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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addre						
	chang Name			36-216775	5 Q		
	chang Initial		oom/ouito				
	return Final	Number and street (or P.O. box if mail is not delivered to street address) Ro 300 Revere Drive	oom/suite	E Telephone number 312-773-1			
	return termir			G Gross receipts \$	36,357,084.		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code Northbrook, IL 60062					
	return Applio			H(a) Is this a group re for subordinates			
	tion pendi	H(b) Are all subordinates in					
$\overline{}$	Tay-ay	1 ` ′	list. See instructions				
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or te: \Rightarrow www.jcchicago.org	527	H(c) Group exemption			
		organization: X Corporation Trust Association Other	1 Year o		State of legal domicile: IL		
	art I	Summary	= 10a. (or formation, = = = = [10	Otato or logal dollilollo, ——		
	T 1	Briefly describe the organization's mission or most significant activities: Provid	de li:	fe-enriching	services		
٥	3	to the Metropolitan Chicago Jewish and gene					
į	2	Check this box if the organization discontinued its operations or disposed					
ğ	3			3	23		
Ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23		
ď	5 5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			1213		
į	6	Total number of volunteers (estimate if necessary)			30		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	, p	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
a	, 8	Contributions and grants (Part VIII, line 1h)		11,667,384.	20,997,985.		
2	9	Program service revenue (Part VIII, line 2g)		27,060,839.	14,789,555.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		392,822.	35,183.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		190,201.	193,795.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		39,311,246.	36,016,518.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,194,668.	1,388,617.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ď	3 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,199,123.	16,592,066.		
Fynancae	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		57,616.	1,580.		
2	[b	Total fundraising expenses (Part IX, column (D), line 25) 672,553		19,786,810.	15 005 222		
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,238,217.	15,085,222. 33,067,485.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-926,971.	2,949,033.		
_		Revenue less expenses. Subtract line 18 from line 12					
Net Assets or	9 20	Total assets (Part X, line 16)		ginning of Current Year 26,083,346.	End of Year 32,100,080.		
\sse	20 21 21	Total liabilities (Part X, line 16)		19,411,337.	21,501,888.		
/let/	22	Net assets or fund balances. Subtract line 21 from line 20		6,672,009.	10,598,192.		
	art II	Signature Block		0 7 0 7 2 7 0 0 3 4 1	10/330/1320		
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			,		
Sig	gn	Signature of officer		Date			
He		▲ Joshua Slattery, CFO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	Rebekuh Eley Rebekuh Eley	0	5/16/22 self-employe			
Preparer Firm's name ► RSM US LLP Firm's EIN ► 42-07							
Us	Only	Firm's address 30 South Wacker Drive, Ste 3300					
_		Chicago, IL 60606-3392		Phone no. 31	<u>2-634-3400</u>		
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		
		1114 For Donamand Dada-Pan Ast Nation and the comment for the Pane	_		Farm 990 (2020)		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Jewish Community Centers of Chicago (JCC Chicago) is an Illinois
	not-for-profit corporation that works to ensure a vibrant and thriving
	Chicago community through meaningful and impactful programs inspired
	by Jewish values. Founded in 1903, JCC Chicago was a gathering place
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,074,415. including grants of \$535,485.) (Revenue \$7,683,052.)
	Early Childhood - JCC Chicago's Early Childhood program is offered at
	seven sites throughout metropolitan Chicago and the suburbs to provide
	an excellent educational foundation for over 650 children ages six
	weeks to five years. The Early Childhood program is accredited by NAEYC
	(National Association for the Education of Young Children) and DCFS
	(Illinois Department of Children and Family Services), ensuring the
	highest level of quality, accountability and care. The Early Childhood
	program offers year-round care and both full- and half-day preschool.
4b	(Code:) (Expenses \$4,957,179. including grants of \$80,759.) (Revenue \$4,203,442.)
	Day Camp - JCC Chicago Day Camp programming is offered at nine
	locations throughout Chicagoland, serving approximately 3,000 children
	ages three through thirteen. Day Camps operate during the summer months
	for sessions ranging from one to eight weeks. Day Camp enables children
	to discover and expand their interests through various activities, and
	create friendships with others all in a safe environment.
4c	
	At-Risk Individuals and Families - Through the Dina and Eli Field Ezra
	Multi-Service Center (EZRA) and JUF Uptown Cafe, JCC Chicago provides
	emergency services to homeless and disadvantaged individuals and
	families. EZRA is funded by the Jewish Federation of Metropolitan
	Chicago (Federation) 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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 7,556,501. including grants of \$ 24,248.) (Revenue \$ 3,015,738.)
4e	Total program service expenses ► 25,915,399.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	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?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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	441	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α_
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	12
e •	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ı ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1 11	21	
124	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	•	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
·	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
			000	/a a a a ::

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Х d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 341 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) Jewish Community Centers of Chicago

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
filed for the calendar year ending with or within the year covered by this return	3		
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
			X
	5c		
			١,,
,	<u>6a</u>		<u> </u>
	6b		
· · · · · · · · · · · · · · · · · · ·		₹.	
	/b		
			X
	/C		<u> </u>
	- ₇₀		Х
			X
			1
	/		
	8		
	9a		
	9b		
Section 501(c)(7) organizations. Enter:			
Initiation fees and capital contributions included on Part VIII, line 12			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
Section 501(c)(12) organizations. Enter:			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them.)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
	13a		
- · · · · · · · · · · · · · · · · · · ·			
	-		
	4.4.		Х
			┼^
	140		\vdash
	15		x
	15		1
	16		Х
If "Yes." complete Form 4720. Schedule O.	10		
	field for the calendar year ending with or within the year covered by this return [at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If Yes, ¹ has It file a Form 990 of the this year? If Ye'N or line 3b, provide an explanation on 3Chedule 0 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; If Yes,¹ enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If Yes,¹ did not organization have annual gross receipts that are normally greater than \$100,000, and did the organization support organization in Endom 888-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization organization the form 8886-17 If Yes,¹ did the organization the ductible as charitable contributions? If Yes,¹ did the organization the ductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If Yes,¹ did the organization notify the donor of the value of the goods or services provided? If Yes, and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ified for the calendar year ending with or within the year covered by this return	filed for the calendar year ending with or within the year covered by this return

Form 990 (2020) Jewish Community Centers of Chicago 36-2167758 Pag
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Joshua Slattery - 312-773-1844			
	300 Revere Drive, Northbrook, IL 60062			

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.

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

• 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.

See instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week (list any					1	,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lnsi	0ffi	Key	Hig	For			
(1) Adrienne Goodman	37.50			7.7				207 100	0	00 700
President/Chief Executive Officer	0.00			Х				327,182.	0.	20,703.
(2) Bradley Finkel	37.50				37			170 600	0	26 157
Chief Operating Officer (3) Johanna Fine	0.00 37.50				Х			170,628.	0.	26,157.
(3) Johanna Fine CHRO	0.00				х			171 026	0.	0 622
(4) Anita Denes Meador	37.50				Λ			171,936.	0.	8,632.
Chief Programming Officer	0.00				х			156,370.	0.	22,997.
(5) Joshua Slattery	37.50								• • •	
Chief Financial Officer	0.00			х				153,057.	0.	12,585.
(6) Stephen Levy	37.50									
CMO (Until 07/01/20)	0.00					Х		140,131.	0.	15,828.
(7) Jon Levin	37.50									
Director Camp Chi	0.00					Х		120,870.	0.	19,818.
(8) Connie Calderaro	37.50									
Controller	0.00					Х		109,618.	0.	11,644.
(9) Joan Beadle	37.50									
Director J. School (Until 11/13/20)	0.00					Х		112,970.	0.	25,620.
(10) Marisa Mandrea	1.00									
Chair	0.00	Х		Х				0.	0.	0.
(11) Edward M. Atkins, M.D.	1.00									_
Immediate Past Chair	0.00	Х		Х				0.	0.	0.
(12) Gerald M. Tenner	1.00									•
Vice Chairman	0.30	Х		X				0.	0.	0.
(13) Laurie F. Lieberman	1.00								•	•
Vice Chairman	1.00	Х		Х				0.	0.	0.
(14) Charles E. Frank	1.00	٦,		37					0	0
Vice Chairman	0.00	Х		Х				0.	0.	0.
(15) Benjamin M. Klein Vice Chairman	1.00	v		v				_	0	0
(16) Susan J. Spector	1.00	Х		Х				0.	0.	0.
Vice Chairman		Х		х				0.	0.	0.
(17) David Nankin	1.00	22		-/1				· ·	0.	
Treasurer	0.00	Х		Х				0.	0.	0.
	J 0 0 0 0	77		47		ш			J •	000

FOIII 990 (2020)	<u> </u>		· C 11		- 5		_	CIII CAGO	55 2107	750 Tage 9
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	urs per (do not check more than box, unless person is box			than o	n an	Reportable compensation	Reportable compensation	Estimated amount of	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(18) Lisa Bloom	1.00								_	_
Secretary	0.00	Х		Х				0.	0.	0.
(19) Douglas Cohen	1.00								_	_
Development Chair	0.00	Х		Х				0.	0.	0.
(20) Karen Sperber	1.00									
President of JCC Women's Board	0.00	Х						0.	0.	0.
(21) Lori Lustbader Ashworth	1.00								_	_
Director	0.00	Х						0.	0.	0.
(22) Michael Bagdade	1.00								_	_
Director	0.00	Х						0.	0.	0.
(23) Allen C. Berg	1.00								_	_
Director	0.00	Х						0.	0.	0.
(24) Erika Burton	1.00								_	_
Director	0.00	Х						0.	0.	0.
(25) Carey Cooper	1.00								_	_
Director	0.00	Х						0.	0.	0.
(26) Stuart Frankenthal	1.00									
Director (Until 12/31/20)	0.00	X						0.	0.	0.
1b Subtotal							>	1,462,762.	0.	163,984.
c Total from continuation sheets to Part VI	l, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)				<u></u>			<u> </u>	1,462,762.	0.	163,984.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
										0

compensation from the organization

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

Section B. Independent Contractors

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
Morton Builders		
252 W. Adams St., Morton, IL 61550	Remodeling Services	703,970.
JFMC Facilities Corp	Property Management	
30 S. Wells St., Chicago, IL 60606	& Maintenance	606,988.
RWK IT Services, 9645 Lincolnway Ln, Ste	IT Support and	
101, Frankfort, IL 60423	Services	574,433.
Midtown Health, LLC	Fitness Center	
3611 N. Kedzie Ave., Chicago, IL 60618	Management	537,870.
Zelda's Catering	Food Servicing and	
4113 Main St., Skokie, IL 60076	Delivery	238,738.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization		
~ ~ . ! - ~ . ! . !		000

Form 990 Jewish Community Centers of Chicago 36-2167758										7758		
Part VII Section A. Officers, Directors, 7	Γrustees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)			
(A) (B) (C) (D) (E) (F)												
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	(check all that app				ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the		
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	rustee	l trus		ee/	m pen				organizations		
	below	dualt	rtiona	_	m plo	stcoi	<u></u>			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(27) Shana Geffen	1.00											
Director (Until 09/15/20)	0.00	Х						0.	0.	0.		
(28) Mark Hartman	1.00											
Director	0.00	Х						0.	0.	0.		
(29) Teri Heyden	1.00											
Director (Until 09/15/20)	0.00	Х						0.	0.	0.		
(30) Stuart B. Hochwert	1.00											
Director	0.30	Х						0.	0.	0.		
(31) Marci Horowitz	1.00											
Director (Until 09/15/20)	0.00	Х						0.	0.	0.		
(32) Honorable Sidney H. Mathias	1.00											
Director	0.00	Х						0.	0.	0.		
(33) Lisa A. Reisman	1.00											
Director (Until 09/15/20)	0.00	Х						0.	0.	0.		
(34) Eric Rothner	1.00											
Director	0.00	Х						0.	0.	0.		
(35) Julie Silverman	1.00											
Director	0.00	Х						0.	0.	0.		
(36) Phyllis Tabachnick	1.00											
Director	0.00	Х						0.	0.	0.		
(37) Suhail Tariq	1.00											
Director (Until 02/04/21)	0.00	Х						0.	0.	0.		
(38) Bruce Taylor	1.00											
Director	0.00	Х						0.	0.	0.		
			_									
			\vdash									
				l		l	<u> </u>					
Total to Dart VIII Coation A line 10												
Total to Part VII, Section A, line 1c								<u> </u>		<u> </u>		

			Chack if Schodula O	contr	nine a	rosponso	or note to any lin	o in this Part VIII			
			Check if Schedule O	JOHLA	airis a	response	or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
10 10		_	Fodorated compaigns			10	9,984,695.				sections 512 - 514
ants	1		Federated campaigns			1a 1b	3,304,033.				
ij g			Membership dues			1c	30,334.				
fts,			Fundraising events			1d	311,523.				
اق إق			Related organizations Government grants (contr			1e	4,910,492.				
Sir						ie	4,510,452.				
uti je		٠	All other contributions, gifts,			1f	5,760,941.				
ē. Ģ.		~	similar amounts not included Noncash contributions included in			1g \$	50,733.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f					20,997,985.			
OB		"	Total. Add lines 1a-11				Business Code	20,337,303.			
	2	_	Early Childhood Serv	zice	e S		624410	7,683,052.	7,683,052.		
Program Service Revenue	2	_	Day Camping				624410	4,203,442.	4,203,442.		
ser, iue		~	Resident Camping				721210	1,252,006.	1,252,006.		
m S		•	After School Recreat	ion	1		624410	974,359.	974,359.		
gra Re		٠.	Recreation & Wellnes				713940	398,788.	398,788.		
Pro		-	All other program service		nua		624200	277,908.	277,908.		
			Total. Add lines 2a-2f					14,789,555.			
	3	9	Investment income (includ					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Ü		other similar amounts)					2,007.			2,007.
	4		Income from investment of					, -			, -
	5		Royalties				_				
			1107411100) Real	(ii) Personal				
	6	а	Gross rents	6a	<u> </u>	238,783.					
		b	Less: rental expenses	6b		., 175,177.					
			Rental income or (loss)	6c		63,606.					
			Net rental income or (loss)			,	•	63,606.			63,606.
			Gross amount from sales of	<u> </u>	(i) S	ecurities	(ii) Other	,			,
	•	_	assets other than inventory	7a	<u> </u>	175,607.					
		b	Less: cost or other basis			<u> </u>					
<u>o</u>		_	and sales expenses	7b	1	120,392.	22,039.				
Revenue		С	Gain or (loss)	7c		55,215.	-22,039.				
3e			Net gain or (loss)		•	<u> </u>		33,176.			33,176.
e			Gross income from fundraising								·
ġ.	_			-	334.	I					
			contributions reported on			-					
			Part IV, line 18		,	I	1,339.				
		b	Less: direct expenses				948.				
			Net income or (loss) from				>	391.			391.
	9	а	Gross income from gamin	g ac	tivities	s. See					
			Part IV, line 19								
		b				ام.					
		С	Net income or (loss) from	gam	ing ac	tivities					
			Gross sales of inventory, I								
			and allowances			10a	134,687.				
		b	Less: cost of goods sold			امدا	22,010.				
		С	Net income or (loss) from	sales	s of inv	ventory)	112,677.	112,677.		
,,							Business Code				
no a	11	а									
ane		b									
Miscellaneous Revenue		С									
Misc		d	All other revenue				900099	17,121.			17,121.
_			Total. Add lines 11a-11d				>	17,121.			
	12		Total revenue. See instruction	ns				36,016,518.	14,902,232.	0.	116,301.

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,388,617. 1,388,617. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,100,217. 1,100,217. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 256,512. Other salaries and wages 12,197,172. 10,639,344. 1,301,316. 7 Pension plan accruals and contributions (include 694,712. 558,517. 107,968. 28,227. section 401(k) and 403(b) employer contributions) 92,789. $1,320,\overline{690}$ 26,773. 1,201,128. Other employee benefits 9 359,046.1,279,275. 897,788. 22,441. 10 Payroll taxes Fees for services (nonemployees): 11 683,789. 753,789. 70,000. Management 83,480. 83,480. Legal 58,299. 58,299. Accounting Lobbying 1,580. 1,580. Professional fundraising services. See Part IV, line 17 30,512. 30,512. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,269,842. 543,390. 714,635. column (A) amount, list line 11g expenses on Sch O.) 11,817. 412,564. 345,654. 12,775. 54,135. Advertising and promotion 12 160,738. 26,915. 120,334. 13,489. Office expenses 13 006,409. 310,909. 686,544. 8,956. 14 Information technology Royalties 15 6,667,194. 7,092,035. 375,119. 49,722. Occupancy 16 18,679. 15,650. 2,853. 176. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 52,171. 44,918. 6,746. 507. Conferences, conventions, and meetings 19 110,256. 39,972. 69,892. 392. 20 Interest 21 Payments to affiliates 1,328,256. 1,163,840. 155,129. 9,287. Depreciation, depletion, and amortization 22 459,041. 325,587. 127,551. 5,903. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Program Food & Supplies 1,301,316. 1,301,032. 284. Banking/Merchant Serv. 336,332. 37,320. 296,838. 2,174. 100,528. 79,845. 19,847. Employee Recruiting 836. 71,875. 38,391. d Staff Expenses 22,226. 11,258. 439,100.219,388. 51,628. 168,084. e All other expenses 33,067,485. 25,915,399. 6,479,533. 672,553. Total functional expenses. Add lines 1 through 24e 25 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)

Pai		Check if Schedule O contains a response or note to any line in this Part X			
		,,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	42,316.	1	24,685.
	2	Savings and temporary cash investments	2,034,305.	2	9,411,198.
	3	Pledges and grants receivable, net	1,624,136.	3	3,095,043.
	4	Accounts receivable, net	604,629.	4	797,687.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	16,315.	8	0.
As	9	Prepaid expenses and deferred charges	2,454,768.	9	1,928,097
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 37,884,046.			
	b	Less: accumulated depreciation 10b 27,822,160.	9,353,005.	10c	10,061,886.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	9,121,372.	12	6,090,210.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	8,322.	14	0.
	15	Other assets. See Part IV, line 11	824,178.	15	691,274.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,083,346.	16	32,100,080.
	17	Accounts payable and accrued expenses	7,350,891.	17	2,756,676.
	18	Grants payable		18	
	19	Deferred revenue	3,772,369.	19	11,422,168.
	20	Tax-exempt bond liabilities	265,000.	20	885,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	5,199,565.	24	3,740,000.
	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	2,823,512.	25	2,698,044.
	26	Total liabilities. Add lines 17 through 25	19,411,337.	26	21,501,888.
		Organizations that follow FASB ASC 958, check here ▶ X			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	716,331.	27	590,531.
Ba	28	Net assets with donor restrictions	5,955,678.	28	10,007,661.
nu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A	31	Retained earnings, endowment, accumulated income, or other funds	6 650 000	31	10 500 100
Se	32	Total net assets or fund balances	6,672,009.	32	10,598,192.
	33	Total liabilities and net assets/fund balances	26,083,346.	33	32,100,080.

Га	Recolicilation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,01		
2	Total expenses (must equal Part IX, column (A), line 25)	2	33	3,06	7,4	85.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,94		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	67	2,0	09.
5	Net unrealized gains (losses) on investments	5	1	.,72	9,8	16.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-80		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4	9,7	37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,59	8,1	92.
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public

Inspection
Employer identification number

Jewish Community Centers of Chicago 36-2167758 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Schedule A (Form 990 or 990-EZ) 2020 Jewish Community Centers of Chicago 36-2167 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.)

Sec	ction A. Public Support														
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total								
1	Gifts, grants, contributions, and														
	membership fees received. (Do not														
	include any "unusual grants.")	11634110.	11490928.	10599082.	12028279.	20997985.	66750384.								
2	Tax revenues levied for the organ-														
	ization'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	11634110.	11490928.	10599082.	<u> 12028279.</u>	20997985.	66750384.								
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)														
	Public support. Subtract line 5 from line 4.						66750384.								
Sec	ction B. Total Support			T	T										
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total								
		11634110.	11490928.	10599082.	12028279.	20997985.	66750384.								
8	Gross income from interest,														
	dividends, payments received on														
	securities loans, rents, royalties,	201 065	205 465	554 000	400 000	040 500	0005404								
	and income from similar sources	301,865.	307,465.	754,922.	480,092.	240,790.	2085134.								
9	Net income from unrelated business														
	activities, whether or not the					201	201								
	business is regularly carried on					391.	391.								
10	Other income. Do not include gain														
	or loss from the sale of capital	257 264	100 763	07 753	152 640	17 101	704 541								
	assets (Explain in Part VI.)	25/,264.	198,763.	97,753.	153,640.		724,541.								
	Total support. Add lines 7 through 10		,				69560450. ,447,797.								
12	Gross receipts from related activities,	•	,				,441,191.								
13															
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P								
				aclumn (f))		14	95.96 %								
14 15	Public support percentage for 2020 (in Public support percentage from 2019)					15	95.96 %								
	33 1/3% support test - 2020. If the o														
104	stop here. The organization qualifies														
h	33 1/3% support test - 2019. If the o														
	and stop here. The organization qual						. \Box								
17a	10% -facts-and-circumstances test		•												
	and if the organization meets the fact	-													
	meets the facts-and-circumstances te		•	•		viriow the organiz	. —								
h	10% -facts-and-circumstances test	Ü		,											
~	more, and if the organization meets the	ū				•	0 0,								
	,		·		• •		ightharpoonup								
18							organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	acquired after June 30, 1975 Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section 5	i01(c)(3) organizatio	on .
•	check this box and stop here	•			-		
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	OI:		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10-		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
500	ation 6. Type it Supporting Organizations		V	N1 -
4	Mare a majority of the expeniention's divertors by twisters duving the toy year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	,, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
о a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally in	integra	ated Type III supporting organ	nization (see
instructions).			

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

					: -:g- :
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	,	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								
Sche	dule A,	Part	II,	Line	10,	Explanation	for	Other	Income:
Misc	ellaneo	us In	come						
2016	Amount	: \$	257	,264.					
2017	Amount	: \$	198	,763.					
2018	Amount	: \$	97,	753.					
2019	Amount	: \$	153	,640.					
2020	Amount	: \$	17,	121.					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Jewish Community Centers of Chicago

Employer identification number

36-2167758

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Name of organization Employer identification number

Jewish Community Centers of Chicago

36-2167758

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Jewish Federation of Metropolitan	Total contributions	Type of contribution
1	Chicago 30 S. Wells Street Chicago, IL 60606	\$9,984,695.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	U.S. Small Business Administration 409 3rd Street, SW Washington, DC 20416	\$ 3,259,565.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Illinois Network of Child Care Resource and Referral Agencies		Person X
	1226 Towanda Plaza	\$1,647,427.	Payroll Noncash
	Bloomington, IL 61701		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 Foundation for Jewish Camp, Inc. 253 W. 35th Street, Floor 4 New York, NY 10001	\$ 1,030,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Harold Grinspoon Foundation 67 Hunt Street, Suite 100 Agawam, MA 01001	\$ 597,227.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Cathy and Edward Atkins		Person X
	126 Park Avenue Glencoe, IL 60022	\$\$00,745.	Payroll Noncash X (Complete Part II for noncash contributions.)
	OTCHCOE, IN OUUZZ		1.0.100011 001111100110113.)

Name of organization Employer identification number

Jewish Community Centers of Chicago

36-2167758

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Fifth Third Bankcorp Shares (1,385)		
6_			
		\$\$	04/21/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
(a) No.	<i>I</i> IAN	(c)	(a)\
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(-)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See manuchons.)	
		<u> </u>	
453 11-25		\$	90. 990-EZ. or 990-PF) (2

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** Jewish Community Centers of Chicago 36-2167758 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Jewish Community Centers of Chicago

Employer identification number 36-2167758

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Funds and other asserts
	Tatal accept as at and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year	uriting that the assets hold in donor advis	ad funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or		
		donor advisor, or for any other purpose	
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it $% \left(1\right) =\left(1\right) \left(1\right)$	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statement	ents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
Га	Complete if the organization answered "Yes" on Form		illei Siillilai Assets.
			and belonge about mode
та	If the organization elected, as permitted under FASB ASC 958	, ,	
	of art, historical treasures, or other similar assets held for pub	, ,	•
L	service, provide in Part XIII the text of the footnote to its finan-		
ь	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public	•	
	•	exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		L .
2	If the organization received or held works of art, historical trea	usures or other similar assets for financia	
_	the following amounts required to be reported under FASB AS		a gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	,		·········· F Ψ

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		517,407.		517,407.
b Buildings		4,514,936.	2,648,682.	1,866,254.
c Leasehold improvements		19,057,917.	12,265,931.	6,791,986.
d Equipment		4,830,739.	4,527,665.	303,074.
e Other		8,963,047.	8,379,882.	583,165.
Total. Add lines 1a through 1e. (Column (d) must equa	10,061,886.			

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Jewish Comm	unity Centers	of Chicago 36	5-2167758 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) JFMC Pooled Endowment			
(B) Portfolio	6,089,210.	End-of-Year Market	Value
(C) Other Investments	1,000.	End-of-Year Market	Value
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,090,210.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	2 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Capital Lease Obligation			24,591.
(3) Other Liabilities			396,929.

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) Capital Lease Obligation 24,591.

(3) Other Liabilities 396,929.

(4) Due to Affiliate Organization 2,276,524.

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,698,044.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

3	6 –	21	67	75	ρ	Page 4
J	U –	$\Delta \perp$	\mathbf{v}	12	u	Page 7

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	38,533,838.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	1,729,816.					
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	1,458,508.					
е	Add lines 2a through 2d			2e	3,188,324.			
3	Subtract line 2e from line 1			3	35,345,514.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,512. 640,492.					
b	Other (Describe in Part XIII.)	4b	640,492.		651 004			
С				4c	671,004. 36,016,518.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	nto Mi	th Evnances per E	5	36,016,518.			
Pai	Reconciliation of Expenses per Audited Financial Stateme	nts wi	ın Expenses per F	etur	Π.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				22 620 027			
1	Total expenses and losses per audited financial statements			1	32,638,037.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا						
a	Donated services and use of facilities	2a						
b	Prior year adjustments Other losses	2b						
c d		2c 2d	241,556.					
	Add lines 2a through 2d	-		2e	241,556.			
3	Subtract line 2e from line 1			3	32,396,481.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				02,000,2020			
a		4a	30,512.					
b		4b	30,512. 640,492.					
С				4c	671,004.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	33,067,485.			
Pai	rt XIII Supplemental Information.							
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	lb and 2b; Part V, line 4	; Part I	X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	ormation.					
D	-L TTT 1: 1							
Par	rt III, line 1a:							
The	e organization's collections are made up of	rol	idious art	hne	other			
1110	e organizacion s corrections are made up or	TCT.	igious, aic	ana	Ochei			
ob-	jects that are held for display, education	and o	other purpos	es.	These			
<u> </u>	, coop char are hera for arberaj, cadoacton		odioi paipos	<u> </u>				
co]	llections, which were acquired through purc	hase	s and contri	but	ions since			
	· · · · · · · · · · · · · · · · · · ·							
the	e organization's inception, are not recogni	zed a	as assets on	th	е			
Sta	atements of Financial Position.							
_								
Par	ct III, line 4:							
m1		_, . •		7	- 1			
The organization's collections are made up of religious, art and other								
<u>.</u> .	icata that ame hald for direlar advertise.	- -	a+han ========		шь			
<u>ao</u>	jects that are held for display, education	and (ocher purpos	es.	THE			
ord	organization's collection provide tangible examples of Jewish culture.							

Part V, line 4:

The agency's endowment consists of 20 individual funds established to: offset the costs of scholarships, offset costs of specific programs, and offset costs of facilities.

Part X, Line 2:

The accounting standard for uncertainty in income taxes addresses the determination of whether tax benefits claimed, or expected to be claimed, on a tax return should be recorded in the consolidated financial statements. Under this guidance, JCC Chicago may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of JCC Chicago and various positions related to the potential sources of unrelated business taxable income (UBTI). The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the reporting periods presented in these consolidated financial statements.

JCC Chicago and the Endowment Foundation each file Form 990 annual information returns in the U.S. federal jurisdiction and the State of Illinois.

Part XI, Line 2d - Other Adjustments:

Change in Cash Surrender Value of Life Insurance Policies

49,737.

Rental Expenses

175,177.

Schedule D (Form 990) 2020 Jewish Community Centers of Chicago Part XIII Supplemental Information (continued)	36-2167758 Page 5
	1 011 555
JCC Endowment Foundation Revenues	
Loss on Asset Disposal	
Total to Schedule D, Part XI, Line 2d	1,458,508.
Part XI, Line 4b - Other Adjustments:	
Scholarships	640,492.
Part XII, Line 2d - Other Adjustments:	
Rental Expenses	175,177.
JCC Endowment Foundation Expenses	44,340.
Loss on Asset Disposal	22,039.
Total to Schedule D, Part XII, Line 2d	241,556.
Dant VII line Ab Other Adjustments.	
Caholonahina	640 402
SCHOTATSHIPS	010,1921
	·

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
Jewish	Community Centers	of (Chic	cago		36-2167	758
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitate f Solicitate g Special or oral agreement with any individual leart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	<u>l</u> gistration
or noonomy.							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Cocktails & None (add col. (a) through Conversation col. (c)) (event type) (event type) (total number) 31,673. 31,673. 1 Gross receipts 30,334. 30,334. 2 Less: Contributions 1,339. 3 Gross income (line 1 minus line 2) 1,339. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 948. 948. 7 Food and beverages 8 Entertainment 9 Other direct expenses 948. 10 Direct expense summary. Add lines 4 through 9 in column (d) 391. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor 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 conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 Jewish Community Centers of Chicago 36-2	<u> 1677</u>	58 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
	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?	☐ Ye	es No
12	Indicate the percentage of gaming activity conducted in:		
		ا مدا	0.4
	The organization's facility	13a	%
	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?	. Y	es No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: 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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es L 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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lines	9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, 0, 00, 100,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	Jewish	Community	Centers	of Chicago	36-2167758	Page 4
Part IV	Supplemental Infor	mation (cont	tinued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Jewish Community Centers of Chicago											
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?											
criteria used to award the grants or assistance? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.											
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 noncash assistance	(h) Purpose of grant or assistance				
2 Enter total number of section 501(c)(3) a	and government or	anizations listed in th	e line 1 table	1	<u> </u>	1	•				
3 Enter total number of other organization	-	-									

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
mergency Provisions	152	299,325.	0.		
Food & Hygiene	815	364,513.	0.		
Housing & Utility Assistance	295	69,374.	0.		
Transportation Services	28	210.	0.		
Dental Care	27	14,705.	0.		

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:

For general program scholarships, initial requests are processed through an online financial aid software. Those results are then reviewed by members of Senior Leadership who develop the parameters and process of awarding and distributing fee assistance.

For EZRA related assistance, 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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance					
Early Childhood Tuition Assistance	147.	535,484.	0.							
Day Camp Tuition Assistance	92.	80,758.	0.							
Camp Chi Program Tuition Assistance	13.	24,208.	0.							
camp chi riogiam futcion assistance	15.	24,200.	0.							
Rec & Wellness Program Tuition Assistance	1.	40.	0.							

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

ZUZU

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Jewish Community Centers of Chicago

 $\begin{array}{c} \textbf{Employer identification number} \\ 36-2167758 \end{array}$

Pa	art I Questions Regarding Compensation				
	<u> </u>			Yes	No
1 a	Check the appropriate box(es) if the organization provided a	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any	relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	ion 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_		
2	Did the organization require substantiation prior to reimbursi	ing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director,	, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 e	explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII,	Section A line 12 with respect to the filing			
7	organization or a related organization:	, decitor A, line Ta, with respect to the lilling			
а	Receive a severance payment or change-of-control payment	?	4a	Х	
b	Participate in or receive payment from a supplemental nonqu				Х
c	Participate in or receive payment from an equity-based comp				Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the				
		approace and are recorded in the recorded and are recorde			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a,				
			7		X
8	Were any amounts reported on Form 990, Part VII, paid or a	occrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the rebutta	able 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) 2020

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

36-2167758

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Adrienne Goodman	(i)	318,489.	0.	8,693.	20,703.	0.	347,885.	0.
President/Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Bradley Finkel	(i)	170,628.	0.	0.	25,357.	800.	196,785.	0.
Chief Operating Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Johanna Fine	(i)	171,872.	0.	64.	8,228.	604.	180,768.	0.
CHRO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Anita Denes Meador	(i)	156,370.	0.	0.	13,452.	9,545.	179,367.	0.
Chief Programming Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Joshua Slattery	(i)	153,057.	0.	0.	3,393.	10,967.	167,417.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Stephen Levy	(i)	104,838.	0.	35,293.	15,828.	0.	155,959.	0.
CMO (Until 07/01/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(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 3:

President/Chief Executive Officer compensation is determined via

negotiation with select members of the Board of Directors as chosen by the

Chairman (Compensation Committee). Information from the Jewish Community

Centers Association (JCCA) and the Jewish Federation of Metropolitan

Chicago (JFMC) as well as market study data is reviewed as part of the

negotiation. A written contract is signed by the President/Chief Executive

Officer and by the Chairman, Secretary, and Treasurer of the Board of

Directors and notarized.

Part I, Line 4a:

The following individuals received severance payments during calendar year 2020:

<u>Steve Levy - \$22,890</u>

<u>Joan Beadle - \$15,923</u>

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Jewish Community Centers of Chicago

Employer identification number 36-2167758

Part I Bond Issues See Part	VI for Colu			ions									
(a) Issuer name (b) Issue	er EIN (c) CUSIP #	(d) Date issue	d (e) Issu	ue price (f) Description of purpose			se (g) Def	eased	(h) On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	No
Series G-3 Colorado					I .	Prior B	ond						
A Educational and Cultural 84-089	6727 19645RQN	4 06/01/12	2 770	,000.	Issue				Х		Х		X
В								\rightarrow					
_													
С								-				-	
D													
Part II Proceeds	•	•	<u> </u>							1			
			A		В		С				D		
1 Amount of bonds retired		50	55,000.										
2 Amount of bonds legally defeased			70,000.										
3 Total proceeds of issue													
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			55,000.	-									
12 Other unspent proceeds			2010	-									
13 Year of substantial completion			2012	<u> </u>			Τ.						
44 West the bonds issued as not of a sefunding issue of the		Yes	No	Yes	No	Yes	+-^	lo_		Yes	+	No	
· · · · · · · · · · · · · · · · · · ·	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?												
	X									+			
•	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?												
	16 Has the final allocation of proceeds been made?												
17 Does the organization maintain adequate books and record		X									+		
final allocation of proceeds?	as to support the	x											
I HA For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990			I		1			Scher	lule K	(Form	2 990)	2020

Par	t III Private Business Use								
			A		В		С		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	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						
3а	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?								
С	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		<u>%</u>		%		%		%
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		%		%		<u>%</u>		<u>%</u>
С	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						
Par	t IV Arbitrage						_		
_			A		В	,	<u>C</u>	-	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
_	Penalty in Lieu of Arbitrage Rebate?								
2	7 3 11 7	X	T		T		T		
	Rebate not due yet?	Α	37				+		
	Exception to rebate?		X				+		
<u> </u>	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	Х	1				T		
_3	Is the bond issue a variable rate issue?		1				L		

36-2167758

Part IV Arbitrage (continued)									
		A	Е	3			D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
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?									
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				1			
Part V Procedures To Undertake Corrective Action									
		A	E	3)	ı	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under						1			
applicable regulations?	X								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.						
Schedule K, Part I, Bond Issues:									
(a) Issuer Name:									
Series G-3 Colorado Educational and Cultural Faci	lities	Author	ity						

Schedule K (Form 990) 2020

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

							s of Chica					677	58		
Part I	Excess Bene	fit Transa	actio	ons (section 50	01(c)(3), secti	ion 501(c)(4), and s	ectio	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 2	5b, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (-) Non	£ -l:l:6:l		(b) F	Relationship bety			ified	(-) D			_		(d)	Corre	cted?
(a) Nan	ne of disqualified p	person		person and or	rganiza	ation		(6)	escription of tran	Sactio	·		Ye	es	No
													_		
													_	-	
	he amount of tax i	ncurred by t	he o	rganization man	agers	or disq	ualified persons d	uring	the year under						
section															
3 Enter t	he amount of tax,	if any, on lin	ie 2, a	above, reimburs	ed by	the org	ganization				> \$				
Part II	Loans to and	l/or From	Inte	erested Pers	sons										
r are ii							, Part V, line 38a o	- Eorn	n 000 Part IV lin	o 26: 7	or if th	o orga	nizatio	n	
	reported an amo	J					, Fait v, lifte 30a of	FOII	ii 990, Fait IV, iiii	e 20, t	וו וו וו	e orga	IIIZaliO	""	
(a)	Name of	(b) Relation		(c) Purpose		an to or	(e) Original	Τ,	f) Balance due	(a)	ln	(h) Ap	proved	(i) W	/ritten
` '	sted person	with organiz		of loan		n the zation?	principal amount						ard or agreemer		ment?
						From			Ye		No	Yes	No	Yes	No
															<u> </u>
					-										
								_							
					-			+							
T							<u> </u>								
Total Part III	Grants or As	sistance	Ben	efitina Inter	estec	l Per		Φ							
	Complete if the c			•											
(a) Na	ame of interested p			(b) Relationship			(c) Amount o	f	(d) Type	of	Т	(e) Purp	ose o	 f
(4)		3010011	'	interested pers			assistance	•	assistan			•	assista		
				the organiza	ation										
Anita	Denes Mea	dor	Ke	y Employ	ee		10,0	00.	Scholars	hip	G				
			_												
			1												

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

Schedule L (Form 990 or 990-EZ) 2020

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, 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 revenues?		
				Yes	No	
					-	
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see i	nstructions).				
Sch L, Part III, Grants or	Assistance Benefitt	ing Interes	sted Persons	:		
(a) Name of Person: Anita I	Denes Meador					
(c) Amount of Grant \$ 10,0	000.					
(d) Type of Assistance: Scl	holarship Grants					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Jewish Community Centers of Chicago Employer identification number 36-2167758

Par	t I Types of Property	-		•	•			
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art				9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	50,733	. FMV			
10	Securities - Closely held stock		_	30,733	• = 11 V			
11	Securities - Partnership, LLC, or							
••								
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
10	••••							
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax vear for c	ontributions				
	for which the organization completed Form 82						0	
	Tel Willer the organization completed form of	00,1 411 1, 5	onee / teltile wie ag	omone			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 thro	unh 28 that it			110
000	must hold for at least three years from the date	-	*		-			
	exempt purposes for the entire holding period		ŕ			30a		х
h	If "Yes," describe the arrangement in Part II.	•				000		
31	Does the organization have a gift acceptance	oolicv that re	equires the review	of any nonstandard contrib	utions?	31	х	
	Does the organization hire or use third parties							
	contributions?		•	, ,		32a		x
h	If "Yes," describe in Part II.					0_0		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is ch	ecked.			
	describe in Part II.	(5) 101	-,	(2) 10 011	-			

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

Schedule M (Form 990) 2020

LHA

Schedule M) 2020	Jew	ish C	ommu	nity	Cent	ers	of (Chica	ago			2167			ge 2
Part II	Supple	mental	Inforr	nation.	Provide	the info	rmation	required	by Par	t I, lines	30b, 32b,	and 33,	and whe	ther the	organiza	ation	
	this part	ng in Part for any ad	ı, colun ditional	nn (b), tne informati	number on.	or cont	ributions	s, tne nur	nber of	items re	eceived, o	a comb	ination c	T DOTH. F	Also com	piete	
Schedu	le M,	Part	I,	Colum	nn (b):											
1	,			,													
Is the	numbe	er of	con	tribu	ition	ıs.											
-																	
-																	
-																	
-																	
-																	
·																	

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Attach to Form 990 or 990-E2.

Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Jewish Community Centers of Chicago

Employer identification number 36-2167758

Form 990, Part III, Line 1, Description of Organization Mission:

for new immigrants to fill their lives with culture, language,

recreation and connection. JCC Chicago is proud to welcome people of

all ages, faiths, and backgrounds providing educational, recreational

and cultural programming and activities designed to strengthen

communities, meet the needs of everyone from infants to seniors, and

enrich the lives of all those connected to the agency. Last year alone,

JCC Chicago impacted more than 60,000 children, individuals and

families throughout the greater metropolitan Chicago Area.

Form 990, Part III, Line 4d, Other Program Services:

Overnight Chi - JCC Chicago's overnight camp, Camp Chi takes place on a

600-acre campus in Lake Delton, Wisconsin. Camp Chi provides a complete
co-ed overnight camping experience for 1,500 youth and teens ages seven
to sixteen, offering endless opportunities to campers to explore new
interests and build upon individual skills through various activities.

Camp Chi sessions run during the summer months between mid-June and
mid-August. Included in these overnight programs, we partner with
Keshet to serve children with special needs.

Expenses \$ 1,919,473. including grants of \$ 24,208. Revenue \$ 1,252,006

J At School - JCC Chicago administers J At School, a high-quality after school, before school, enrichment, recess and lunch supervision program in approximately twenty Chicago public schools impacting 12,500 school-age children every day. The program fills a significant need for both families and the Chicago Public School system during the school

Name of the organization Jewish Community Centers of Chicago	Employer identification number 36-2167758
year.	
Expenses \$ 1,662,267. including grants of \$ 0. Revenue	\$ 974,359.
Fitness and Wellness - JCC Chicago Fitness and Wellness pr	ograms impact
children and adults of all ages and abilities. The agency	offers a
variety of fitness classes including those for older adult	s,
individuals with Parkinson's disease through National Park	inson's
Foundation Parkinson's wellness initiative and teens with	disabilities,
sports and leagues for children and teens, and a successfu	1
instructional swim program for typically developing childr	en as well as
children with disabilities to over 800 participants. The M	[arvin]
Lustbader Fitness Center for Health, Wellness and Fitness	at the
Bernard Weinger JCC offers a state-of-the-art workout space	e for the
community.	
Expenses \$ 1,559,350. including grants of \$ 40. Revenue	ie \$ 398,788.
Other Services - JCC Chicago offers additional programs an	d services
through the Perlstein Resort and Conference Center. The Pe	erlstein
Resort and Conference Center located in Lake Delton, Wisco	onsin,
adjacent to JCC Camp Chi, is JCC Chicago's premier destina	tion for
families, groups, businesses and individuals throughout th	e Midwest,
providing programming, accommodations and meaningful event	s for guests.
Expenses \$ 1,482,740. including grants of \$ 0. Revenue	\$ \$ 299,783.
Adult Services - JCC Chicago offers social, recreational,	cultural and
educational programming for adults, with a focus on older	adults as
well as young adults in their 20's and 30's. Program offer	ings include
the two-week Chicago Jewish Film Festival, which engaged o	over 17,500

Name of the organization **Employer identification number** Jewish Community Centers of Chicago 36-2167758 individuals this past year, as well as adult lectures, Community Wednesday programming, and travel opportunities. Expenses \$ 578,092. including grants of \$ 0. Revenue \$ 85,551. Teen and Family Engagement - JCC Chicago focuses on engaging teens and families through a myriad of programs such as year-round teen youth groups and school clubs, special events geared towards families with children, Jewish holiday celebrations, and new parent workshops and playgrounds, impacting over 3,500 families & individuals. The goal of these programs is to build a vibrant and thriving community for all families. Expenses \$ 354,579. including grants of \$ 0. Revenue \$ 5,251. Form 990, Part VI, Section A, line 2: Charles Frank and Laurie Lieberman have a family relationship. Form 990, Part VI, Section A, line 6: Any person who is a member of the Jewish United Fund (JUF) shall, during the period of such membership, be a voting member of JCC, and no person shall be a voting member of JCC who is not a member of the JUF. Form 990, Part VI, Section A, line 7a: The elected members of the Board of Directors shall be elected from the JCC voting membership. Form 990, Part VI, Section B, line 11b: A copy of the draft 990 is provided to the audit committee and Board of Directors via e-mail requesting that they review the document and respond

Name of the organization Jewish Community Centers of Chicago	$\begin{array}{c} \textbf{Employer identification number} \\ 36-2167758 \end{array}$
to management with any questions. The audit committee appr	oves the 990
prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
Annually board members, officers and key employees are req	uired to disclose
any conflicts of interest. The CEO and/or CFO reviews any	such disclosures
and they are appropriately addressed by the Board.	
Form 990, Part VI, Section B, Line 15:	
The compensation committee reviewed comparable data from t	he Jewish
Community Centers Association of North America (JCCA) for	the chief
executive officer (CEO). Raises for the CEO have been base	d on the contract
signed when the CEO was hired. There is contemporaneous su	bstantiation of
the deliberations and decisions through the keeping of com	mittee minutes.
The compensation of other key and highly compensated employ	yees is
determined by top management.	
Form 990, Part VI, Section C, Line 19:	
The financial statements, governing documents and conflict	of interest
policy are available upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in Cash Surrender Value of Life Insurance Policies	49,737.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Jewish	Communi	ty Centers of Chic	cago			36-2167	758
Part I Identification of Disregarded Ent	ities. Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applical of disregarded entity	ble)	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	(e) me End-of-year	assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exe organizations during the tax year.	mpt Organizat	ions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?

Illinois

Carry out the purposes of

the Jewish Community

Centers of Chicago

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

Yes

Х

Jewish Community

Centers of

Chicago

No

501(c)(3))

Line 12a, I

501(c)(3)

Jewish Community Centers Endowment

4049 Chicago IL 60606

Foundation - 36-4310828, 30 S. Wells, Suite

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.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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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		tion b)(13) rolled tity?
		country						Yes	No

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

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Girt, grant, or capital contribution to related organization(s)				מו		
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
					1d		X
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1 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) (b) (c) (d)		1e		X			
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1					11		X
n	Performance of services or membership or fundraising solicitations by related organiz	ation(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
					1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a)	(b)					
	Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Exchange of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Cher transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 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) Dewish Community Centers Endowment						
		type (a-s)					
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1)	Foundation	С	311,523.Ca	ısh			
2)							
3)							
4)							
5)							
6)							
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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									