# Form **990-F7**

Department of the Treasury Internal Revenue Service

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 frust or private foundation)

Sponsoring organizations of dohor 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.

OMB No. 1545-1150

For the 2011 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address change CHICAGO ASTHMA CONSORTIUM 36-4319469 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 888-268-8334 P.O. BOX 31757 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CHICAGO, 60631 ILNumber > Cash X Accrual Accounting Method: Other (specify) H Check ▶ \_\_\_\_\_if the organization is **not** Website: ► WWW.CHICAGOASTHMA.ORG required to attach Schedule B **Tax-exempt status** (check only one) — **X** 501(c)(3) — 501(c) ( ) **◄** (insert no.) — 4947(a)(1) or — 527 (Form 990, 990-EZ, or 990-PF). Check \rightarrow if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 129,147. 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 Contributions, gifts, grants, and similar amounts received 102,750. Program service revenue including government fees and contracts 16,620. 2 8,158. Membership dues and assessments 3 3 Investment income SEE SCHEDULE O 1.619. 4 Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 129,147. 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 108,000. 12 12 Professional fees and other payments to independent contractors 23,262. 13 13 14 14 Occupancy, rent, utilities, and maintenance 3,717. Printing, publications, postage, and shipping 15 15 22,918. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 157,897. Excess or (deficit) for the year (Subtract line 17 from line 9) -28,750. 18 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) 19 189,533. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 <u>160,7</u>83. Net assets or fund balances at end of year. Combine lines 18 through 20 21

132171 02-06-12

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

2   Cash, swings, and investments	Pa	art II	Balance Sheets. (see the instructions for Part II.)					
22   140,577.   28   28   140,577.   29   28   24   22,036.   20   36,258.   24   22,036.   20   36,258.   24   22,036.   20   36,258.   24   22,036.   20   36,258.   24   22,036.   20   36,258.   24   22,036.   20   36,258.   25   36   36   36   36   36   36   36   3			Check if the organization used Schedule O to res					X
23							` '	•
24 Other assets (describe in Schedule 0)   SEE SCHEDULE O   36, 258, 24   22, 036, 25   Total sales for the desines (describe in Schedule 0)   SEE SCHEDULE O   19, 073, 26   1,830, 27   Net assets or fund balines (line 27 of column (8) must agree with line 21)   189, 533, 127   Total (liabilities (describe in Schedule O)   SEE SCHEDULE O   19, 073, 26   1,830, 27   Total (liabilities (describe in Schedule O)   SEE SCHEDULE O   189, 533, 127   Total (liabilities (describe in Schedule O)   SEE SCHEDULE O   Total (liabilities (describe in Schedule O)   SEE SCHEDULE O   SEE SCHED	22				172,348	_		140,577.
208   606   25   162   613   610	23	Land	and buildings		26 252	1		
28	24	Other	assets (describe in Schedule 0) SEE SCHEDULE C	)				
27 Net assets or fund balances (line 27 of columns (b) must agree with line 21)   189, 533, 27   160, 783.   Part III   Statement of Program Service Accomplishments (see the instructions for Part III)   X   Check if the organization used Schedule O to respond to any question in this Part III   X   Operation is private to program service as a reasonable to the program service as a reasonable to the program service as a reasonable to the program service as a reasonable to section services products the number of persons benefitied. Part of the first being services as a reasonable to section services products the number of persons benefitied. Part of the first being services as a reasonable to service products the number of persons benefitied. Part of the services products to section services products the number of persons benefitied. Part of the services products to section services products the number of persons benefitied. Part of the services products to section services products the number of persons benefitied. Part of the services products to section services and services products the number of persons benefitied. Part of the services products to service services and services persons (describe in Schodule O) (Grants S)   If this amount includes foreign grants, check here   29a   14, 217.      (Grants S)   If this amount includes foreign grants, check here   30a   310   30a   30a   310   30a   310   30a   310   30a   310   30a   30a   310   30a   30a   310   30a   30a   30a   310   30a   3	25							
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   Check if the organization state of Schedule O to respond to any question in this Part III   Check if the organization state of the treatment of the part of th	26							
Check if the organization used Schedule O to respond to any question in this Part III		Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)					
What is the organization's primary exempt purpose? SEE SCHEDULE 0    Control of the program are price accomplishments for each of its three bysest program are without properly SEE SCHEDULE 0   See SCHEDULE 0   See SCHEDULE 0	P	art III		•	,			
See SCHEDULE O  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   119,830.  Grants \$   If this amount includes foreign grants, check here   284   14,217.  The part IV   List of Officers, Directors, Trustees, and Key Employees, lat actions even not compensated, the re-instructions for Part IV   184   1					in this Part III	X		
Carants   Same and address   If this amount includes foreign grants, check here   Same   Sa	Wha	at is the c	organization's primary exempt purpose? SEE SCHEDULE C	)			organizatio	ons and section
SEE SCHEDULE O					s. In a clear and concise			
(Grants S   ) If this amount includes foreign grants, check here				nation for each program title.			101 01110101	
### BERRISHIP PROVIDES THE OPPORTUNITY TO PARTICIPATE IN CHICAGO'S ONLY GROUP OF ASTHMA ADVOCATES.    Grants \$   ) If this amount includes foreign grants, check here   29a	28	SEE	SCHEDULE O					
### BERRISHIP PROVIDES THE OPPORTUNITY TO PARTICIPATE IN CHICAGO'S ONLY GROUP OF ASTHMA ADVOCATES.    Grants \$   ) If this amount includes foreign grants, check here   29a								
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Grants \$		(Grants	) If this amount includes foreign	grants, check here			29a	14,21/.
31 Other program services (describe in Schedule O)  (Grants \$	30							
31 Other program services (describe in Schedule O)  (Grants \$								
31 Other program services (describe in Schedule O)  (Grants \$						_	_	
Grants \$   If this amount includes foreign grants, check here   31a   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   31a   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   32 Total program service expenses (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service expension (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total program service (add lines 28a through 31a)   32 Total p				grants, check here	<b>&gt;</b>		30a	
Part IV	31	-	•				l l	
Check if the organization used Schedule O to respond to any question in this Part IV   X   X   (a) Name and address   (b) Title and average how per view (devoted to position   compensated. (see the Instructions for Part IV)   X   X   (b) Title and average how per view (devoted to position   compensation				grants, check here	<u></u>	<u> </u>		124 047
Check if the organization used Schedule O to respond to any question in this Part IV   X   (a) Name and address   (b) Title and average hours per week devoted to position or position from w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation from w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation from w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-MISC) (in to paid, erter -0-)   (e) Estimated compensation w-2/1098-M	32	Total p	program service expenses (add lines 28a through 31a)	mnlavaaa		<u> ▶</u>		
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MAUREEN DAMITZ, AE-C			Check if the organization used Schedule O to res	·		/d\		
Position			(a) Name and address			conti	ributions to	, , ,
MAUREEN DAMITZ, AE-C P.O. BOX 31757, CHICAGO, IL 60631 P.O. BOX 31757, CHI			(a) Name and address	, ·		plans,	and deferred	1
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132172 02-06-12 Form <b>990-EZ</b> (2011)								

1 0	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Part	V	X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
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)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	/	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	.		7.7
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	26		Х
27.0	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions.    37a   0	36		Λ
		37b		х
	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made	3/0		22
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	000		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9  N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955 $\blacktriangleright$ 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	40b		Х
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		v
44	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed. ► IL  The organization's books are in care of ► STACY IGNOFFO  Telephone no. ► 888-26	8-8	334	
42 a	Located at P.O. BOX 31757, CHICAGO, IL			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7005		
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	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.?	42c		Х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		🖊	
	and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>	N/A		
	Diddle annulation matrix and an additional to the Court of the Court o		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			37
	Form 990-EZ	44a		Х
Ď	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	AAL		v
^	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44C		^
u		44d		
45 a	in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 0	00 E7	(2011)

132173 02-06-12

						-	Yes	s No
	rganization engage, directly or indirectly, in pol						40	77
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizations	and section 40	47(a)(1) noi	nevemnt	charitable tru	ete only All	46	X
	organizations and section 4947(a)(1) non			_		_		1(C)(3)
	for lines 50 and 51. Check if the organiza	•		-		-		
				, ,		_	Yes	
	rganization engage in lobbying activities or hav						47	X
	ganization a school as described in section 170						48	X
	rganization make any transfers to an exempt no						49a	X
50 Complete	vas the related organization a section 527 orgal e this table for the organization's five highest co	mnensated employees	(other than office	ers directors	trustees and key er	L nnlovees) who ea	ch received	 I more
	0,000 of compensation from the organization.			ors, unoctors	s, irusioos ariu koy or	iipioyoos) wiio oo	.on received	111016
	(a) Name and address of each employe		(b) Title and av	erage hours	(C) Reportable	(d) Health benefits	, (e) Esti	mated
	paid more than \$100,000		per week de		compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	amount	
	NON	E	positi	1011		compensation	compen	Salion
					ĺ			
			- 4					
f Total nun	nber of other employees paid over \$100,000					l		
	e this table for the organization's five highest co			ho each recei	ved more than \$100,	000 of compensa	tion from th	пе
organizat	tion. If there is none, enter "None." NON	E						
(a) Name and	d address of each independent contractor paid	more than \$100,000		<b>(b)</b> Type o	f service	(c) (	Compensati	on
	4							
d Total nun	nber of other independent contractors each rec	eiving over \$100 000			<b>—</b>			
	rganization complete Schedule A? <b>Note:</b> All sec	. ,	ations and 4947	(a)(1) nonexe	mpt			
charitable	e trusts must attach a completed Schedule A	, , , , -		. , . ,			✓ Yes	No
Declaration of pre	of perjury, I declare that I have examined this return, incl eparer (other than officer) is based on all information of v	which preparer has any kno	wledge.	ts, and to the bi	est of my knowledge and	bellef, it is true, cor	rect, and com	ріете.
Sign	Signature of officer					Date		
Here								
	LISA SHARP, CHAIR Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid					self- emplo	yed		
Preparer	SUSAN GREGGO					<u> </u>	95460	<u>)                                    </u>
Use Only	Firm's name WARADY & DAV		^_			▶ 36-21		-
	Firm's address ► 1717 DEERFI		TE 300S		Phone no.	(847)	267-96	o 0 0
May the IDS di	DEERFIELD, scuss this return with the preparer shown abov					<u> </u>	<b>∠</b> Yes	No
may the fite un	source and rotarn with the property shown above					·	orm <b>990-E</b>	

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **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

Open to Public Inspection

**Employer identification number** 

Name of the organization

			ASTHMA CONS						3	6-4319	469	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this parl	t.) See inst	ructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	through <sup>-</sup>	11, check	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗌	A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
	city, and stat											
5	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental unit	described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X	An organizati	ion that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed i	n
		<b>b)(1)(A)(vi).</b> (Comple								-		
8			ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9	An organizati	ion that normally rec	eives: (1) more than 33 1	/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	nd gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	'5.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10	An organizati	ion organized and or	perated exclusively to tes	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	l).				
11	An organizati	ion organized and op	perated exclusively for th	e benefit (	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	I) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	b	Type II c	: П Тур	e III - Func	tionally int	egrated		d 🗆	Type III - 0	Other	
е 🗌	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner tha	n
	foundation m	nanagers and other t	han one or more publicly	supporte	d organiza	ations desc	cribed in s	ection 509	(a)(1) or	section 509	)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g			organization accepted an									
	(i) A person	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons o	lescribed i	in (ii) and (i	ii) below	,	Yes	No
	the gove	erning body of the su	upported organization?	,						11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	r (ii) above	∍?					11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganization(	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizațio	the	(vii) Am	nount o	f
orga	anization		(described on lines 1-9		sted in your document?			l (i) organiz	ed in the	sup	port	
			`above or IRC section	•		.,,		U.S.				
			(see instructions))	Yes	No	Yes	No	Yes	No			
		l		I	I	I	I	I	l			

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

### 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) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	570,240.	298,852.	164,047.	126,306.	110,908.	1,270,353.
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	570,240.	298,852.	164,047.	126,306.	110,908.	1,270,353.
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.						1,270,353.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	570,240.	298,852.	164,047.	126,306.	110,908.	1,270,353.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	9,076.	3,255.	3,097.	1,556.	1,619.	18,603.
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	<b>Total support.</b> Add lines 7 through 10						1,291,116.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	56,169.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ					<del></del>	
	Public support percentage for 2011 (					14	98.39 %
	Public support percentage from 2010					15	98.40 %
16a	33 1/3% support test - 2011. If the o	-					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	·			<u>X</u>
b	33 1/3% support test - 2010. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	i <b>ere.</b> Explain in Pai	rt IV how the organ	ization
	meets the "facts-and-circumstances"	-	· ·				
b	10% -facts-and-circumstances tes	<b>t - 2010.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
					0 - 1	-ll A /E 000	000 EZ\ 0044

Schedule A (Form 990 or 990-EZ) 2011

#### 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	ow, picace comp	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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) ► 🔼	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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>b</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.)						
14 First five years. If the Form 990 is for t	he organization's	L s firet eacond thir	d fourth or fifth to	L av vear as a sectio	n 501(c)(3) organi:	zation
check this box and <b>stop here</b>	-			•		
Section C. Computation of Public						
15 Public support percentage for 2011 (lir			column (f))		15	%
16 Public support percentage from 2010 S					16	%
Section D. Computation of Invest					•	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2011. If the o						
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2010. If the o						
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization			·		ŭ	
	ara not oncon a	201 OIT III O 14, 13	a, or rob, orieon ti	DON ALIG SEE III		

#### 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.

OMB No. 1545-0047

Name of the organization **Employer identification number** CHICAGO ASTHMA CONSORTIUM 36-4319469 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** 

X	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, total contributions of more than \$1,000 for use <i>exclusively</i> 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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> 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 Part I, 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) (2011)

Name of organization

Employer identification number

#### CHICAGO ASTHMA CONSORTIUM

36-4319469

	GO ASTHMA CONSORTIUM	30	-4319469
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHICAGO PUBLIC SCHOOLS  P. O. BOX 661  CHICAGO, IL 60690	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ILLINOIS DEPARTMENT OF PUBLIC HEALTH  525-535 W. JEFFERSON STREET  SPRINGFIELD, IL 62761	\$ 33,362.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SINAI URBAN HEALTH INSTITUTE  CALIFORNIA AVENUE AT 15TH ST.  CHICAGO, IL 60608	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RESPIRATORY HEALTH ASSOCIATION OF METRO CHICAGO  1440 W. WASHINGTON BLVD  CHICAGO, IL 60607	\$ 5,286.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE CHEST FOUNDATION  3300 DUNDEE ROAD  NORTHBROOK, IL 60062	\$ 15,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE PUBLIC HEALTH INSTITUTE  555 12TH STREET, 10TH FLOOR  OAKLAND, CA 94607	\$ 24,821.	Person X Payroll

Name of organization **Employer identification number** 

#### CHICAGO ASTHMA CONSORTIUM

36-4319469

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 01-23-	.12	Schedule B (Form	 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number CHICAGO ASTHMA CONSORTIUM 36-4319469 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information 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 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 (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

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	5	36M	43	4,574.			4,574.	4,574.		0.
2	•	051507	,	36 <b>M</b>	43	22,250.			22,250.	22,250.		0.
3	SOFTWARE/WEBSITE - ONLINE AWARD APPLIC	043009		36м	43	9,750.			9,750.	5,417.		3,250.
4	SOFTWARE/WEBSITE - CLINIC RATING APPLI	070109		36M	43	5,000.			5,000.	2,500.		1,667.
5	SOFTWARE/WEBSITE - DEPOSIT ILLINOIS AS	123109	)	36 <b>M</b>	43	3,630.			3,630.	807.		1,210.
6	SOFTWARE/WEBSITE	020110		36 <b>M</b>	43	600.			600.	183.		200.
7		040110	)	36 <b>M</b>	43	7,370.			7,370.	1,638.		2,457.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES					53,174.		0.	53,174.	37,369.	0.	8,784.
	* GRAND TOTAL 990-EZ PG 1 DEPR &					53,174.		0.	53,174.	37,369.	0.	8,784.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization **Employer identification number** 36-4319469 CHICAGO ASTHMA CONSORTIUM FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: 1,619. INTEREST INCOME FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: SUPPLIES 710. INSURANCE 1,500. TELEPHONE 12. 231. TRAVEL CONFERENCES, CONVENTIONS, AND MEETINGS 6,289. MEALS AND ENTERTAINMENT 2,015. WEBSITE MAINTENANCE 2,099. BANK CHARGES 621. FILING FEES 25. 632. AWARDS DEPRECIATION/AMORTIZATION 8,784. TOTAL TO FORM 990-EZ, LINE 16 22,918. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION 19,161. 13,723. GRANTS RECEIVABLE PREPAID EXPENSES 292. 292. ACCOUNTS RECEIVABLE 1,000. 1,000. OTHER DEPRECIABLE ASSETS 15,805. 7,021. TOTAL TO FORM 990-EZ, LINE 24 36,258. 22,036. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

#### 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
2011
Open to Public Inspection

Name of the organization

Employer identification number 36-4319469

CHICAGO ASTHMA CONSORTIUM	36-4	4319469
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED DUES	2,628.	1,830.
DEFERRED GRANT REVENUE	16,154.	0.
ACCOUNTS PAYABLE	291.	0.
TOTAL TO FORM 990-EZ, LINE 26		
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - T	HE CHICAGO AS:	ГНМА
CONSORTIUM BRINGS TOGETHER MEDICAL AND PUBLIC HEA	LTH PROFESSION	NALS,
BUSINESS LEADERS, GOVERNMENT AGENCIES, COMMUNITY	BASED ORGANIZA	ATIONS,
AND INDIVIDUALS DEDICATED TO IMPROVING THE HEALTH	AND QUALITY	OF LIFE
OF PEOPLE IMPACTED BY ASTHMA THROUGH NETWORKING,	INFORMATION SE	HARING,
EDUCATION, AND COLLABORATION.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE A	CCOMPLISHMENTS	3:
RAISE AWARENESS THAT ASTHMA IS A SERIOUS DISEASE,		
ENCOURAGE PARTNERSHIPS WITH PROFESSIONALS WHO SER	VE	
INDIVIDUALS WITH ASTHMA, AND INFORM ASTHMA CARE		
PROFESSIONALS ABOUT CURRENT RESEARCH EFFORTS.		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSON	AL BENEFIT CO	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIV	E ANY FUNDS, I	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENE	FIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY A	NY PREMIUMS, I	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  132211 01-23-12	Schedule O (For	m 990 or 990-EZ) (2011)
1 2		

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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
2011
Open to Public Inspection

Name of the organization

Employer identification number 36-4319469

CHICAGO ASTHMA CONSOR		36-4319469				
Part IV List of Officers, Directors, Trustees, and Key E	ven if not compensated.	ted. (see the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
	DIRECTOR					
P.O. BOX 31757, CHICAGO, IL 60631	1.00	0.	0.	0.		
	DIRECTOR					
P.O. BOX 31757, CHICAGO, IL 60631	1.00	0.	0.	0.		
	DIRECTOR					
P.O. BOX 31757, CHICAGO, IL 60631	1.00	0.	0.	0.		
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# 4562

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

## **Depreciation and Amortization** 990-EZ

(Including Information on Listed Property)

► See separate instructions. 
► Attach to your tax return.

Business or activity to which this form relates

2011

OMB No. 1545-0172

Identifying number

#### FORM 990-EZ PAGE 1 36-4319469 CHICAGO ASTHMA CONSORTIUM 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. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . (a) Description of property 6 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 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012. 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. 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 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2011 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

r property r property r property r property r property ar property ar property ar property ar property ar property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
r property r property ar property ar property						
r property ar property ar property						
ar property ar property						
ar property						
						,
ar property						
ar property			25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
Residential rental property	/		27.5 yrs.	MM	S/L	
aidantial vaal avan auto	/		39 yrs.	MM	S/L	
esidentiai reai property	/			MM	S/L	
Section C - Assets	Placed in Service	During 2011 Tax Year Us	sing the Altern	ative Deprec	iation Sys	tem
life					S/L	
ar			12 yrs.		S/L	
ar	/		40 yrs.	MM	S/L	
	life ar ar <b>Summary</b> (See instructions.	sesidential real property  Section C - Assets Placed in Service life ar	esidential real property  Section C - Assets Placed in Service During 2011 Tax Year Unified ar / Summary (See instructions.)	rential rental property  / 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Section C - Assets Placed in Service During 2011 Tax Year Using the Altern life ar 12 yrs. ar / 40 yrs.  Summary (See instructions.)	ential rental property  / 27.5 yrs. MM 27.5 yrs. MM 27.5 yrs. MM 39 yrs. MM  Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreceding ar 12 yrs.  ar / 40 yrs. MM  Summary (See instructions.)	

116251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

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

Form **4562** (2011)

0.

portion of the basis attributable to section 263A costs.

23

Form 4562 (	(2011) CH	MILCAGO ASIRM	A CONSORTION	20-421340	Э P
Part V		automobiles, certain o	ther vehicles, certain computers	, and property used for entertainment, recreat	ion, or
	amusement.)				
	Nata For any vahiala for	which was are union th	a atandard milaara rata ar dadi.c	ating loops sympanse complete subsection 246	1

	amusement.)  Note: For any v	rehicle for wi	hich you are usir	na the	standar	d mil	leaae i	rate or	dedu	ctina lease	e expense	e. comp	lete only	ı 24a. 2	4b. colun	nns (a)
	through (c) of S	Section A, all	of Section B, ar	nd Sec	tion C if	арр	licable	Э.			•	<u> </u>		<u> </u>		(-9
			on and Other In			autic	_		nstruc	tions for li	mits for p	asseng	er auton	nobiles.)		
<u>24a</u>	Do you have evidence to s		port the business/investment use claimed? Yes No 24b If "Yes," is the evidence				nce writt	en? L	Yes No							
	(a) Type of property (list vehicles first )	<b>(b)</b> Date placed in service	Business/ investment use percentage	l ot	<b>(d)</b> Cost or her basis		(busine	(e) for depre ess/inves use only	stment	(f) Recovery period	Meth Conve	nod/	Depre	h) ciation iction	Elec sectio co	n 179
25	Special depreciation allo		•					_		•						
_	used more than 50% in	a qualified b	usiness use									25				
<u>26</u>	Property used more than	n 50% in a c		s use:												
		1 1	%													
		1 1	%													
_		: :	%													
<u>27</u>	Property used 50% or le	ess in a quali	ified business us	se:												
_		1 1	%								S/L -					
		: :	%								S/L -					
_		: :	%								S/L -	_				
28	Add amounts in column	(h), lines 25	through 27. Ent	er here	e and or	ı line	21, p	age 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and o	n line 7	7, page	1			<u></u>					29		
_	se vehicles.  Total business/investment i		· –		a) nicle		(b) Vehic		V	(c) 'ehicle	(d Vehi	-	(€ Veh	-	<b>(f</b> ) Vehi	
	year (do not include comn															
	Total commuting miles of		_													
32	Total other personal (nor driven	_														
33	Total miles driven during Add lines 30 through 32	•														
34	Was the vehicle available	•	_	Yes	No	Y	es	No	Yes	No No	Yes	No	Yes	No	Yes	No
25	during off-duty hours? Was the vehicle used pr															
33	than 5% owner or relate	, ,														
36	Is another vehicle availa															
	use?															
	swer these questions to oners or related persons.		- Questions for you meet an exc	-	-						-			<b>e not</b> m	ore than	5%
_	Do you maintain a writte	n policy stat	tement that prof	nibits a	ıll persor	nal u	se of	vehicle	s. inc	ludina cor	mmutina.	by you	r		Yes	No
-	employees?															
38	Do you maintain a writte															
	employees? See the ins	tructions for	vehicles used h	v corr	orate of	ficer	rs dire	ectors	or 1%	or more	owners					1

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
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.		
P	art VI Amortization		

Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	<b>(C)</b> Amortizable amount	(d) Code section	(e) Amortizati period or perd		<b>(f)</b> Amortization for this year
42 Amortization of costs that begins during your	2011 tax yea	ır:				
	1 1					
	: :					
43 Amortization of costs that began before your 2	2011 tax yea	r			43	8,784.
44 Total. Add amounts in column (f). See the inst	ructions for	where to report			44	8,784.

Form **4562** (2011) 116252 11-18-11