DLN: 93493132018327

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organization D Employer identification number Check if applicable Chicago Commons Association Address change 36-2169136 Name change Doing business as Initial return Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 515 E 50th Street No 200 return/terminated (773) 638-5600 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending Chicago, IL 60615 G Gross receipts \$ 28,814,030 Name and address of principal officer H(a) Is this a group return for Edgar Ramırez subordinates? 515 E 50th Street No 200 Nο Chicago,IL 60615 H(b) Are all subordinates Tax-exempt status included? 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.chicagocommons.org Group exemption number ▶ L Year of formation 1894 M State of legal domicile IL Part I Summary 1 Briefly describe the organization's mission or most significant activities Chicago Commons Association partners with individuals, families and communities to overcome poverty, discrimination and isolation Chicago Commons operates four core programs Early Education, Youth Services, Adult Education and Senior Services Chicago Commons targets neighborhoods with the greatest needs, with a current focus on West Humboldt Park, Pilsen, Back of the Yards and Grand Boulevard Activities & Governance 2 Check this box ► 🕝 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 18 957 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 250 Total number of volunteers (estimate if necessary) 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,097,966 1,053,519 8 Contributions and grants (Part VIII, line 1h) **Pavenue** 28,734,383 27,437,558 Program service revenue (Part VIII, line 2g) . 2,160 178,365 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,697 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,215 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 29,846,206 28,682,657 257,362 28,059 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 19,311,683 19,989,808 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 513,157$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 9,235,530 7,936,855 17 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,804,575 27,954,722 Revenue less expenses Subtract line 18 from line 12 . 1,041,631 727,935 Assets or **End of Year** Beginning of Current Year 20 15,275,362 16,719,550 Total assets (Part X, line 16) . . 21 3,836,990 4,717,823 Total liabilities (Part X, line 26) . . 11,438,372 12,001,727 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which

Sign Here

Paid

Preparer

Use Only

preparer has any knowledge

Signature of officer

Edgar Ramırez President & CEO Type or print name and title Print/Type preparer's name reparer's signature Date Check P00294296 Wayne Harder Wayne Harder self-employed Firm's name ► RSM US LLP Firm's EIN > 42-0714325 Firm's address ▶ 1 S WACKER DRIVE STE 800 Phone no (312) 634-3400

CHICAGO, IL 60606

2017-05-11

√Yes No

25,428,640

Total program service expenses ▶

orm	990 (2015)			Page 3
Par	t 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 $98-197$. If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b		No
15	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	•	,				
: IV	Ch	ecklist	of Re	quired	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt 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	21	I I
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🔧		

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

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Par	t IV	Checklist o	f Requi	red S	Schedules	(conti	nued)			

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

member of any of these persons? *If "Yes," complete Schedule L, Part III* Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

•	 2

_

Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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33

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35a

35b

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37

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Yes

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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this	Part	V			
10	Entor	the number reported in Boy 3 of Form 1006 Enter 10 if not applicable	1a	127		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0			
С		e organization comply with backup withholding rules for reportable payments i g (gambling) winnings to prize winners?	o ven	uors and reportable	1 c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	957			
h	•	s return			2b	Yes	
b		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durir	ng the	year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, piovide an explana</i> t	ion in S	Schedule O	3b		
4a		time during the calendar year, did the organization have an interest in, or a s					
		a financial account in a foreign country (such as a bank account, securities ac nt)?	count	, or other financial	4a		No
b		s," enter the name of the foreign country ▶					
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	Financial Accounts			
	(FBAR	.)					
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
b	Dıd an	y taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
e-	Dos-	the erganization have applied gross receipts that are remarkly arrated that	00.00	ond did the	5c		NI.
ъа		the organization have annual gross receipts that are normally greater than \$1 zation solicit any contributions that were not tax deductible as charitable con	,	•	6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement t			_		
_		not tax deductible?			6b		
	_	izations that may receive deductible contributions under section 170(c).	100 5-	id partly for goods and	7a	Yes	
d		e organization receive a payment in excess of \$75 made partly as a contribut es provided to the payor?		· · · ·		1 65	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	orovide	ed?	7b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal prope		which it was required to			NI -
А		rm 8282?	 7d	 I	7c		No
4	1, 16	z,zzz die namber et eine obez med danny the year		I			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal h	enefit contract?	7f		No
		organization received a contribution of qualified intellectual property, did the					110
3	require	- <u>.</u> E			7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, dıd	the organization file a	7h		
8		oring organizations maintaining donor advised funds.	•		/11		
-	Did a	donor advised fund maintained by the sponsoring organization have excess bu	ısınes	s holdings at any time			
	during	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966			9a		
b		e sponsoring organization make a distribution to a donor, donor advisor, or re	lated p	person?	9b		
LO		n 501(c)(7) organizations. Enter	1.	I			
		ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b		j		
L1		n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)	11b	<u> </u>			
L2a	Sectio	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 99	0 in lie	eu of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
L3	•	n 501(c)(29) qualified nonprofit health insurance issuers.		I			
а		organization licensed to issue qualified health plans in more than one state? I	Note. S	See the instructions for	12-		
Ь		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	I	I	13a		
J		the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c		Į		
L4a	Dıd th	e organization receive any payments for indoor tanning services during the ta	x year	٠,	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i>	ation ii	n Schedule O	14b		

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

Se	ection A. Governing Body and Management	•	· · ·	· · ~
	Calon Al Coverning Body and Flanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 18			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		No
6	Did the organization have members or stockholders?	6		No
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ле Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed ► IL			
8	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			

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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Dhiren Shah CPA 515 E 50th Street Suite 200 Chicago, IL 60615 (773) 638-5600

Part VII

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 no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Willard S Evans Jr Board Chair	1 00	×		x				0	0	0
(2) Steven Sparks Vice Chair	1 00	х		х				0	0	0
(3) Michael D Pratt Treasurer	1 00	х		×				0	0	0
(4) Mary E Timmons Secretary	1 00	х		×				0	0	0
(5) Dorothy Abreu Director	1 00	х						0	0	0
(6) Holly M Baumgart Director	1 00	х						0	0	0
(7) Joel Brosk Director thru 6/30/16	1 00	x						0	0	0
(8) Elizabeth Gayton Director thru 8/31/15	1 00	х						0	0	0
(9) Alfred E D'Ancona Director	1 00	х						0	0	0
(10) Caroline Harney Director	1 00	x						0	0	0
(11) James Hill III Director	1 00	х						0	0	0
(12) Torrence L Hinton Director as of 7/1/15	1 00	х						0	0	0
(13) Ann Beran Jones Director	1 00	х						0	0	0
(14) Ronald G Kamınskı Dırector	1 00	х						0	0	0
			•		•	•	•			Form 990 (2015)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amou otl compe from	F) nated unt of her nsation i the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and re	zation elated zations
(15) Philip B Kenny	1 00	×						0	0		
Director		^						0	O		
(16) David R Perez Director as of 7/1/15	1 00	x						0	0		0
(17) Robert E Smietana Director	1 00	Х						0	0		0
(18) Yvette Vargas	1 00							_	_		
Director as of 9/1/15		X						0	0		U
(19) Michael Tadin	1 00	.,									
Director thru 6/30/16		X						0	0		U
(20) Edgar E Ramırez President & CEO	45 00			х				150,856	0		12,739
(21) Dhiren Shah	45 00										
Chief Financial Officer				Х				148,742	0		19,556
(22) Sarah Frick Sr. VP, External Affairs/Strategy	45 00					х		143,484	0		11,695
(23) Cary Crawford VP, Senior Services	45 00					х		149,131	0		3,800
(24) Carman Weathington VP, Human Resources	45 00					х		117,796	0		12,136
1b Sub-Total	, Section A .			>			7.	10,009	0		59,926
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	. I	e) w	ho red		<u>'</u>	<u> </u>		35,320

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

Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ for \ the \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ for \ your \ for \ for \ your \ five \ highest \ for \ your \ for \ for \ your \ for \ your \ five \ for \ your \ for \$

(A) Name and business address	(B) Description of services	(C) Compensation
Eyes on the Future	Daycare Services	472,719
6969 N Ravenswood Chicago, IL 60626		
Diversey Daycare	Daycare Services	462,420
3155 W Diversey Chicago, IL 60647		
Kımball Daycare	Daycare Services	264,161
1636 N Kımball Chicago, IL 60647		
Behavioral Staffing	Substitute Teachers	231,644
1200 Hager Road 200 Oak Brook, IL 60523		
Quality Catering for Kids	Catering Services	223,392
4005 Porett Drive Gurnee, IL 60081		

Form 99		15)						Page 9
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated campaigns 1a		75,000				
Grants smounts	ь	Membership du	ies 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c	61,909				
Sifts Iar,	d	Related organiz	zations 1d					
ns, (е	Government grants	s (contributions) 1e					
ıtior er S	f	All other contribution	ons, gifts, grants, and 1f ot included above	916,610				
ië A	g	Noncash contribution	ons included in lines	12,500				
Contributions, Gifts, and Other Similar A	h	Total. Add lines	s 1a-1f		1,053,519			
				Business Code				
Program Service Revenue	2a	Early Education		624100	13,880,601	13,880,601		
₹ ×	ь	Senior Services		624100	13,486,627	13,486,627		
AC e	С	Family Hub		624310	70,330	70,330		
[}	d							
'anı	e •	All other progra	am corvice revenue					
Togi	f		am service revenue					
<u> </u>	g 3		s 2a-2f :ome (including dividenc		27,437,558			
		and other simila	aramounts)	•	160,040			160,040
	4		stment of tax-exempt bond p	· · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	()					
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	55,519					
	ь	Less cost or other basis and	37,194					
	_	sales expenses	18,325					
	c d	Gain or (loss) Net gain or (los	[16,323 SS)		18,325			18,325
Other Revenue	8 a	Gross income f events (not inc	from fundraising luding ,,909 s reported on line 1c)					
her			a	100,000				
ŏ			penses b [(loss) from fundraising e	94,179 events . •	5,821			5,821
		Gross income f	from gaming activities ne 19	,				
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	rities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
		_	L loss) from sales of Inve	ntory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b c							
	d	All other reven	ue		7,394			7,394
	e	Total. Add lines	L		7,394			
	12	Total revenue.	See Instructions		·	27 427 550		101 500
	l	_			28,682,657	27,437,558	ι	191,580

Form	990 (2015)				Page 10
Par	t IX Statement of Functional Expenses				
Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t √	this Part IX			
	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21		САРСПЗСЗ	general expenses	схрепаса
2	Grants and other assistance to domestic individuals See Part IV, line 22	28,059	28,059		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	683,569	139,024	410,670	133,875
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	15,453,896	14,812,272	444,913	196,711
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	92,399	78,414	9,471	4,514
9	Other employee benefits	2,434,175	2,371,881	45,654	16,640
10	Payroll taxes				
		1,325,769	1,255,910	51,226	18,633
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	39,181		39,181	
c	Accounting	326,417		326,417	
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)	2,939,986	2,807,382	39,120	93,484
12	Advertising and promotion	67,769	67,769		
13	Office expenses	596,810	493,441	102,063	1,306
14	Information technology	213,641	175,645	26,355	11,641
15	Royalties				
16	Occupancy	1,567,402	1,458,663	108,739	
17	Travel	124,421	110,254	13,441	726
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	159,613	117,914	28,895	12,804
20	Interest	75,622	29,911	44,410	1,301
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	386,513	209,400	177,113	
23	Insurance	172,006	99,248	72,758	
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)				

1,130,070

27,954,722

137,404

1,106,751

25,428,640

66,702

Program Operating Expen

Total functional expenses. Add lines 1 through 24e

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)

Membership Dues

All other expenses

b

c d

25

26

3,667

17,855

513,157

19,652

52,847

2,012,925

01111								1 agc 1 1
Par	t X	Balance Sheet	+ -	D V				_
		Check if Schedule O contains a response or note to any line	e m un	IS PAIL X		(A)		(B)
						Beginning of year		End of year
	1	Cash-non-interest-bearing				3,692,508	1	228,278
	2	Savings and temporary cash investments			•		2	
	3	Pledges and grants receivable, net		311,500	3	393,750		
	4	Accounts receivable, net	counts receivable, net					
	5	Loans and other receivables from current and former offic						
		key employees, and highest compensated employees Co Schedule L						
		Semedule 2			•		5	
	6	Loans and other receivables from other disqualified perso	ns (as	defined	under			
		section $4958(f)(1)$), persons described in section $4958(f)$	3), and					
		contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr		. ,				
S		II of Schedule L	uction	13) COIII	nete rait			
Assets							6	
ΑS	7	Notes and loans receivable, net					7	
-	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				97,764	9	70,220
	10a	Land, buildings, and equipment cost or other basis			6,429,914			
	Ι.	Complete Part VI of Schedule D	10a 10b		1,968,980	4 500 475	40-	4,460,934
	11	Less accumulated depreciation	4,506,175 105,435	10c	85,359			
	12	Investments—publicly traded securities				100,400	12	00,000
	13	Investments—program-related See Part IV, line 11 .					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				3,188,820	15	3,021,356
	16	Total assets.Add lines 1 through 15 (must equal line 34)				15,275,362	16	16,719,550
	17	Accounts payable and accrued expenses				1,810,531	17	2,162,769
	18	Grants payable				1,010,001	18	2,102,100
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability Complete Part IV of					21	
S	22	·	and other payables to current and former officers, directors, trustees,					
bilities		key employees, highest compensated employees, and dis		,	cc3,			
<u>.</u>		persons Complete Part II of Schedule L					22	
Ë	23	Secured mortgages and notes payable to unrelated third [parties	· .		1,966,459	23	1,855,054
	24	Unsecured notes and loans payable to unrelated third par	ties		•		24	
	25	Other liabilities (including federal income tax, payables to	o relat	ed thırd	parties,			
		and other liabilities not included on lines 17-24) Complete Part X of Schedule D						
						60,000	25	700,000
	26	Total liabilities. Add lines 17 through 25			ı	3,836,990	26	4,717,823
		Organizations that follow SFAS 117 (ASC 958), check her	re 🕨	🗸 and c	omplete			
ces		lines 27 through 29, and lines 33 and 34.						
<u>a</u>	27	Unrestricted net assets			_	7,579,117	27	8,244,621
Ba	28	Temporarily restricted net assets				593,435	28	658,750
P.	29	Permanently restricted net assets				3,265,820	29	3,098,356
Ξ.		Organizations that do not follow SFAS 117 (ASC 958), ch	eck he	ere ▶ □	and			
Net Assets or Fund Balances		complete lines 30 through 34.		1				
ets	30	Capital stock or trust principal, or current funds					30	
155	31	Paid-in or capital surplus, or land, building or equipment f	und				31	
ž A	32	Retained earnings, endowment, accumulated income, or o	ther fu	unds			32	
ž	33	Total net assets or fund balances			•	11,438,372	33	12,001,727
	34	Total liabilities and net assets/fund balances			•	15,275,362	34	16,719,550
								E 000 (201E)

Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Both consolidated and separate basis

2b Yes

2c

3a

3b

Yes

Yes

Yes

2a

Form 990 (2015)

Νo

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

SCHEDULE A

(Form 990 or

Internal Revenue Service

Name of the organization

Chicago Commons Association

990EZ)

Part I

1

2 3

Treasury

Department of the

DLN: 93493132018327

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.

| 2

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number

36-2169136

<u> 2015</u>

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

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

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

Open to Public Inspection

www.irs.gov/form990.

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
Se	ection A. Public Support	reion runs to qu	dilly dilder die	tests listed bei	iow, picase con	inpicte i die iii.	,
	Calendar year	I		T	T		T
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either						
3	paid to or expended on its 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						
Se	ection B. Total Support		T	Т	T	1	1
(or	Calendar year fiscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	Amounts 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						
	VI)						
11	Total support. Add lines 7						
12	through 10 Cross receipts from related activiti	es etr (see inst	ructions)			12	
13	First five years. If the Form 990 is f		•	third fourth or:	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	<u>`</u>	5) organization,
Se	ection C. Computation of Pub	olic Support F	Percentage				
14	Public support percentage for 2015	• •		11. column (f))		14	
15	Public support percentage for 2014	•	• •	, , , , , , , , , , , , , , , , , , , ,		15	
	33 1/3% support test—2015. If the	ŕ	•	c on line 13. and	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	,	,	▶ □
b	33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more,	check this
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test-	_				•	
	is 10% or more, and if the organiza in Part VI how the organization mee						
	•	.ca the Tacts-dfl	u circumstances	cest The Olyan	izacion qualilles d	a publicity supp	. —
h	organization 10%-facts-and-circumstances test-	_2014 If the ora:	anization did not a	check a boy on lir	ne 13 16a 16b	or 17a and line	▶
D	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				•	•	cly
	supported organization						` ▶ ┌
L8	Private foundation. If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	•
	instructions						▶┌
							•

Gifts, grants, contributions, and membership fees received (Do

Section A. Public Support Calendar year

not include any "unusual

(or fiscal year beginning in) ▶

(f)Total

27,671,129

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

23,646,611

(a)2011

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

(c)2013

1,038,095

(d)2014

1,110,466

(e)2015

1,053,519

(Complete only if)	ou checked the box	Con line 5 of fait 1 of it the	. organization fanca to quality at
II If the organizat	ion fails to qualify ii	nder the tests listed below	please complete Part II)

822,438

(b)2012

	grants ")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	300 506	22 608 116	26 527 647	28,734,383	27.52	7 550	105,897,300
	in any activity that is related to	399,596	22,698,116	26,527,647	28,734,383	27,53	7,558	105,897,300
	the organization's tax-exempt							
3	purpose 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							
5	paid to or expended on its behalf The value of services or						-+	
3	facilities furnished by a							
	governmental unit to the							
_	organization without charge	24,046,207	23,520,554	27,565,742	29,844,849	28,59	1 077	133,568,429
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	24,040,207	23,320,334	27,303,742	23,044,043	20,33	1,077	155,500,429
<i>,</i> a	and 3 received from disqualified							0
	persons							
b	A mounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							· ·
	the amount on line 13 for the year							
С	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c							133,568,429
So	from line 6) ction B. Total Support						L	
36	Calendar year						$\overline{}$	
(or f	iscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	·	(f) Total
9	A mounts from line 6	24,046,207	23,520,554	27,565,742	29,844,849	28,59	1,077	133,568,429
l0a	Gross income from interest,							
	dividends, payments received on securities loans, rents,	185,807	33,893	10,180	1,972	16	0,040	391,892
	royalties and income from							
	similar sources						-	
b	Unrelated business taxable income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b Net income from unrelated	185,807	33,893	10,180	1,972	16	0,040	391,892
11	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on						-+	
12	Other income Do not include		0.775	20.000	2.574		7 204	44 540
12	= :		9,775	20,809	3,571		7,394	41,549
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		9,775	20,809	3,571		7,394	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part	24,232,014	9,775	20,809	3,571 29,850,392	28,75		134,001,870
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9,		23,564,222	27,596,731	29,850,392	28,75	8,511	134,001,870
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	L L s for the organizati	23,564,222 on's first, second,	27,596,731	29,850,392	28,75	8,511	134,001,870
13 14 Se	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	for the organizati	23,564,222 on's first, second,	27,596,731 , third, fourth, or f	29,850,392	28,75 section 50	8,511	134,001,870) organization,
13 14 S e 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pupublic support percentage for 201	s for the organization of the support P	23,564,222 on's first, second, Percentage (f) divided by line	27,596,731 , third, fourth, or f	29,850,392	28,75 section 50	8,511	134,001,870) organization, ▶ □
13 14 Se 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu Public support percentage for 2019 Public support percentage from 2019	blic Support P Is (line 8, column O14 Schedule A, P	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15	27,596,731 , third, fourth, or f	29,850,392	28,75 section 50	8,511	134,001,870) organization,
13 14 Se 15 16 Se	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu Public support percentage for 201 Public support percentage from 201 ction D. Computation of In	blic Support P Is (line 8, column O14 Schedule A, P	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15 ome Percentage	27,596,731 , third, fourth, or f 13, column (f))	29,850,392 ifth tax year as a	28,75 section 50	8,511	134,001,870) organization, ▶ □
13 14 Se 15 16 Se 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu Public support percentage for 201 Public support percentage from 201 Ection D. Computation of In Investment income percentage for	blic Support P 15 (line 8, column 014 Schedule A, P vestment Inco	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15 ome Percentage column (f) divided	27,596,731 , third, fourth, or f 13, column (f)) ge by line 13, colum	29,850,392 ifth tax year as a	28,75: 1 section 50 15 16	8,511	134,001,870) organization, 99 680 % 99 780 % 0 290 %
13 14 Se 15 16 Se 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Purice Public support percentage for 201 Public support percentage from 201 Computation of In Investment income percentage for Investment income percentage from Investment Income Investment Investm	blic Support P 5 (line 8, column 014 Schedule A, P vestment Inco or 2015 (line 10c, co	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15 Dime Percentage column (f) divided A, Part III, line 1	27,596,731 third, fourth, or f 13, column (f)) ge by line 13, column	29,850,392 ifth tax year as a	28,750 section 50 15 16 17 18	8,511 1(c)(3)	134,001,870) organization, 99 680 % 99 780 % 0 290 % 0 200 %
113 Se 115 116 Se 117 118	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pupublic support percentage for 201 Public support percentage from 20 Computation of Insurance in Investment income percentage for Investment income percentage from 33 1/3% support tests—2015. If the	s for the organization blic Support P 15 (line 8, column 014 Schedule A, F vestment Income 2015 (line 10c, come 2014 Schedule he organization did	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15 Dime Percentage column (f) divided A, Part III, line 1 I not check the bo	27,596,731 third, fourth, or f 13, column (f)) ge by line 13, colum 7 x on line 14, and	29,850,392 ifth tax year as a in (f)) line 15 is more to	28,750 section 50 15 16 17 18 than 33 1/39	8,511 1(c)(3)	134,001,870) organization, 99 680 % 99 780 % 0 290 % 0 200 % line 17 is not
13 14 Se 15 16 Se 17 18	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Purice Public support percentage for 201 Public support percentage from 201 Computation of In Investment income percentage for Investment income percentage from Investment Income Investment Income Investment Income Investment Income Investment Income Investment Investment Income Investment Inv	blic Support P 15 (line 8, column 014 Schedule A, F vestment Inco or 2015 (line 10c, co om 2014 Schedule he organization did ex and stop here. T	23,564,222 on's first, second, Percentage (f) divided by line Part III, line 15 Dime Percentage column (f) divided A, Part III, line 1 d not check the bothe organization question	27,596,731 , third, fourth, or f 13, column (f)) ge by line 13, colum .7 x on line 14, and ualifies as a publi	29,850,392 ifth tax year as a in (f)) line 15 is more to only supported or	28,750 section 50 15 16 17 18 Chan 33 1/3% ganization	8,511 1(c)(3)	134,001,870) organization, 99 680 % 99 780 % 0 290 % 0 200 % Inne 17 is not

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 through 6			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493132018327

Open to Public **Inspection**

	ame of the organization neago Commons Association		Emp	oloyer identification number
				2169136
Pā	Organizations Maintaining Dono Complete if the organization answer			or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
_	Total number at end of year			
<u> </u>	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
Ļ	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			ısed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Compl	ete if the organization answered "Ye	es" on For	m 990, Part IV, line 7.
	Purpose(s) of conservation easements held by t	he organization (check all that apply)		
	Preservation of land for public use (e g , recoeducation)		n of an histo	rically important land area
	Protection of natural habitat	Preservation	of a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contributio	n in the forr	n of a conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	<u> </u>
c	Number of conservation easements on a certified	, ,	2c	
d	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra	insferred, released, extinguished, or term	inated by tl	ne organization during the
	tax year ▶			
Ļ	Number of states where property subject to cons	servation easement is located >		
;	Does the organization have a written policy rega violations, and enforcement of the conservation		handling o	f □Yes □No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and er	nforcing cor	servation easements during the
	>			
,	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforci	ıng conserv	ation easements during the year
3	Does each conservation easement reported on It (B)(I) and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requirements o	f section 1	70(h)(4) Yes No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation ea	t of the footnote to the organization's fina		nse statement, and
а	rt III Organizations Maintaining Collection Complete if the organization answer			her Similar Assets.
.a	If the organization elected, as permitted under S works of art, historical treasures, or other simila	• • • • • • • • • • • • • • • • • • • •		

(ii) Assets included in Form 990, Part X **▶** \$ __ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

(i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

service, provide the following amounts relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of Art	Historical	Trea	sures, or (Other Similar	Asset	S
3		the organization's acquisition, accontion tems (check all that apply)	ession, and other record	ls, chec k a ny	of the f	ollowing that	are a significant	use of its	S
а		Public exhibition		d L	oan or e	exchange pro	grams		
b		Scholarly research		e	ther				
c	Preservation for future generations								
4	Provi	de a description of the organization?	s collections and explai	n how they fur	rther th	e organizatio	n's exempt purpo	se in	
5		g the year, did the organization solic is to be sold to raise funds rather th						Yes 「	No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.				<u> </u>		
1 a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interme	diary for conti	rıbutıon	s or other as:	_	Yes [No
ь	If'	Yes," explain the arrangement in Pa	art XIII and complete t	ne following ta	ıhle			Amount	
c		ginning balance	are Alli and complete th	.s ronowing to	. 5.0	10			
d		ditions during the year				10			
e		tributions during the year				16			
f		ding balance				1f			
2a		ne organization include an amount o	n Form 990, Part X, line	21, for escro	w or cu			Yes [
b	If "Ye	es," explain the arrangement in Part	XIII Check here if the	explanation h	ias beei	n provided in	Part XIII		
Pa	rt V	Endowment Funds. Comple							
		·	(a)Current year	(b) Pnor year	b (c)⊺	Two years back	(d)Three years ba	ck (e) Fc	our years back
1 a	Begir	nning of year balance							
b	Cont	ributions							
c	Netı losse	nvestment earnings, gains, and							
d		ts or scholarships							
e	Othe	r expenditures for facilities programs							
f	A dmi	nistrative expenses						-	
g		of year balance							
2	Provi	· · · · · · · · de the estimated percentage of the	current year end halanc	e (line 1 a. col	lumn (a)) held as			
– a		I designated or quasi-endowment	carrency car ena barane	e (iiiie 19, coi	amm (a	,, neid do			
		,							
b		anent endowment ▶							
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%						
3a		nere endowment funds not in the pos ization by	ssession of the organiza	tion that are I	held and	d administere	ed for the		Yes No
	(i) un	related organizations						3a(i)	
	٠,	lated organizations					<u> </u>	3a(ii)	
b		rs" on 3a(II), are the related organization or Sart XIII the intended uses of	·				[3b	
9 Da	rt VI	Land, Buildings, and Equip		iowinent iunus	•				
Г.	I C VI	Complete if the organization a		m 990, Part	IV, lır	ne 11a.See	Form 990, Par	t X, line	10.
		Description of property		(a) Cost or other (investme	r basis	(b) Cost or other ba (other)	Accumulat	:ed (c	d) Book value
1a	Land					272,6	575	\neg	272,675
b	Buildin	gs				4,694,7	712 1,278	3,872	3,415,840
c	Leasel	nold improvements							
d	Equipn	nent				1,447,7	783 690	0,108	757,675

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

14,744

4,460,934

14,744

See Form 990, Part X, line 12. (a) Description of security or cate (including name of security)	egory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 1	2)		
Part VIIII Investments—Program Relate Complete if the organization answ	d. vered 'Yes' on Form 990,	Part IV, line 11c.s	ee Form 990 Part Y line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
_			
		orm 990 Part IV line	11d See Form 990 Part X line 15
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on Fo Description	orm 990, Part IV, line	(b) Book value
(1) Beneficial Interest in Irrevocable Perpetual Trus Total. (Column (b) must equal Form 990, Part X, col (B)	Ization answered 'Yes' on For Description ts Its Inne 15)		(b) Book value 3,021,35
Part IX Other Assets. Complete if the organ (a) [1] (1) Beneficial Interest in Irrevocable Perpetual Trus	Ization answered 'Yes' on For Description ts Its Inne 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organ (a) (a) (b) for the organ of	Ization answered 'Yes' on For Description ts Its Inne 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued Settlement and Retirement Obligations	line 15)		(b) Book value 3,021,35
(a) (1) Beneficial Interest in Irrevocable Perpetual Trus Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15)		(b) Book value 3,021,35

Down	W. Decemblishes of D	avenue new Audited Financial Cta		nte With Devenue	D	
Part		evenue per Audited Financial Sta nization answered 'Yes' on Form 990,			per K	eturn
1		er support per audited financial statements			1	28,518,077
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	2,884		
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)					
			2d	-167,464		
е	Add lines 2a through 2d				2e	-164,580
3			•		3	28,682,657
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		1		
а	•	uded on Form 990, Part VIII, line 7b .	4a		1	
b	Other (Describe in Part XIII)		4b		1	
c	Add lines 4a and 4b		•		4c	0
5		d 4c. (This must equal Form 990, Part I, line			5	28,682,657
Part		xpenses per Audited Financial St nization answered 'Yes' on Form 990,			s per	Return.
1		raudited financial statements			1	27,954,722
2		it not on Form 990, Part IX, line 25				
a		acılıtıes	2a			
b			2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	Add lines 2a through 2d				2e	0
3	•				3	27,954,722
4		0, Part IX, line 25, but not on line 1:	•			
a		uded on Form 990, Part VIII, line 7b .	. 4a			
b			4b		1	
c					4c	0
5		nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	27,954,722
				7 1 1 1 1 1 1		
Part	XIII Supplemental Int	formation				
		Part II, lines 3, 5, and 9, Part III, lines 1				
Part \ inforn		, lines 2d and 4b, and Part XII, lines 2d an	d 4b A	lso complete this part t	o provid	de any additional
IIIIOIII	Return Reference	Evolanation				
5		Explanation			F04()	(2) (1) 7 1
Part X,	Line 2	Commons is exempt from income taxes u Revenue Code and applicable state law T				
		income taxes addresses the determination	n of wl	nether tax benefits claim	ned or e	xpected to be claimed
		on a tax return should be recorded in the			_	
		recognize the tax benefit from an uncertail tax position will be sustained on examina		•		•
		the position Examples of tax positions in				
		positions related to the potential sources		· ·		
		benefits recognized in the financial stater		•		
		largest benefit that has a greater than 50		_		
		settlement There were no unrecognized t	ax ber	ents identified of record	ieu as II	מטווונופט וטו נוופ

Internal Revenue Service for tax years before 2013

reporting period presented in the financial statements. Commons files Form 990 in the U.S. federal jurisdiction and the State of Illinois. Commons is generally no longer subject to examination by the

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

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DLN: 93493132018327

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

2015

Open to Public Inspection

Inten	nal Revenue Service	► Information about S	chedule G (Fo	rm 990 or 99	90-EZ) and its instructions is a	twww irs go	v/form990	Inspection
	e of the organization ago Commons Assoc	iation						entification number
_							36-2169136	
Pa		i g Activities. Comp Z filers are not requ				' on Form	n 990, Part I\	/, line 17.
1	Indicate whether the	e organization raised fu	nds through	any of th	e following activities (heck all t	hat apply	
а	Mail solicitation	s			e Solicitation of non-government grants			
b	Internet and email solicitations f Solicitation of gove			jovernmen	t grants			
c	Phone solicitati	ons			g	sıng event	S	
d	In-person solici	tations			·			
2a b	or key employees lis	have a written or oral a sted in Form 990, Part n highest paid individua	VII) or enti	ty in conr	nection with professiona	al fundrais	ing Y	'es No
		at least \$5,000 by the			, , ,			
(i) Name and address individual or entity (fundraiser)			er have ody or rol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10	10							
Tota	ıl			•				
3	_ist all states in which	n the organization is req	ustered or I	icensed t	o solicit contributions i	ı or has bee	n notified it is	exempt from
	registration or licensi		,					b

Part II	Fundraising	Events

Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		Wine Tasting Event (event type)	Annual Golf Outing (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	94,114	67,795		161,909
<u>~</u>	2 Less Contributions	50,364	11,545		61,909
	3 Gross income (line 1 minus line 2)	43,750	56,250		100,000
	4 Cash prizes				
	5 Noncash prizes		4,300		4,300
ý	6 Rent/facility costs	1,000	36,480		37,480
Expenses	7 Food and beverages				
ă ă	8 Entertainment				
Direct	9 Other direct expenses	39,470	12,929		52,399
ă	10 Direct expense summary Add lines 4	1 through 9 in column (d)		94,179
	11 Net income summary Subtract line 1	0 from line 3, column (c	ı)		5,821
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
uses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses	- N			
	6 Volunteer labor	Yes%_ No	├ Yes <u> </u>	│ Yes%	
	7 Direct expense summary Add lines :	2 through 5 ın column (c)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	.	
9 a	Enter the state(s) in which the organiza	-			Yes No
b	-				
10a	, , ,		nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				
					1

Treasury

Internal Revenue Service

Name of the organization

Chicago Commons Association

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Employer identification number

36-2169136

2015

DLN: 93493132018327

Open to Public Inspection

Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or a	ssistance?				stance, and	√ Yes No
Part II Grants and Other Assistation that received more than :				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
2 Enter total number of section 503 Enter total number of other orga							
For Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

is alleviated

Schedule I (Form 990) 2015

(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
1) Scholarship	1	12,482			
2) Low-Income Program	516	14,282	1,295	FMV	Provision of food, clothing and shelters to low-income program participants

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference Explanation Part I, Line 2 College scholarships are awarded to individuals that are enrolled and attending classes in a degree program at a state university. The scholarship proceeds for tuition are disbursed directly to the state university prior to the start of each semester. Emergency assistance is provided to our clients throughout the year Food baskets are distributed to low-income clients at Thanksgiving, donated winter coats are provided for all children enrolled in

our Early Childhood Development programs, emergency funds for housing, utilities, etc. are granted to families with a demonstrated need, such as threatened eviction and/or utilities shut-off. Clients must submit an application for emergency assistance, applications are reviewed and approved by senior management. Approved applications are disbursed directly to third party vendors (e.g., landlord, utility companies, etc.) to ensure the emergency

Schedule I (Form 990) 2015

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Compensation Information

OMB No 1545-0047

DLN: 93493132018327

2015

(Form 990)

Schedule J

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service		▶ Information about Schedule J (Fo	orm 990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
	me of the organiz	I zation		Employer identification	on nur	nber	
	cago Commons Asso			36-2169136			
Pa	rt I Questi	ons Regarding Compensation	1	30-2109130			
	- Quidou					Yes	No
1 a	Check the appr	ropiate box(es) if the organization prov	vided any of the following to or for a person l	ısted on Form			
	990, Part VII,	Section A, line 1a Complete Part III	to provide any relevant information regarding	ng these items			
	First-clas	s or charter travel	Housing allowance or residence for	r personal use		ļ	ļ
	Travel for	companions	Payments for business use of pers	onal residence		ļ	
	Tax idemr	nification and gross-up payments	Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Personal services (e g , maid, chai	ıffeur, chef)		 	
b		·	ganization follow a written policy regarding p scribed above? If "No," complete Part III to	·	1b		
2	Did the organiz	ation require substantiation prior to re	eimbursing or allowing expenses incurred by	' all			
	directors, trust	ees, officers, including the CEO/Exec	utive Director, regarding the items checked	ın lıne 1a?	2		
3	organization's (CEO/Executive Director Check all th	nization used to establish the compensation at apply Do not check any boxes for metho ation of the CEO/Executive Director, but ex	ds			
	Compensa	ation committee	Written employment contract				
	Independe	ent compensation consultant	Compensation survey or study				
	Form 990	of other organizations	$\overline{m{arphi}}$ A pproval by the board or compens	ation committee			
4	During the year or a related org		Part VII, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control p	payment?		4a		No
b	Participate in, o	or receive payment from, a supplemer	ital nonqualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.				
5	•	ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			5a		Νo
b	Any related org	•			5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			6 a		Νo
b	Any related org	ganızatıon?			6 b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A described in lines 5 and 67 If "Yes," d	, line 1a, did the organization provide any no escribe in Part III	n-fixed	7		No
8			oald or accured pursuant to a contract that v Regulations section 53 4958-4(a)(3)? If "		8		No
9	If "Yes" on line	8, did the organization also follow the	e rebuttable presumption procedure describe	ed in Regulations	_		

section 53 4958-6(c)?

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

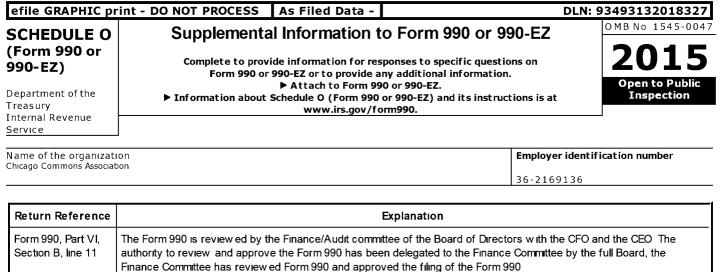
instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)	(1)-(111)	for each listed individu	ıal must equal the total	l amount of Form 990,	Part VII, Section A, lin	e 1a, applicable colur	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Edgar E Ramırez President & CEO	(i)	150,736	0	120	2,737	10,002	163,595	0
	(ii)	0	0	0	0	0	0	0
2 Dhiren Shah Chief Financial Officer	(i)	135,252	13,000	490	3,174	16,382	168,298	0
	(ii)	0	0	0	0	0	0	0
Sr VP, External 3 Sarah FrickAffairs/Strategy	(i)	131,394	12,000	90	2,919	8,776	155,179	0
	(ii)	0	0	0	0	0	0	0
4 Cary Crawford VP, Senior Services	(i)	139,024	10,000	107	2,983	817	152,931	0

Page 3					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
Part I, Line 3	The President & CEO's compensation is determined by the Board of Directors based on annual performance review evaluation done by the Executive Committee				

Schedule J (Form 990) 2015

Schodule 1 (Form 990) 2015



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, Iine 15	The executive committee of the Board of Directors, consisting of the Board Chair, Treasurer, Secretary and two Vice Chair, 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 CEO'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
	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 wiebsite. 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 2,055,391 Management and general expenses 0 Fundraising expenses 0 Total expenses 2,055,391 Consulting Services Program service expenses 695,726 Management and general expenses
	21,050 Fundraising expenses 90,066 Total expenses 806,842 Medical/Dental Services Program service expenses 56,265 Management and general expenses 0 Fundraising expenses 0 Total expenses 56,265 Other Professional Expenses Program

service expenses 0 Management and general expenses 18,070 Fundraising expenses 3,418 Total expenses 21,488

Return Reference	Explanation
Form 990, Part XI, line 9	Change in market value of beneficial interest in perpetual trusts -167,464