

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH COMMUNITY CENTERS OF CHICAGO Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 S. WELLS ST. 4000 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606-5054 F Name and address of principal officer: KYLE FREIMUTH SAME AS C ABOVE	D Employer identification number 36-2167758 E Telephone number (312) 775-1800 G Gross receipts \$ 38,373,864. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GOJCC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1903 M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE LIFE-ENRICHING SERVICES TO THE METROPOLITAN CHICAGO JEWISH AND GENERAL COMMUNITIES. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 40 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 40 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1806 6 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,074,042.	11,244,135.
	9 Program service revenue (Part VIII, line 2g)	21,542,819.	22,300,983.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	703,924.	929,631.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	309,898.	342,593.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,630,683.	34,817,342.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	92,351.	106,391.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,450,533.	18,928,075.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 510,696.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,906,986.	16,378,619.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,449,870.	35,413,085.
	19 Revenue less expenses. Subtract line 18 from line 12	-819,187.	-595,743.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	36,376,121.	39,223,800.
	21 Total liabilities (Part X, line 26)	14,145,009.	16,186,030.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,231,112.	23,037,770.

Part II Signature Block

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

Sign Here	Signature of officer JEROLD H. WOLFF, CHIEF FINANCIAL OFFICER Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name SUSAN GREGGO	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/> PTIN P00595460
	Firm's name ▶ WARADY & DAVIS LLP Firm's address ▶ 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015	Firm's EIN ▶ 36-2170602 Phone no. (847) 267-9600		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: JEWISH COMMUNITY CENTERS OF CHICAGO ("JCC CHICAGO" OR "AGENCY") IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION DEDICATED TO ENSURING A STRONG AND VIBRANT JEWISH LIFE AND COMMUNITY FOR GENERATIONS TO COME. THROUGH A MIX OF FORMAL AND INFORMAL EDUCATION, RECREATIONAL AND CULTURAL

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 10,423,570. including grants of \$) (Revenue \$ 7,332,652.) EARLY CHILDHOOD SERVICES - OUR NAEYC ACCREDITED PROGRAMS ASSURE EXCELLENCE AS WE GUIDE EACH CHILD TO REACH THEIR INDIVIDUAL POTENTIAL. AT JCC CHICAGO, PARENTS AND TEACHERS CREATE AN EDUCATIONAL PARTNERSHIP THAT NURTURES AND CHALLENGES EACH CHILD TO GROW AND DEVELOP IN THEIR FIRST FORMAL LEARNING EXPERIENCE. USING DEVELOPMENTALLY APPROPRIATE PRACTICE, JCC CHICAGO ENCOURAGES THE STRENGTHS AND INDIVIDUALITY IN EACH CHILD. THROUGH THE LENS OF JEWISH CULTURE AND TRADITION, CHILDREN HAVE FUN LEARNING ABOUT THEMSELVES, THEIR VALUES, THEIR COMMUNITY AND THE WORLD, PREPARING THEM FOR A LIFELONG JOURNEY OF JOY AND DISCOVERY. THROUGHOUT THE CHICAGO METROPOLITAN AREA, JCC EARLY CHILDHOOD PROGRAMS AND SERVICES ARE PROVIDED FOR CHILDREN FROM SIX WEEKS TO FIVE YEARS, AS WELL AS THEIR FAMILIES, AND INCLUDE FULL-DAY INFANT/TODDLER PROGRAMS,

4b (Code:) (Expenses \$ 8,166,076. including grants of \$) (Revenue \$ 7,969,430.) DAY CAMPING - AT JCC CHICAGO DAY CAMPS, CHILDREN HAVE FUN, GROW, MAKE NEW FRIENDS, EXPERIENCE A WIDE RANGE OF ACTIVITIES, AND DISCOVER AND EXPAND THEIR INTERESTS AND TALENTS WITH THE HELP OF QUALIFIED STAFF AND SPECIALISTS WHO CAN BE TRUSTED LIKE FAMILY. JEWISH VALUES, TRADITION, SPIRIT AND ISRAELI CULTURE ARE WOVEN INTO CAMP DAYS THROUGH SONGS, ART, STORIES, SPORTS, DRAMA, GAMES AND CELEBRATIONS. OFFERING A WIDE RANGE OF CAMPING ACTIVITIES FOR KIDS THREE YEARS OLD THROUGH 7TH GRADE, JCC DAY CAMPING PROGRAMS INCLUDE TRADITIONAL DAY CAMPS, SPECIALTY CAMPS FOR SPORTS, PERFORMING ARTS, TWEEN ADVENTURE AND COUNSELOR-IN-TRAINING PROGRAMS FOR TEENS. SUMMER PROGRAMS ARE PROVIDED THROUGHOUT METROPOLITAN CHICAGO AND CAMPS ARE TRADITIONAL OR SPECIALTY, HALF-DAY OR FULL-DAY, AND AIM TO BUILD SKILLS, BOOST SELF-ESTEEM AND TEACH

4c (Code:) (Expenses \$ 4,248,762. including grants of \$) (Revenue \$ 3,701,980.) RESIDENT CAMPING - SPANNING 600 ACRES ON BEAUTIFUL LAKE BLASS NEAR THE WISCONSIN DELLS, JCC CHICAGO'S CAMP CHI PROVIDES A COMPLETE OVERNIGHT CAMPING EXPERIENCE FOR BOYS AND GIRLS, AGES NINE TO SIXTEEN, WITH MORE THAN 40 SPECIALTY PROGRAMS, INCLUDING AGE AND GENDER SPECIFIC OPPORTUNITIES. AT JCC CAMP CHI, CHILDREN AND TEENS DEVELOP SELF-CONFIDENCE AND CULTIVATE LASTING FRIENDSHIPS IN AN ENVIRONMENT RICH IN JEWISH CULTURE AND SUMMER FUN. PROVIDING A ONE-TO-THREE STAFF-TO-CAMPER RATIO AND SMALL CABIN GROUPS, JCC CAMP CHI ENSURES THAT CAMPERS RECEIVE REGULAR PERSONALIZED ATTENTION. THE MODERN CAMP FACILITIES ARE EQUIPPED WITH UNMATCHED AMENITIES THAT BRING CAMPERS' SUMMERS ALIVE THROUGH ACTIVITIES SUCH AS HORSEBACK RIDING AT PRIVATE STABLES, SPORTS IN AN AIR-CONDITIONED GYMNASIUM, WATER SKIING OFF OF

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,995,207. including grants of \$ 106,391.) (Revenue \$ 3,357,159.)

4e Total program service expenses 31,833,615.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (40), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEROLD H. WOLFF - (312)775-1800
30 SOUTH WELLS STREET SUITE 4000, CHICAGO, IL 60606-5054

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART HOCHWERT PRESIDENT	1.00	X		X				0.	0.	0.
(2) MAURY AVI EPSTEIN VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(3) CAROL COHEN VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(4) CHARLES FRANK VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(5) JAMES MATANKY VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(6) LAURI ZESSAR VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(7) LISA A. REISMAN VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(8) KYLE FREIMUTH TREASURER	1.00	X		X				0.	0.	0.
(9) ANDREW GROSSMANN SECRETARY	1.00	X		X				0.	0.	0.
(10) ALLEN C. BERG DIRECTOR	1.00	X						0.	0.	0.
(11) ARLENE RUFF (THROUGH 10/9/13) DIRECTOR	1.00	X						0.	0.	0.
(12) BRIAN S. CARTER DIRECTOR	1.00	X						0.	0.	0.
(13) DAVID R. ENGLE DIRECTOR	1.00	X						0.	0.	0.
(14) GERALD M. TENNER DIRECTOR	1.00	X						0.	0.	0.
(15) HELEN SCHECHTMAN DIRECTOR	1.00	X						0.	0.	0.
(16) JONATHAN ROTHSTEIN DIRECTOR	1.00	X						0.	0.	0.
(17) JULIA S. GERSTEIN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN WANDER DIRECTOR	1.00	X						0.	0.	0.
(19) LEE TRESLEY DIRECTOR	1.00	X						0.	0.	0.
(20) LEV KATZ DIRECTOR	1.00	X						0.	0.	0.
(21) ELISABETH M. LANDES DIRECTOR	1.00	X						0.	0.	0.
(21) BARBARA HOCHWERT DIRECTOR	1.00	X						0.	0.	0.
(23) MARC SLUTSKY, M.D. DIRECTOR	1.00	X						0.	0.	0.
(24) MARISA H. MANDREA DIRECTOR	1.00	X						0.	0.	0.
(25) NICOLE L. FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(26) PETER G. GLICK DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,727,541.	0.	378,610.
d Total (add lines 1b and 1c)								1,727,541.	0.	378,610.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRST STUDENT, INC 22157 NETWORK PLACE, CHICAGO, IL 60673-1221	BUSING SERVICES	287,523.
ILLINOIS CENTRAL SCHOOL BUS 78 N CHICAGO ST FL 2, JOLIET, IL 60432	BUSING SERVICES	243,375.
LAMERS BUS LINES INC. 2407 SOUTH POINT ROAD, GREEN BAY, WI 54313	BUSING SERVICES	155,941.
MID-AMERICAN PRINTING SYSTEMS INC. 1716 W. GRAND AVENUE, CHICAGO, IL 60622	PRINTING	130,301.
CANTWELL & CANTWELL, 30 N. LASALLE STREET, SUITE 2850, CHICAGO, IL 60602	SETTLEMENT FEES	125,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBIN FRANK DIRECTOR	1.00	X						0.	0.	0.
(28) SCOTT B. JACOBSON DIRECTOR	1.00	X						0.	0.	0.
(29) SHARON LEDERMAN BURACK DIRECTOR	1.00	X						0.	0.	0.
(30) STEVEN BLONDER DIRECTOR	1.00	X						0.	0.	0.
(31) STEVEN A. KANNER DIRECTOR	1.00	X						0.	0.	0.
(32) SUSAN J. SPECTOR (THROUGH 10/9/ DIRECTOR	1.00	X						0.	0.	0.
(33) BENJAMIN M. KLEIN DIRECTOR	1.00	X						0.	0.	0.
(34) DR. CHERYL PERLIS DIRECTOR	1.00	X						0.	0.	0.
(35) DAVID SALTZMAN DIRECTOR	1.00	X						0.	0.	0.
(36) MARK D. GRUEN DIRECTOR	1.00	X						0.	0.	0.
(37) MARK L. SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(38) MARK J. PUTTERMAN DIRECTOR	1.00	X						0.	0.	0.
(39) LISA BLOOM DIRECTOR	1.00	X						0.	0.	0.
(40) EDWARD M. ATKINS, MD DIRECTOR	1.00	X						0.	0.	0.
(41) EMILY EMMERMAN DIRECTOR	1.00	X						0.	0.	0.
(42) RON GOULD DIRECTOR	1.00	X						0.	0.	0.
(43) ALAN SATALOFF GENERAL DIRECTOR	37.50			X				311,324.	0.	7,433.
(44) SUSAN ABRAMS ASSOCIATE GENERAL DIRECTOR	37.50				X			199,529.	0.	20,126.
(45) JEROLD H. WOLFF CHIEF FINANCIAL OFFICER	37.50			X				196,569.	0.	26,503.
(47) AVRUM I. COHEN FORMER GENERAL DIRECTOR	0.00						X	100,130.	0.	12,597.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) NINA MIZRAHI DIRECTOR OF PRITZKER CENTER FOR JEWI	37.50				X			167,921.	0.	72,318.
(49) RONALD A LEVIN DIRECTOR OF RESIDENT CAMPING	37.50				X			162,595.	0.	72,886.
(50) GAYLE MALVIN DIRECTOR OF CAMPING SERVICES	37.50					X		130,265.	0.	51,471.
(51) DOREEN L EDELMAN MARKETING DIRECTOR	37.50					X		124,760.	0.	20,966.
(52) WENDY PLATT-NEWBERGER DIRECTOR OF EARLY CHILDHOOD SERVICES	37.50					X		121,621.	0.	18,601.
(53) JEAN ALLETAG DIRECTOR OF HUMAN RESOURCES	37.50					X		111,126.	0.	54,416.
(54) JOHN SIMMONS DIRECTOR OF PROPERTY AND SECURITY	37.50					X		101,701.	0.	21,293.
Total to Part VII, Section A, line 1c								1,727,541.		378,610.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 8,722,796.					
	b Membership dues	1b					
	c Fundraising events	1c 152,201.					
	d Related organizations	1d 256,828.					
	e Government grants (contributions)	1e 134,543.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,977,767.					
	g Noncash contributions included in lines 1a-1f: \$	1,000.					
	h Total. Add lines 1a-1f		11,244,135.				
	Program Service Revenue	Business Code					
2 a DAY CAMPING		624410	7,969,754.	7,969,754.			
b EARLY CHILDHOOD SERVICES		624410	7,332,442.	7,332,442.			
c RESIDENT CAMPING		721210	3,639,920.	3,639,920.			
d CHILDREN & FAMILY SERVICES		624100	946,750.	946,750.			
e ADULT SERVICES		624100	865,834.	865,834.			
f All other program service revenue		713940	1,546,283.	1,546,283.			
g Total. Add lines 2a-2f			22,300,983.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		434,240.			434,240.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	265,149.				
		(ii) Personal					
		b Less: rental expenses	55,657.				
		c Rental income or (loss)	209,492.				
	d Net rental income or (loss)		209,492.	12,180.		197,312.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,820,343.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	3,324,952.				
		c Gain or (loss)	495,391.				
	d Net gain or (loss)		495,391.			495,391.	
	8 a Gross income from fundraising events (not including \$ 152,201. of contributions reported on line 1c). See Part IV, line 18	a	102,249.				
		b Less: direct expenses	107,419.				
c Net income or (loss) from fundraising events			-5,170.			-5,170.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	128,732.					
	b Less: cost of goods sold	68,494.					
	c Net income or (loss) from sales of inventory		60,238.	60,238.			
Miscellaneous Revenue		Business Code					
11 a OTHER REBATES		900099	35,804.	35,804.			
	b P-CARD REBATES	900099	32,000.	32,000.			
	c OTHER REVENUES	900099	10,229.	10,229.			
	d All other revenue						
	e Total. Add lines 11a-11d			78,033.			
12 Total revenue. See instructions.			34,817,342.	22,451,434.	0.	1,121,773.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	106,391.	106,391.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,103,477.	545,406.	529,006.	29,065.
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	14,078,960.	12,880,623.	947,609.	250,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	679,905.	595,628.	66,319.	17,958.
9 Other employee benefits	1,666,382.	1,410,869.	210,608.	44,905.
10 Payroll taxes	1,399,351.	1,274,655.	100,530.	24,166.
11 Fees for services (non-employees):				
a Management	14,400.	14,400.		
b Legal	52,429.		52,429.	
c Accounting	51,250.		51,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,068.		33,068.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	556,098.	394,350.	142,201.	19,547.
12 Advertising and promotion	320,473.		320,473.	
13 Office expenses	167,403.	149,254.	15,027.	3,122.
14 Information technology	525,441.	374,034.	129,231.	22,176.
15 Royalties				
16 Occupancy	7,438,972.	7,166,168.	240,373.	32,431.
17 Travel	66,637.	52,211.	10,537.	3,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	165,056.	128,691.	13,288.	23,077.
20 Interest	93,884.	85,120.	8,365.	399.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,426,601.	1,284,898.	130,772.	10,931.
23 Insurance	328,850.	277,414.	51,222.	214.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	3,551,179.	3,540,907.	347.	9,925.
b BUS TRANSPORTATION	760,530.	760,530.		
c BANKING AND CREDIT CARD	376,577.	373,623.	15.	2,939.
d EQUIPMENT AND VEHICLES	126,596.	124,888.	1,622.	86.
e All other expenses	323,175.	293,555.	14,482.	15,138.
25 Total functional expenses. Add lines 1 through 24e	35,413,085.	31,833,615.	3,068,774.	510,696.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,076,729.	1	329,346.	
	2 Savings and temporary cash investments	1,112,749.	2	1,846,192.	
	3 Pledges and grants receivable, net	1,172,804.	3	1,372,707.	
	4 Accounts receivable, net	373,134.	4	307,636.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	115,552.	5	119,364.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,346,126.	9	2,403,816.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,707,709.			
	b Less: accumulated depreciation	10b 22,721,831.			
	11 Investments - publicly traded securities	11,841,023.	10c	12,985,878.	
	12 Investments - other securities. See Part IV, line 11	12,720,198.	11	13,615,527.	
	13 Investments - program-related. See Part IV, line 11	75,045.	12	1,000.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	5,542,761.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,376,121.	15	6,242,334.		
		16	39,223,800.		
Liabilities	17 Accounts payable and accrued expenses	1,927,331.	17	2,033,552.	
	18 Grants payable		18		
	19 Deferred revenue	10,610,100.	19	11,311,282.	
	20 Tax-exempt bond liabilities	710,000.	20	650,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	19,770.	23	1,610,383.	
	24 Unsecured notes and loans payable to unrelated third parties	352,607.	24	92,174.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	525,201.	25	488,639.	
	26 Total liabilities. Add lines 17 through 25	14,145,009.	26	16,186,030.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	9,237,761.	27	8,818,007.	
	28 Temporarily restricted net assets	8,568,152.	28	9,792,191.	
	29 Permanently restricted net assets	4,425,199.	29	4,427,572.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	22,231,112.	33	23,037,770.		
34 Total liabilities and net assets/fund balances	36,376,121.	34	39,223,800.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,817,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,413,085.
3	Revenue less expenses. Subtract line 2 from line 1	3	-595,743.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,231,112.
5	Net unrealized gains (losses) on investments	5	894,738.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	507,663.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,037,770.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **JEWISH COMMUNITY CENTERS OF CHICAGO** Employer identification number **36-2167758**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,171,952.	12,157,048.	11,814,549.	11,074,042.	11,244,135.	58,461,726.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,171,952.	12,157,048.	11,814,549.	11,074,042.	11,244,135.	58,461,726.
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.						58,461,726.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	12,171,952.	12,157,048.	11,814,549.	11,074,042.	11,244,135.	58,461,726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	385,276.	409,118.	522,617.	616,344.	699,389.	2,632,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	64,286.	52,504.	63,120.	64,160.	78,033.	322,103.
11 Total support. Add lines 7 through 10						61,416,573.
12 Gross receipts from related activities, etc. (see instructions)					12	110,382,524.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95.19	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.61	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number

36-2167758

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,021,135.	5,875,236.	7,376,774.	6,330,794.	5,940,722.
b Contributions	100.		400.	924.	700.
c Net investment earnings, gains, and losses	860,325.	509,510.	-79,790.	1,417,554.	757,093.
d Grants or scholarships					
e Other expenditures for facilities and programs	358,947.	363,611.	1,422,148.	372,498.	367,721.
f Administrative expenses					
g End of year balance	6,522,613.	6,021,135.	5,875,236.	7,376,774.	6,330,794.

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

- a Board designated or quasi-endowment 1.08 %
- b Permanent endowment 31.04 %
- c Temporarily restricted endowment 67.88 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		957,106.		957,106.
b Buildings		14,520,084.	9,583,259.	4,936,825.
c Leasehold improvements		6,543,697.	4,533,777.	2,009,920.
d Equipment		2,737,254.	2,144,022.	593,232.
e Other		10,949,568.	6,460,773.	4,488,795.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 12,985,878.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ENDOWMENT FOUNDATION	5,050,408.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	157,323.
(3) OTHER ASSETS	332,773.
(4) DUE FROM AFFILIATE ORGANIZATION	701,830.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,242,334.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT CREDITS	11,935.
(3) CAPITAL LEASE OBLIGATION	303,887.
(4) OTHER LIABILITIES	172,817.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	488,639.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	36,275,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	894,738.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	507,663.
e	Add lines 2a through 2d	2e	1,402,401.
3	Subtract line 2e from line 1	3	34,872,999.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-55,657.
c	Add lines 4a and 4b	4c	-55,657.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,817,342.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	35,468,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	55,657.
e	Add lines 2a through 2d	2e	55,657.
3	Subtract line 2e from line 1	3	35,413,085.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	35,413,085.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF RELIGIOUS, ART AND OTHER OBJECTS THAT ARE HELD FOR DISPLAY, EDUCATION AND OTHER PURPOSES. THESE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION.

PART III, LINE 4:

THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF RELIGIOUS, ART AND OTHER OBJECTS THAT ARE HELD FOR DISPLAY, EDUCATION AND OTHER PURPOSES. THE ORGANIZATION'S COLLECTION PROVIDE TANGIBLE EXAMPLES OF JEWISH CULTURE.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE AGENCY'S ENDOWMENT CONSISTS OF 20 INDIVIDUAL FUNDS
 ESTABLISHED TO: OFFSET COSTS OF SCHOLARSHIPS, OFFSET COSTS OF SPECIFIC
 PROGRAMS, AND OFFSET COSTS OF FACILITIES.

PART X, LINE 2:

THE AGENCY FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION
 TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A
 COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING
 IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE AGENCY HAS
 TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE
 AGENCY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY
 IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS
 TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS
 FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT
 HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
 SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT
 INFORMATION. THE AGENCY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE
 POSITIONS TAKEN ON ITS RETURNS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION	453,826.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	20,173.
NET UNREALIZED GAINS ON OTHER ASSETS	33,664.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	507,663.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-55,657.
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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 55,657.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **JEWISH COMMUNITY CENTERS OF CHICAGO**
Employer identification number: **36-2167758**

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	6 MISSION TRIPS. PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD	0.
MIDDLE EAST AND AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL AND HISTORICAL TOURS. PROGRAM IS MARKETED BY	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS & PROGRAM SERVICES		1,566,812.
EUROPE	0	0	PROGRAM SERVICES	EDUCATIONAL AND HISTORICAL TOUR AND CRUISES. PROGRAM IS	0.
NORTH AMERICA - CANADA AND MEXICO BUT NOT THE U.S.	0	0	PROGRAM SERVICES	1 HIGH ADVENTURE TRIP SPECIFICALLY FOR TEENAGERS. 1 TRIP FOR ADULTS.	97,392.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	1 INTERNATIONAL TRIP SPECIFICALLY FOR TEENAGERS.	166,401.
3 a Sub-total	0	0			1,830,605.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,830,605.

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

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION:

6 MISSION TRIPS. PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION. THE AGENCY HAS NO DIRECT EXPENSES.

REGION: MIDDLE EAST AND AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

EDUCATIONAL AND HISTORICAL TOURS. PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION. THE AGENCY HAS NO DIRECT EXPENSES.

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION:

EDUCATIONAL AND HISTORICAL TOUR AND CRUISES. PROGRAM IS MARKETED BY THE AGENCY, BUT RUN BY A 3RD PARTY FOR WHICH THE AGENCY RECEIVES A NET COMMISSION. THE AGENCY HAS NO DIRECT EXPENSES.

SCHEDULE G
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **JEWISH COMMUNITY CENTERS OF CHICAGO** Employer identification number **36-2167758**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GIVE TO RECEIVE (event type)	OLD JEWS TELLING JOKE (event type)	3 (total number)		
Revenue	1	Gross receipts	117,692.	71,486.	65,272.	254,450.
	2	Less: Contributions	75,617.	63,194.	13,390.	152,201.
	3	Gross income (line 1 minus line 2)	42,075.	8,292.	51,882.	102,249.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,665.			3,665.
	7	Food and beverages	38,385.	18,230.		56,615.
	8	Entertainment		10,265.	3,222.	13,487.
	9	Other direct expenses	39.	244.	33,369.	33,652.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				107,419.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-5,170.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization **JEWISH COMMUNITY CENTERS OF CHICAGO** Employer identification number **36-2167758**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD & HYGIENE ITEMS	517	12,928.	1,700.	COST	GIFT CARDS
PUBLIC TRANSPORTATION	843	11.	6,074.	COST	PROVIDED CLIENTS FARE CARDS
UTILITY ASSISTANCE	20	3,773.	0.		
SCHOOL SUPPLIES	10	521.	0.		
GENERAL CLIENT ASSISTANCE	66	1,082.	3,918.	COST	GIFT CARDS

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTEE ASSISTANCE IS TRACKED THROUGH AN ELECTRONIC DATABASE.

A COMMITTEE OF CASE MANAGERS MEETS TO REVIEW FINANCIAL ASSISTANCE REQUESTS.

DECISIONS ARE REVIEWED BY THE DIRECTOR OF EZRA'S MULTI-SERVICE CENTER WHO

DEVELOPS THE WORK PLAN AND PROCEDURES FOR EXECUTING THE FINANCIAL

ASSISTANCE. THE INFORMATION IS FREQUENTLY SUBSTANTIATED BY GRANTOR

REPORTING REQUIREMENTS.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FURNITURE	13.	3,650.	0.		
VOCATIONAL TRAINING	61.	5,715.	227.	COST	GIFT CARDS
MEDICAL	44.	18,206.	0.		
RENTAL/MORTGAGE ASSISTANCE	78.	47,158.	0.		
MOVING AND STORAGE	5.	1,428.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number

36-2167758

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN SATALOFF GENERAL DIRECTOR	(i)	311,324.	0.	0.	0.	7,433.	318,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN ABRAMS ASSOCIATE GENERAL DIRECTOR	(i)	199,529.	0.	0.	10,644.	9,482.	219,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEROLD H. WOLFF CHIEF FINANCIAL OFFICER	(i)	196,569.	0.	0.	17,914.	8,589.	223,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AVRUM I. COHEN FORMER GENERAL DIRECTOR	(i)	100,130.	0.	0.	0.	12,597.	112,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NINA MIZRAHI DIRECTOR OF PRITZKER CENTER FOR JEWI	(i)	167,921.	0.	0.	24,061.	48,257.	240,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RONALD A LEVIN DIRECTOR OF RESIDENT CAMPING	(i)	162,595.	0.	0.	64,930.	7,956.	235,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAYLE MALVIN DIRECTOR OF CAMPING SERVICES	(i)	130,265.	0.	0.	35,218.	16,253.	181,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEAN ALLETAG DIRECTOR OF HUMAN RESOURCES	(i)	111,126.	0.	0.	46,616.	7,800.	165,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

THE AGENCY HAS A RABBI ON STAFF WHO IS PROVIDED A HOUSING ALLOWANCE. THE ADDENDUM TO THE HIRING AGREEMENT PROVIDED TO THE RABBI ALLOWS FOR 26% OF HER GROSS INCOME TO BE ALLOCATED AS A HOUSING ALLOWANCE.

PART I, LINE 1B:

THE HOUSING ALLOWANCE IS A UNIQUE CIRCUMSTANCE THAT AFFECTS ONLY ONE STAFF MEMBER AND IT IS INCLUDED AS AN ADDENDUM TO HER EMPLOYMENT CONTRACT.

PART I, LINE 3:

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED VIA NEGOTIATION WITH SELECT MEMBERS OF THE BOARD OF DIRECTORS AS CHOSEN BY THE PRESIDENT. INFORMATION FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION (JCCA) AND THE JEWISH FEDERATION OF METROPOLITAN CHICAGO (JFMC) IS REVIEWED AS PART OF THE NEGOTIATION. A WRITTEN CONTRACT IS SIGNED BY THE GENERAL DIRECTOR AND BY THE PRESIDENT, SECRETARY, AND TREASURER OF THE BOARD OF DIRECTORS AND NOTARIZED. FUTURE INCREASES ARE EITHER SPELLED OUT IN THE CONTRACT OR REVIEWED BY AN AD HOC COMMITTEE.

Part 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.

PART I, LINE 4B:

AVRUM COHEN, FORMER GENERAL DIRECTOR RECEIVED \$100,130 AS

PART OF A DEFERRED COMPENSATION ARRANGEMENT.

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number
36-2167758

Part I Bond Issues												
SEE PART VI FOR COLUMN (A) CONTINUATIONS												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	SERIES G-3 COLORADO EDUCATIONAL AND CULTURAL	84-0896727	19645RQN4	06/01/12	770,000.	REFUND PRIOR BOND ISSUE		X		X		X
B												
C												
D												

Part II Proceeds									
	A		B		C		D		
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		770,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		5,000.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		765,000.						
12	Other unspent proceeds								
13	Year of substantial completion		2012						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?				X				
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

SERIES G-3 COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public
Inspection

Name of the organization **JEWISH COMMUNITY CENTERS OF CHICAGO** Employer identification number **36-2167758**

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ALAN SATALOFF	GENERAL	LOAN FOR		X	114,000.	119,364.		X	X		X	
Total						▶ \$ 119,364.						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ALAN SATALOFF

(B) RELATIONSHIP WITH ORGANIZATION: GENERAL DIRECTOR

(C) PURPOSE OF LOAN: LOAN FOR PURCHASE OF A RESIDENCE INCLUDING ACCRUED INTEREST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number

36-2167758

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVITIES, JCC CHICAGO PROVIDES QUALITY EXPERIENCES THAT ENRICH THE LIVES OF INDIVIDUALS, FAMILIES AND THE COMMUNITY AT LARGE. FOUNDED IN 1903, JCC CHICAGO SERVED THE NEEDS OF THE BURGEONING POPULATION OF CHICAGO'S JEWISH IMMIGRANTS, AND OVER A CENTURY LATER, JCC CONTINUES TO MAKE IMPACT THROUGH ITS PROGRAMS AND SERVICES HAPPENING INSIDE AND OUTSIDE THE WALLS OF ITS BUILDINGS. JCC CHICAGO WELCOMES PEOPLE OF ALL AGES, FAITHS, AND BACKGROUNDS AND PROVIDES INNOVATIVE PROGRAMS DESIGNED TO MEET THE NEEDS OF EVERYONE FROM INFANTS TO ADULTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HALF-DAY AND FULL-DAY PRESCHOOL, JUNIOR KINDERGARTEN AND KINDERGARTEN, BACKUP CARE, SUMMER FUN, ENRICHMENT CLASSES, ADULT/CHILD CLASSES, AND PARENTING AND FAMILY EVENTS. JCC EARLY CHILDHOOD ALSO PROVIDES PRESCHOOL FOR ALL, WHICH IS A PUBLICLY FUNDED PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPORTANT JEWISH VALUES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PRIVATE DOCKS AND MUCH MORE. CAMPERS ALSO ENJOY SPECIAL SHABBAT CELEBRATIONS AND ISRAEL EDUCATION PROGRAMS, WHICH COMBINED WITH THE INTERACTIONS AND CONNECTIONS WITH OTHER JEWISH CAMPERS AND ISRAELI STAFF SETS THE GROUNDWORK FOR A UNIQUELY POWERFUL SENSE OF PRIDE FOR THEIR JEWISH HERITAGE.

Name of the organization JEWISH COMMUNITY CENTERS OF CHICAGO	Employer identification number 36-2167758
---	--

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 1,723,697. INCLUDING GRANTS OF \$ 0. REVENUE \$ 946,255.

AT RISK INDIVIDUALS AND FAMILIES - THROUGH THE DINA AND ELI FIELD EZRA MULTI-SERVICE CENTER (MSC) AND JUF UPTOWN CAFE, EMERGENCY SERVICES ARE PROVIDED TO HOMELESS AND DISADVANTAGED INDIVIDUALS AND FAMILIES. MSC IS FUNDED BY THE JEWISH FEDERATION OF METROPOLITAN CHICAGO AND IS ADMINISTERED BY JCC IN CHICAGO'S UPTOWN NEIGHBORHOOD. SERVICES INCLUDE EMERGENCY ASSISTANCE, FOOD AND CLOTHING DISTRIBUTION, EVICTION PREVENTION, ADVOCACY, JOB PLACEMENT, SOCIAL OPPORTUNITIES AND INTERIM HOUSING. THE UPTOWN CAFE IS A JEWISH FEDERATION-SPONSORED KOSHER MEAL PROGRAM COORDINATED BY MSC. DESIGNED TO RESPOND TO THE NEEDS OF CHICAGO'S INDIGENT POPULATION, THE PROGRAM IS STAFFED BY VOLUNTEERS

Name of the organization JEWISH COMMUNITY CENTERS OF CHICAGO	Employer identification number 36-2167758
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FROM JCC CHICAGO, THE JEWISH UNITED FUND (JUF), SYNAGOGUES AND YOUTH GROUPS PROVIDING HUNDREDS OF MEALS EACH WEEK, AS WELL AS AN ATMOSPHERE THAT OFFERS DIGNITY TO THE PEOPLE IT SERVES.

EXPENSES \$ 1,504,244. INCLUDING GRANTS OF \$ 106,391. REVENUE \$ 0.

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

EXPENSES \$ 1,269,459. INCLUDING GRANTS OF \$ 0. REVENUE \$ 725,839.

ADULT SERVICES - JCC CHICAGO PROVIDES ACTIVITIES FOR ADULTS OF ALL AGES AT SELECT CHICAGOLAND LOCATIONS. JCC OFFERS OPPORTUNITIES TO INVIGORATE THE BODY AND THE MIND. ADULT PROGRAMS AND SERVICES INCLUDE THE SIDNEY N. SHURE KEHILLA PROGRAM FOR ADULTS UNDER 40, MOTHER'S CIRCLE AND GRANDPARENT'S CIRCLE FOR INTERFAITH FAMILIES RAISING JEWISH CHILDREN, VARIOUS FILM SERIES AND LECTURE GROUPS, ROAD SCHOLAR AND "SHALOM OVER 50". IN PARTNERSHIP WITH PRESENTENSE, JCC CHICAGO PROMOTES SOCIAL ENTREPRENEURISM THROUGH THIS INNOVATIVE PROGRAM,

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PROVIDING COACHING AND MENTORING TO INDIVIDUALS SEEKING TO DEVELOP NEW VENTURES. THERE ARE ALSO DAY-LONG EXCURSIONS TO THEATRE AND SPECIAL EVENTS THROUGHOUT THE YEAR, AS WELL AS DOMESTIC AND INTERNATIONAL TRAVEL OPPORTUNITIES. VOLUNTEER OPPORTUNITIES ARE ALSO AVAILABLE FOR INDIVIDUALS LOOKING TO CONTRIBUTE TO THE COMMUNITY.

EXPENSES \$ 1,277,570. INCLUDING GRANTS OF \$ 0. REVENUE \$ 865,834.

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

EXPENSES \$ 3,220,237. INCLUDING GRANTS OF \$ 0. REVENUE \$ 819,231.

FORM 990, PART VI, SECTION A, LINE 2:

CHARLES FRANK (VICE PRESIDENT) IS THE FATHER OF NICOLE FRIEDMAN (DIRECTOR). BARBARA (DIRECTOR) AND STUART HOCHWERT (PRESIDENT) ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS ARE THE DIRECT BENEFICIARIES OF THE JCC'S COMMITMENT, WHICH IS IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES. THE JCC IS DEDICATED TO KEEPING MEMBERSHIP VALUABLE BY MAINTAINING A DIVERSE INVENTORY OF QUALITY PROGRAMS AND SERVICES, AND OFFERING AS MANY BENEFITS AS POSSIBLE.

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FORM 990, PART VI, SECTION A, LINE 7A:

AT THE ANNUAL MEETING OF THE JCC, THE ENTIRE SLATE OF THE BOARD OF DIRECTORS IS VOTED ON BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE DRAFT 990 IS LOADED ON THE AGENCY'S INTRA-NET SITE AND A COMMUNICATION IS SENT TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE REQUESTING THAT THEY REVIEW THE DOCUMENT AND RESPOND TO MANAGEMENT WITH ANY QUESTIONS. THE AUDIT COMMITTEE SUBSEQUENTLY MEETS TO APPROVE THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. THE GENERAL DIRECTOR REVIEWS ANY SUCH DISCLOSURES AND THEY ARE APPROPRIATELY ADDRESSED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE REVIEWED COMPARABLE DATA FROM THE JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA (JCCA) FOR THE GENERAL DIRECTOR, ASSOCIATE GENERAL DIRECTOR, AND ASSISTANT GENERAL DIRECTOR. RAISES FOR THE GENERAL DIRECTOR HAVE BEEN BASED ON THE CONTRACT SIGNED WHEN THE GENERAL DIRECTOR WAS HIRED. THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISIONS THROUGH THE KEEPING OF COMMITTEE MINUTES. THE COMPENSATION OF OTHER KEY AND HIGHLY COMPENSATED EMPLOYEES IS DETERMINED BY TOP MANAGEMENT.

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FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN JCC ENDOWMENT FOUNDATION	453,826.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	20,173.
NET UNREALIZED GAIN ON OTHER ASSETS	33,664.
TOTAL TO FORM 990, PART XI, LINE 9	507,663.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

JEWISH COMMUNITY CENTERS OF CHICAGO

Employer identification number

36-2167758

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
JEWISH COMMUNITY CENTERS ENDOWMENT (1) FOUNDATION	C	256,828.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.