

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ header section including: A For the 2010 calendar year, or tax year beginning and ending; B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending; C Name of organization: CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES; D Employer identification number: 36-4319469; E Telephone number: 773-769-6060; F Group Exemption Number; G Accounting Method: Cash, Accrual (checked), Other; H Check if the organization is not required to attach Schedule B; I Website: WWW.CHICAGOASTHMA.ORG; J Tax-exempt status: 501(c)(3) (checked); K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 140,491.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 140,491. Expenses total: 162,912. Net Assets total: 189,533.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

**CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES**

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	212,493.	22	172,348.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	26,806.	24	36,258.
25 Total assets	239,299.	25	208,606.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	27,345.	26	19,073.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	211,954.	27	189,533.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		28a	121,328.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 MEMBERSHIP PROVIDES THE OPPORTUNITY TO PARTICIPATE IN CHICAGO'S ONLY GROUP OF ASTHMA ADVOCATES.		29a	16,360.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	137,688.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MAUREEN DAMITZ, AE-C, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	PAST PRESIDENT	0.	0.	0.
DENNIS BRYAN, RPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	SECRETARY	0.	0.	0.
KRISTEN ELLEN SOHN, MSN, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	TREASURER	0.	0.	0.
JOEL J. AFRICK, CPA, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
JAIME DIRCKSEN, MSW, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
GINA MASSUDA BARNETT, MPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
RUCHI GUPTA, MD, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO, IL 60640	DIRECTOR	0.	0.	0.
ALLEN GOLDBERG, MD, FCCP, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
SEMONE GREENE, RRT, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
ANNE KRANTZ, MD, MPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR	0.	0.	0.
HELEN MARGELLOS-ANAST, MPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	PRESIDENT	0.	0.	0.
MOLLY MARTIN, MD, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO, IL 60640	DIRECTOR	0.	0.	0.

**CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V **X**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ IL		
42a	The organization's books are in care of ▶ JOEL MASSEL-CREATIVE MGT SVC Telephone no. ▶ 773-769-6060 Located at ▶ 4541 N RAVENSWOOD AVE., SUITE 303, CHICAGO, IL ZIP + 4 ▶ 60640		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer _____ Date _____
MAUREEN DAMITZ, AE-C, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SUSAN GREGGO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name WARADY & DAVIS LLP	Firm's EIN 		Phone no. (847) 267-9600	
Firm's address 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **CHICAGO ASTHMA CONSORTIUM**
C/O CREATIVE MANAGEMENT SERVICES Employer identification number
36-4319469

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

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

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

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

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

CHICAGO ASTHMA CONSORTIUM

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	218,706.	570,240.	298,852.	164,047.	126,306.	1,378,151.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	218,706.	570,240.	298,852.	164,047.	126,306.	1,378,151.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,378,151.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	218,706.	570,240.	298,852.	164,047.	126,306.	1,378,151.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,206.	9,076.	3,255.	3,097.	1,556.	20,190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				727.	1,433.	2,160.
11 Total support. Add lines 7 through 10						1,400,501.
12 Gross receipts from related activities, etc. (see instructions)					12	42,838.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.40	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.71	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES

Employer identification number

36-4319469

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number 36-4319469
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RESPIRATORY HEALTH ASSOCIATION OF METRO CHICAGO 1440 W. WASHINGTON BLVD CHICAGO, IL 60607	\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	THE CHEST FOUNDATION 3300 DUNDEE ROAD NORTHBROOK, IL 60062	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	ILLINOIS DEPARTMENT OF PUBLIC HEALTH 525-535 W. JEFFERSON STREET SPRINGFIELD, IL 62761	\$ 60,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	SINAI URBAN HEALTH INSTITUTE CALIFORNIA AVENUE AT 15TH ST. CHICAGO, IL 60608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	ABBOTT LABORATORIES 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	CHICAGO PUBLIC SCHOOLS P. O. BOX 661 CHICAGO, IL 60690	\$ 6,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number 36-4319469
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	1000 PEAK FLOW METERS _____ _____ _____	\$ 6,000.	01/15/10
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number 36-4319469
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(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 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 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 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	

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER EXPENSES											
1	SOFTWARE	092403		36M	43	4,574.			4,574.	4,574.		0.
2	SOFTWARE/WEBSITE	051507		36M	43	22,250.			22,250.	19,778.		2,472.
3	SOFTWARE/WEBSITE - ONLINE AWARD APPLIC	043009		36M	43	9,750.			9,750.	2,167.		3,250.
4	SOFTWARE/WEBSITE - CLINIC RATING APPLI	070109		36M	43	5,000.			5,000.	833.		1,667.
5	SOFTWARE/WEBSITE - DEPOSIT ILLINOIS AS	123109		36M	43	3,630.			3,630.			807.
6	SOFTWARE/WEBSITE	020110		36M	42	600.			600.			183.
7	SOFTWARE/WEBSITE	040110		36M	42	7,370.			7,370.			1,638.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES					53,174.		0.	53,174.	27,352.	0.	10,017.
	* GRAND TOTAL 990-EZ PG 1 DEPR &					53,174.		0.	53,174.	27,352.	0.	10,017.

FOOTNOTES

STATEMENT 1

CREATIVE MANAGEMENT SERVICES IS PAID A MANAGEMENT FEE. JOEL MASSEL, WHO OWNS CREATIVE MANAGEMENT SERVICES AS A SOLE PROPRIETOR, IS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. THUS, THE MANAGEMENT FEE PAID TO HIS COMPANY IS INCLUDED IN COMPENSATION ON FORM 990EZ, PAGE 1, PART I, LINE 12 TO RECONCILE COMPENSATION OF KEY EMPLOYEES, OFFICERS, AND DIRECTORS ON PAGE 2, PART IV.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number	36-4319469
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,556.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	1,433.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	6,037.
INSURANCE	1,500.
TELEPHONE	87.
TRAVEL	80.
CONFERENCES, CONVENTIONS, AND MEETINGS	6,652.
MEALS AND ENTERTAINMENT	527.
WEBSITE MAINTENANCE	1,531.
BANK CHARGES	847.
FILING FEES	25.
DEPRECIATION/AMORTIZATION	10,017.
TOTAL TO FORM 990-EZ, LINE 16	27,303.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS RECEIVABLE	8,662.	19,161.
PREPAID EXPENSES	292.	292.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization	CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number	36-4319469
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ACCOUNTS RECEIVABLE	0.	1,000.
OTHER DEPRECIABLE ASSETS	17,852.	15,805.
TOTAL TO FORM 990-EZ, LINE 24	26,806.	36,258.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED DUES	1,695.	2,628.
DEFERRED GRANT REVENUE	25,650.	16,154.
ACCOUNTS PAYABLE	0.	291.
TOTAL TO FORM 990-EZ, LINE 26	27,345.	19,073.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CHICAGO ASTHMA CONSORTIUM BRINGS TOGETHER MEDICAL AND PUBLIC HEALTH PROFESSIONALS, BUSINESS LEADERS, GOVERNMENT AGENCIES, COMMUNITY BASED ORGANIZATIONS, AND INDIVIDUALS DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IMPACTED BY ASTHMA THROUGH NETWORKING, INFORMATION SHARING, EDUCATION, AND COLLABORATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

RAISE AWARENESS THAT ASTHMA IS A SERIOUS DISEASE,
ENCOURAGE PARTNERSHIPS WITH PROFESSIONALS WHO SERVE
INDIVIDUALS WITH ASTHMA, AND INFORM ASTHMA CARE
PROFESSIONALS ABOUT CURRENT RESEARCH EFFORTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number	36-4319469
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OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Name of the organization	CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES	Employer identification number	36-4319469
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOEL MASSEL, DBA CREATIVE MGMT SVCS, 4541 N. RAVENSWOOD AVE., STE 303,	EXECUTIVE DIRECTOR 50.00	110,000.	0.	0.
MYRA ZUVICH, RPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO, IL 60640	DIRECTOR 1.00	0.	0.	0.
LISA SHARP, PHD, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO, IL 60640	DIRECTOR 1.00	0.	0.	0.
SYDNEY PARKER, PHD, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR 1.00	0.	0.	0.
TERAKESHA WEARING, MPH, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR 1.00	0.	0.	0.
STEPHEN SAMUELSON, MPA, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR 1.00	0.	0.	0.
GISELLE MOSNAIM, MD, 4541 N. RAVENSWOOD AVE., STE 303, CHICAGO,	DIRECTOR 1.00	0.	0.	0.

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return: CHICAGO ASTHMA CONSORTIUM C/O CREATIVE MANAGEMENT SERVICES
Business or activity to which this form relates: FORM 990-EZ PAGE 1
Identifying number: 36-4319469

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) 500,000.
2 Total cost of section 179 property placed in service (see instructions)
3 Threshold cost of section 179 property before reduction in limitation 2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions
6 (a) Description of property (b) Cost (business use only) (c) Elected cost
7 Listed property. Enter the amount from line 29
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7
9 Tentative deduction. Enter the smaller of line 5 or line 8
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
15 Property subject to section 168(f)(1) election
16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include Class life 12-year and 40-year.

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2010 tax year:						
SOFTWARE/WEBSITE	020110	600.		36M	183.	
SOFTWARE/WEBSITE	040110	7,370.		36M	1,638.	
43 Amortization of costs that began before your 2010 tax year					43	8,196.
44 Total. Add amounts in column (f). See the instructions for where to report					44	10,017.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES**

Employer identification number

36-4319469

Name and title of officer

**MAUREEN DAMITZ AE-C
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>140491</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WARADY & DAVIS LLP to enter my PIN 20452
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36999512738
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER EXPENSES											
1	SOFTWARE	092403		36M	43	4,574.			4,574.	4,574.		0.
2	SOFTWARE/WEBSITE	051507		36M	43	22,250.			22,250.	19,778.		2,472.
3	SOFTWARE/WEBSITE - ONLINE AWARD APPLIC	043009		36M	43	9,750.			9,750.	2,167.		3,250.
4	SOFTWARE/WEBSITE - CLINIC RATING APPLI	070109		36M	43	5,000.			5,000.	833.		1,667.
5	SOFTWARE/WEBSITE - DEPOSIT ILLINOIS AS	123109		36M	43	3,630.			3,630.			807.
6	SOFTWARE/WEBSITE	020110		36M	42	600.			600.			183.
7	SOFTWARE/WEBSITE	040110		36M	42	7,370.			7,370.			1,638.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES					53,174.		0.	53,174.	27,352.	0.	10,017.
	* GRAND TOTAL 990-EZ PG 1 DEPR &					53,174.		0.	53,174.	27,352.	0.	10,017.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHICAGO ASTHMA CONSORTIUM
C/O CREATIVE MANAGEMENT SERVICES

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	OTHER EXPENSES								
1	SOFTWARE	092403		36M	4,574.		4,574.	4,574.	0.
2	SOFTWARE/WEBSITE	051507		36M	22,250.		22,250.	22,250.	0.
	SOFTWARE/WEBSITE - ONLINE AWARD								
3	APPLICATION	043009		36M	9,750.		9,750.	5,417.	3,250.
	SOFTWARE/WEBSITE - CLINIC RATING								
4	APPLICATION	070109		36M	5,000.		5,000.	2,500.	1,667.
	SOFTWARE/WEBSITE - DEPOSIT ILLINOIS								
5	ASTHMA PARTNERSHIP	123109		36M	3,630.		3,630.	807.	1,210.
6	SOFTWARE/WEBSITE	020110		36M	600.		600.	183.	200.
7	SOFTWARE/WEBSITE	040110		36M	7,370.		7,370.	1,638.	2,457.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES				53,174.		53,174.	37,369.	8,784.
	* GRAND TOTAL 990-EZ PG 1 DEPR & AMORT				53,174.		53,174.	37,369.	8,784.