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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. ► Information about Schedule D (Form 990) Open to Public

Supplemental Financial Statements

tema	Il Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspec	tion
	me of the organi			Emp	loyer identifi	cation numbe	er
Chi	cago Commons Asso	ociation		36-3	2169136		
Pa	rt I Organi	izations Maintaining Donor Adv	ised Funds or Other Similar F			ts. Comple	te if the
	organiz	ation answered "Yes" to Form 990,					
ı	Total number at	t and of year	(a) Donor advised funds		(b) Funds an	d other accou	ınts
L •	Total number at	,					
<u> </u>	33 3	ributions to (during year) ts from (during year)					
,		e at end of year		+			
•		e at end or year ation inform all donors and donor adviso	ure in writing that the accepte hold in don	or advi			
,		rganization's property, subject to the or		ioi auvi	seu	☐ Yes	┌ No
5	used only for cl conferring impe	ration inform all grantees, donors, and do haritable purposes and not for the benefi ermissible private benefit?	it of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No
Pa		rvation Easements. Complete if		o Forn	<u>1 990, Part</u>	IV, line 7.	
L 2	Preservation Protection Preservation Complete lines	conservation easements held by the organ of land for public use (e g , recreation of natural habitat on of open space 2 a through 2d if the organization held a ne last day of the tax year	or education) Preservation of an Preservation of a	certified	d historic str	ucture	
	casement on th	ie last day of the tax year			Held at ti	he End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage i	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
d		servation easements included in (c) acq ire listed in the National Register	uired after 8/17/06, and not on a	2d			
3	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	e organizatio	n during	
	the tax year ►_						
ı	Number of stat	es where property subject to conservati	on easement is located 🗠				
5		nization have a written policy regarding t the conservation easements it holds?	he periodic monitoring, inspection, han	dlıng of	violations, a	nd Yes	┌ No
5	Staff and volun	teer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments d	uring the yea	ır	
7		enses incurred in monitoring, inspecting	, and enforcing conservation easement	s durıng	the year		
	► \$				10 (1) (4) (5) ()		
3	and section 17					☐ Yes	┌ No
•	balance sheet,	escribe how the organization reports con and include, if applicable, the text of the n's accounting for conservation easeme	e footnote to the organization's financia				
ar		izations Maintaining Collections		or Oth	ner Simila	r Assets.	
		ete if the organization answered "Yo tion elected, as permitted under SFAS 1		nua cta	tement and h	alance sheet	
la	works of art, hi	storical treasures, or other similar asset e, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furthe		
b	works of art, his	cion elected, as permitted under SFAS 1 storical treasures, or other similar asset e the following amounts relating to these	ts held for public exhibition, education,				lıc
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded in Form 990, Part X			► \$_		
2	If the organizat	cion received or held works of art, histori nts required to be reported under SFAS					
а	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collections of Art, Hi	stor	·ic	al Trea	sures, or	Othe	er Similar Asse	ets (co	ntınued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	heck		·	-		-	fits	
а	Public exhibition d	Г	•	Loan or e	xchange pro	grams	5		
b	Scholarly research e		•	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain he Part XIII	ow the	еy	further th	ne organizatio	on's e	xempt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part							Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Complete								1 140
	Part IV, line 9, or reported an amount on Form 990, I								
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?				ns or other a:	ssets	not	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and complete the follo	wing	ta	ible			Amo		
С	Pagunung balanga					1c	Amo	unt	
d	Additions during the year					1d			
e	Additions during the year					1e			
f	Distributions during the year Ending balance					1f	+		
' 2a	Did the organization include an amount on Form 990, Part X, line 21	2						Yes	
2a h									, INO
Dat	If "Yes," explain the arrangement in Part XIII Check here if the exp rt V Endowment Funds. Complete if the organization ar								
Ра		b) Prioi						e)Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
C	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								
2	Provide the estimated percentage of the current year end balance (I $$	ıne 1	g,	column (a	i)) held as				
а	Board designated or quasi-endowment ▶								
b	Permanent endowment ▶								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
3a	Are there endowment funds not in the possession of the organization	n that	a	re held an	d admınıster	ed for	the		
	organization by (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations	• •					3a(ii)		
b	If "Yes" to $3a(II)$, are the related organizations listed as required on	Sche	edu	ıle R? .		٠.	3b		
4	Describe in Part XIII the intended uses of the organization's endow	ment	fu	nds					
Par	Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.	orga	nı	zatıon ar	nswered 'Ye	es' to	Form 990, Part	IV, lır	ne
	Description of property			Cost or other			(c) Accumulated depreciation	(d) Bo	ok value
1a l	and				2	47,381			247,381
Ь	Buildings				4,1	78,069	1,171,636		3,006,433
	Leasehold improvements								
d i	Equipment				9	11,205	422,254		488,951
	Other					15,000			15,000
Tota	. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co	lumn	(B), line 10(c).)				3,757,765
							Schedule D (Form 9	90) 2013

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security)		Cost or end-of-year market value
1)Financial derivatives 2)Closely-held equity interests		
Other		
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13.	425	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		•
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
	tion answered 'Y es' to Form 990, scription	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1) Beneficial Interest in Irrevocable Perpetual Trusts		3,328,98
	_	
Part X Other Liabilities. Complete if the oi		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	ganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	ganization answered 'Yes' to	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	·
Form 990, Part X, line 25.	(b) Book value	

Part		evenue per Audited Financial Statements With Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1		r support per audited financial statements	1	27,817,283
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
a	Net unrealized gains on invest	ments		
b	Donated services and use of fa	acilities		
c	Recoveries of prior year grants	5		
d	Other (Describe in Part XIII)	2d 272,233		
e	Add lines 2a through 2d .		2e	273,461
3	Subtract line 2e from line 1 .		3	27,543,822
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4 c	0
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	27,543,822
Part		xpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per	audited financial statements	1	27,252,340
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	icilities		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	27,252,340
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)			
C	Add lines 4a and 4b		4 c	0
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	27,252,340
Part	XIII Supplemental Inf	ormation		
Part '	/, line 4, Part X, line 2, Part XI, nation	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		(5) (1) -
	Line 2	Commons is exempt from income taxes under the provisions of Section 5 Revenue Code and applicable state law. The accounting standard on accounting taxes addresses the determination of whether tax benefits claime on a tax return should be recorded in the financial statements. Under this recognize the tax benefit from an uncertain tax position only if it is more tax position will be sustained on examination by taxing authorities, based the position. Examples of tax positions include the tax-exempt status of positions related to the potential sources of unrelated business taxable in benefits recognized in the financial statements from such a position are margest benefit that has a greater than 50 percent likelihood of being real settlement. There were no unrecognized tax benefits identified or recorded reporting period presented in the financial statements. Commons files For jurisdiction and the State of Illinois. Commons is generally no longer subjurisdiction and the State of Illinois. Commons is generally no longer subjurisdiction.	ountind or early guide han li lon the Commercome as under the grant gran	g for uncertainty in xpected to be claimed ance, Commons may kely than not that the se technical merits of nons and various (UBIT) The tax red based on the pon ultimate (abilities for the O in the US federal
Part X. Adjust	I, Line 2d - Other ments	Change in Beneficial Interest in Perpetual Trusts 272,233		

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493133036315

Supplemental Information Regarding OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public

	Information about Sched	ule G (Form 990 or 990-l	Z) and its instructions is at w	ww.irs.gov/form990.	Inspection		
Name of the organization				Employer ide	ntification number		
Chicago Commons Asso	ciation			36-2169136	5		
	ng Activities. Complete Z filers are not required			to Form 990, Part IV	/, line 17.		
1 Indicate whether th	e organization raised funds	through any of the f	ollowing activities. Che	eck all that apply			
a Mail solicitation	_	e					
b Internet and en	naıl solicitations	f	Solicitation of gov				
c Phone solicitati	ons	g	Special fundraisin				
d ☐ In-person solic	ıtatıons						
	n have a written or oral agre sted in Form 990, Part VII)				Г Yes Г No		
	n highest paid individuals or at least \$5,000 by the orga		rs) pursuant to agreem	ents under which the fi	undraiser is		
(i) Name and address individual or entity (fundraise		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes No					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
		>					
3 List all states in wh registration or licen	ich the organization is regis sing	tered or licensed to	solicit contributions o	r has been notified it is	s exempt from		

Sche	dule	G (Form 990 or 990-EZ) 2013				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 Wine Tasting Event	(b) Event #2 Golf Event	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
暑	1	Gross receipts	104,132	169,533		273,665
Revenue	2	Less Contributions	66,952	92,733		159,685
<u>~</u>	3	Gross income (line 1 minus line 2)	37,180	76,800		113,980
	4	Cash prizes				
10	5	Noncash prizes		2,000		2,000
Expenses	6	Rent/facility costs	2,000	48,560		50,560
ă	7	Food and beverages .	26,309	16,879		43,188
Direct -	8	Entertainment				
≧	9	Other direct expenses .	7,478	3,243		10,721
	10	Direct expense summary Add lir	nes 4 through 9 in column	n (d)		(106,469)
	11	Net income summary Subtract li			•	7,511
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	├ Yes% ├ No	┌ Yes% ┌ No	│ Yes	
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	tivities		
a b		the organization licensed to operate 'No," explain				. Fyes No
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	
		·····				

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

DLN: 93493133036315

OMB No 1545-0047

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

Open to Public **Inspection**

Department of the Treasury
Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ame or the organization						Employer identifi	cation number
hicago Commons Association						36-2169136	
Part I General Inform	nation on Grants	s and Assistance				•	
Does the organization ma the selection criteria used Describe in Part IV the or Part II Grants and Oth	d to award the grants rganization's procedu	orassistance?	e of grant funds in the l				アYes 「N
		recipient that receive					
(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
(1) Association House 1116 N Kedzie Avenue Chicago, IL 60651	36-2166961	501(c)(3)	112,315				Community Violence Prevention Program (CVPP)
(2) Youth Service Project 3942 W North Avenue Chicago,IL 60647	36-2838207	501(c)(3)	100,000				Community Violence Prevention Program (CVPP)
(3) Blocks Together 3453 W North Ave chicago,IL 60647	36-3983087	501(c)(3)	80,000				Community Violence Prevention Program (CVPP)
(4) New Life Knew Solutions 2512 S Oakley Chicago, IL 60608	26-3994320	501(c)(3)	32,668				Community Violence Prevention Program (CVPP)
(5) Puerto Rican Cultural Center 2739 W Division Chicago, IL 60622	23-7347778	501(c)(3)	8,900				Community Violence Prevention Program (CVPP)
2 Enter total number of sect	tion 501 (c)(3) and g	overnment organizations	listed in the line 1 table	<u> </u>	l.		5

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion. Provide the info	ormation required in Pa	irt I, line 2, Part III, col	umn (b), and any other a	dditional information.

Supplemental In	iformation. Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information.
Return Reference	Explanation
,	The initial distribution of funds for this program occurs within 7 business days of contract execution. All additional distributions are made upon approval of progress and budget reports confirming expenditures for the preceding quarter by Chicago Commons as Community Violence Prevention Program (CVPP) Humboldt Park Lead Agency, formerly known as Neighborhood Recovery Initiative Program (NRI)

Schedule I (Form 990) 2013

DLN: 93493133036315

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

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

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Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

hıca	go Commons Association				36-2169136			
Pa	rt I Types of Property				30 2103130			
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods		-	116100	DI D IVI			
	Cars and other vehicles	X	6	116,100	BlueBook Value			
	Boats and planes Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation							
-	contribution—Historic structures							
.4	Qualified conservation contribution—Other							
. 5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ▶ ()							
	Other ► ()							
	Other ►()							
	Other ► ()	hu tha aras	nization during the tay yea	r for contributions				
29	Number of Forms 8283 received for which the organization comple				29			0
	3		, ,	J L			Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ution, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		Νo
b	If "Yes," describe the arrangem	ent ın Part I	I					
31	Does the organization have a gif	t acceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell	noncash 	32a		No
h	If "Yes," describe in Part II							110
33	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) is checked.			
_	describe in Part II		(2) (3) (4) (5)	Erre Erry in immen adiamin (,			

chedule is (form 550) (2015)			
	ormation. Provide the information required by Part I, lines 30b,		
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the			
number of items red	ceived, or a combination of both. Also complete this part for any additional information.		
Return Reference	Explanation		
Part I Column (h)	The number of contributions represents the number of vehicles received		

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493133036315

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization	Employer identification number
Chicago Commons Association	
	36-2169136

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is reviewed by the Finance/Audit committee of the Board of Directors with the CFO and the CEO. The authority to review and approve the Form 990 has been delegated to the Finance Committee by the full Board, the Finance Committee has reviewed Form 990 and approved the filing of the Form 990.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The corporation bylaws includes the conflict of interest policy. A questionnaire is distributed to Governing Board Members, as well as officers and key employees, annually through which individuals identify any potential conflicts of interest. Additionally, throughout the year, Members are instructed to notify the Executive Director of any potential conflicts as they arise. Any potential conflicts identified on the questionnaire or self-identified during the year are researched to determine if adequate controls are in place to prevent a conflict or if further corrective action is necessary.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The executive committee of the Board of Directors, consisting of the Board President, Treasurer, Secretary and two Vice-Chairmen, determined the compensation of the organization's Executive Director. The committee, which consists entirely of independent Board Members, reviewed comparability data of peer organizations to arrive at the two Officer's levels of compensation. Signed documentation was submitted to the organization's payroll and human resources departments at the time of the decision to approve changes to the Officer's levels of compensation.

Return Reference	Explanation
Section C, line 19	The Chicago Commons Association's Form 990, audited financial statements, and conflict of interest policy can all be found and downloaded at www chicagocommons org. These documents can also be provided upon request outside of the public website. Documents are available pursuant to the disclosure terms of section 6104(d)

Return Reference	Explanation
Form 990, Part IX, line 11g	Community Partners Program service expenses 1,072,842 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,072,842 Consulting Program service expenses 504,814 Management and general expenses 168,944 Fundraising expenses 79,726 Total expenses 753,484 Payroll Services Program service expenses 0 Management and general expenses 85,955 Fundraising expenses 0 Total expenses 85,955 Bank Fees Program service expenses 0 Management and general expenses 23,599 Fundraising expenses 0 Total expenses 23,599 Medical/Dental Services Program service expenses 21,371 Management and general expenses 0 Fundraising expenses 0 Total expenses 21,371 Homemakers Professionals Program service expenses 1,068,831 Management and general expenses 0 Fundraising expenses 0 Total expenses 0 Total expenses 1,068,831

Return Reference	Explanation
Form 990, Part XI, line 9	Change in market value of beneficial interest in perpetual trusts 272,233