Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā			lendar year, or tax year beginning July 1 , 2014, and ending June 30		2014	
<u> </u>		if applicable is change		Employer i	dentification number	
<u> </u>		change	COTTAGE GROVE HEIGHTS COMMUNITY COALITION	36-41	10435	
<b>-</b>	initial r	•	E Telephone number			
<u> </u>	i	um/termmated	9817 S DOBSON AVE	(773)	251-6192	
-	•	ded return	City or town, state of province, country, and ZIP or foreign postal code			
	Applica	ation pending	CHICAGO IL 60628-1606	Group Ex Number		
G		unting Meth		X if the	organization is not	
ı	Webs	site: 🟲 N	/A required	to attach S	Schedule B	
J	Tax-e	xempt status	(check only one) — X 501(c)(3) 501(c)( ) ∢(insert no ) 4947(a)(1) or 527 (Form 99	0, 990-EZ	, or 990-PF)	
K	Form	of organiza	ation: X Corporation Trust Association Other			
L			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►S	2,162.	
P			e, Expenses, and Changes in Net Assets or Fund Balances (see the instru			
400	11 (12) (2)		he organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received	1	2,162.	
	2		ervice revenue including government fees and contracts	2	2,102.	
	3		up dues and assessments	3		
	4		t income	4	*	
			ount from sale of assets other than inventory			
			or other basis and sales expenses			
				5 c		
	6		) from sale of assets other than inventory (Subtract line 5b from line 5a)			
R	1	_	ome from gaming (attach Schedule G if greater than \$15,000)   6 a			
E			ime from fundraising events (not including \$ of contributions			
E			aising events reported on line 1) (attach Schedule G if the sum			
N U E.	.		oss income and contributions exceeds \$15,000) 6 b			
	· · · c		ct expenses from gaming and fundraising events			
	ď	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and			
	,	6b and sul	otract line 6c)	. 6 d		
			s of inventory, less returns and allowances			
			of goods sold			
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	· 7c		
	8		nue (describe in Schedule O)	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	2,162.	
	10		similar amounts paid (list in Schedule 9)	. 10	- <del></del>	
	11	•	I similar amounts paid (list in Schedule )  aid to or for members	11		
E.	12		ther compensation, and employee benefits	12		
₽.	13		ther compensation, and employee benefits all fees and other payments to independent contractors.	13		
	14	Occupanc	y, rent, utilities, and maintenance	14	1,985.	
S E S	15	Printing, p	ublications, postage, and shipping	15		
<b>D</b>	16	Other expe	enses (describe in Schedule O)	ņses 16	4,241.	
<u></u>	17	Total expe	enses. Add lines 10 through 16		6,226.	
. <b>A</b>	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	-4,064.	
NS	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			
A S S E T S		figure repo	rted on prior year's return)		54,811.	
s	20		ges in net assets or fund balances (explain in Schedule O)	$\rightarrow$		
	21		or fund balances at end of year. Combine lines 18 through 20	► 21 <b> </b>	50,747.	
BA	A For	Panenunt	k Reduction Act Notice, see the separate instructions.		Form 990-FZ (2014)	

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	Balance Sheets (see the inst		20111111014		-411	0435 Page 2
	Cneck if the organization used Sched	fule O to respond to any ques	tion in this Part II .	<u></u>	. <u></u>	<u>.</u>
			ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			16,897		14,408.
23 24	Land and buildings			38,362	23	36,787.
25	Total assets			0	. 24	<u>0.</u>
26	Total liabilities (describe in Schedule O)			55,259 448	26	51,195. 448.
27	Net assets or fund balances (line 27 of c		L	54,811	27	50,747.
Pai	Statement of Program Service A	ccomplishments (see the in	structions for Part III)	<u> </u>		Expenses
	Check if the organization used Schi	edule O to respond to any que	stion in this Part III.		(Requ	ired for section 501
What Desc meas bene	s the organization's primary exempl purpose?  ribe the organization's program service accurred by expenses. In a clear and concise refited, and other relevant information for each	MMUNITY IMPROVEMED complishments for each of its to manner, describe the services the program title	NT AND CAPACIT hree largest program s provided, the number	TY BUILDING ervices, as of persons	(c)(3)	and 501(c)(4) zations, optional
28	COMMUNITY IMPROVEMENT AND	CAPACITY BUILDIN	<u>G</u>			•
	76.5.2.3				20-	
29	(Grants \$ 0.) If th	is amount includes foreign gra	ints, check here	· · · · · · · · · · · · · · · · · · ·	28 a	3,750.
23	~					
			~			
	(Grants \$ ) If the	s amount includes foreign gra	ints. check here		29 a	
30						
			<b></b>			
	(Grants \$ ) If thi	s amount includes foreign gra	ints, check here	· · · · · · · · · · · · · · · · · · ·	30 a	
31	Other program services (describe in Schee	dule O)				
	(Grants <sup>1</sup> 'S - ) If the	s- <del>amo</del> unt includes foreign gra	nts, check here	<b>-</b> □	31 a	
	Total program service expenses (add lin				32	3,750.
Par	List of Officers, Directors,					
	Check if the organization used Scho	edule O to respond to any que	istion in this Part IV.			
	(a) Name and Ittle	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans and defe		(e) Estimated amount of other compensation
SAN	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits		(e) Estimated amount of
	(a) Name and Ittle	(b) 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 emploisement plans and defection compensation	yee med	(e) Estimated amount of other compensation
	(a) Name and Itile  DRA PATTERSON  SIDENT	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans and defe		(e) Estimated amount of
	(a) Name and Ittle	(b) 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 emploisement plans and defection compensation	yee med	(e) Estimated amount of other compensation
PRE	(a) Name and Itile  DRA PATTERSON  SIDENT	(b) 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 emploisement plans and defection compensation	yee med	(e) Estimated amount of other compensation
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	m 990-EZ (2014) COTTAGE GROVE HEIGHTS COMMUNITY COALITION	36-411043	35	P	age 3
Pā	Other Information (Note the Schedule A and personal benefit contract statement requirement the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in stion in this Part V		· · · ·	
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
	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				
	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		<u> </u>
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explar		35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	• • • • • • • • • • • • • • • • • • • •	35 c		<u> </u>
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		36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions $\dots$	37a 0.			
	b Did the organization file Form 1120-POL for this year?		37 b	ALCA EUE	X
Jai	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emploany such loans made in a prior year and still outstanding at the end of the tax year covered by this		38 a		X
1	b If 'Yes,' complete Schedule L, Part II and enter the total	1 1	2250025	4	N September 1
30	amount involved	38 b	-		
	a Initiation fees and capital contributions included on line 9	39 a			
	Gross receipts, included on line 9, for public use of club facilities	39 b	-		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year		-		
700	section 4911 : section 4912 : section 4915				
	Section 601(a)(3), 501(a)(1), and 501(a)(20) organizations. Did the organization crigage in any set	dui 4930 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		v
-	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ		400		X
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958	, •			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimble by the organization	. •			
•	All organizations. At any time during the tex year, was the organization o party to a crabb text text.		40 e	1535000	X
41	List the states with which a copy of this return is filled				
ŧ	The organization's books are in care of SANDRA PATTERSON  Located at 9755 SOUTH UNIVERSITY AVENUE CHICAGO  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial if Yes,' enter the name of the foreign country.  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)	42 b	Yes	No X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country:		42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check I and enter the amount of tax-exempt interest received or accrued during the tax year			- 🗌	<del>-,,</del>
44 a	Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be of Form 990-EZ	completed instead	44 a	Yes	No X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ		44 b		X
	Did the organization receive any payments for indoor tanning services during the year?		44c	- 1	Х
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?		2500	1	क्रम् स
45a	If 'No,' provide an explanation in Schedule O		44 d		
,	If 'No,' provide an explanation in Schedule O		44 d 45 a		X
	If 'No,' provide an explanation in Schedule O	of section 512(b)(13)? If 'Yes,'			х х

Form 990-I	EZ (2014) COTTAGE GROVE HEIGH	TS COMMUNITY C	OALITION	36-41:	10435	Page 4
cand	he organization engage, directly or indirectly idates for public office? If Yes, complete S	chedule C, Part I	ctivities on behalf of or in	opposition to	46	Yes No
Pantyl	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only is must answer que	stions 47-49b and 5	2, and complete the	tables	
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI			
	he organization engage in lobbying activities				47	Yes No
•	organization a school as described in sect					X
	ne organization make any transfers to an ex		·			X
	s, was the related organization a section 52	•			<u> </u>	
	plete this table for the organization's five hig oyees) who each received more than \$100,					
	(a) Non-C or a stock of courts arraphtly and	(b) Average hours the week devoted to position	(Farms W 2/1090-MISC)	(d) Health benefits, Libusons to employee benefit plans, and do'crred compensation	ciper noma	
SANDRA	PATTERSON					
PRESIDE	ENT	40.00	0.	0.		0.
					}	
					-	
						<del></del>
					ļ	
					<u> </u>	
	number of other employees paid over \$100				0400 000	
comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inder one, enter 'None '	endent contractors who	each received more thai	o 000,000 a	1
comp	plete this table for the organization's five high ensation from the organization of there is no (a) Name and business address of each independent con-	one, enter 'None '	(b) Type of		(c) Comp	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
comp	ensation from the organization. If there is n	one, enter 'None '			γ	
NONE d Total	ensation from the organization of there is no same and business address of each independent con the contractors expendent contractor	one, enter 'None ' tractor  ach receiving over \$100			γ	
NONE  d Total  52 Did th	ensation from the organization of there is no (a) Name and business address of each independent con	one, enter 'None ' tractor  ach receiving over \$100			γ	
NONE  d Total  52 Did th comp	ensation from the organization of there is no said the said that the sai	ach receiving over \$100  All section 501(c)(3) o			γ	
NONE  d Total  52 Did th comp	number of other independent contractors ender organization complete Schedule A? Note leted Schedule A. sof perjury, I decise that I have examined this return, include complete Deparation of prepage (other than afficers).	ach receiving over \$100  All section 501(c)(3) o			γ	
d Total  52 Did th comp  Under penathes true, correct, an	number of other independent contractors ene organization complete Schedule A? Note leted Schedule A. Signature of officer	ach receiving over \$100  All section 501(c)(3) o			γ	
d Total  52 Did th comp  Under penaltes true, correct, an	number of other independent contractors ender organization complete Schedule A? Note leted Schedule A. sof perjury, I decise that I have examined this return, include complete Deparation of prepage (other than afficers).	ach receiving over \$100  All section 501(c)(3) o			γ	
d Total  52 Did th comp  Under penathes true, correct, an	number of other independent contractors ender of perjury, I deplay that I have examined this return, indicating the Department of prices.  Signature of officer	ach receiving over \$100  All section 501(c)(3) o			γ	
d Total  52 Did th comp  Under penathes true, correct, an	number of other independent contractors en enganization complete Schedule A? Note leted Schedule A.  Signature of officer  SANDRA PATTERSON Type or print name and title  Print/Type preparer's name  Abdullah B. Holmes	ach receiving over \$100  All section 501(c)(3) o  uding accompanying schedules thas you will be the section of white			γ	
d Total  52 Did th comp  Under penaltes true, correct, an	number of other independent contractors enteresting of periors, I dealer that I have examined this return, indicating the Department of prepare (other than printing).  Signature of officer  SANDRA PATTERSON Type or print name and title  Print/Type preparer's name  Abdullah B. Holmes  Firms name BENFORD BROWN &	ach receiving over \$100  a. All section 501(c)(3) o  uding accompanying schedules thas you will information of white  Preparer's signature  ASSOCIATES, L.			γ	
d Total  52 Did th comp  Under penathes true, correct, an	number of other independent contractors entered some and business address of each independent contractors entered some action complete Schedule A? Note leted Schedule A.  Is of perjury, I declare that I have examined this return, included complete Deparation of preparer (other than efficients)  Signature of officer  SANDRA PATTERSON Type or print name and titls  PrintType preparer's name  Abdullah B. Holmes  Firm's name BENFORD BROWN &  Firm's address B334 S STONY. ISI	ach receiving over \$100  a. All section 501(c)(3) o  uding accompanying schedules thas you will information of white  Preparer's signature  ASSOCIATES, L.			γ	
d Total  52 Did th comp  Under penathes true, correct, an  Sign Here  Paid Preparer Use Only	number of other independent contractors enteresting of periors, I dealer that I have examined this return, indicating the Department of prepare (other than printing).  Signature of officer  SANDRA PATTERSON Type or print name and title  Print/Type preparer's name  Abdullah B. Holmes  Firms name BENFORD BROWN &	ach receiving over \$100  All section 501(c)(3) o  uding accompanying schedules that of all thomation of white  Preparer's signature  ASSOCIATES, Li LAND			γ	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

	TAGE GROVE HEIGHTS C					36-411043	
Pan	Reason for Public Ch	arity Status (All o	rganizations must c	omplet	e this p	part.) See instruction	ns.
	rganization is not a private founda						
1	A church, convention of church	hes, or association of	churches described in se	ction 17	<sup>,</sup> 70(b)(1)(	A)(i).	
2	A school described in section				(-// //		
3	A hospital or a cooperative ho		•	170/h\	/1\/ <b>&amp;</b> \/iii	1	
4	A medical research organizati	•		• •		•	na hospital's
•	name, city, and state.	on operated in conjunt	Stion with a nospital desc	inded in .	366(1011	Trouble Harding Cine of	ia nospitai s
5	An organization operated for the 170(b)(1)(A)(iv). (Complete F	the benefit of a college	or university owned or o	perated	by a gov	ernmental unit described	in section
6	A federal, state, or local gover		al unit described in secti	on 170(Ł	)(1)(A)(	v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	govern	nental u	nit or from the general p	ublic described
8	A community trust described	n section 170(b)(1)(A	)(vi). (Complete Part II)				
9	X An organization that normally from activities related to its ex investment income and unrelative 30, 1975. See section 5	empt functions — subje ated business taxable i	ect to certain exceptions, ncome (less section 511	and (2)	no more	than 33-1/3% of its supp	port from gross
10	An organization organized and	d operated exclusively	to test for public safety.	See sec	tion 509	(a)(4).	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	ganizations described i	n section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	equiarly appoint or elec-	sed, or controlled by its s ct a majority of the direct	upported ors or tru	l organiz istees of	tation(s), typically by giving the supporting organization.	ng the supported tion You must
ь	Type II. A supporting organiza management of the supporting must complete Part IV, Sect	g organization vested i					
c	Type III functionally Integrate organization(s) (see instruction	ted. A supporting organis). You must comple	nization operated in cont ete Part IV, Sections A,	nection w	nth, and E.	functionally integrated w	ith, its supported
<b>ರ</b>	Type III non-functionally interiors). You must comp	egrated. A supporting blete Part IV, Sections	ତ୍ୟବସୟଖାନ୍ୟ ଶତ୍ୟାଶ୍ୟାତା s A and D, and Part V.	reguneri	leht yyld	lah allehiivehess reguire	ment (see
е	Check this box if the organization integrated, or Type III non-fun			RS that is	s a Type	I, Type II, Type III functi	onally
	Enter the number of supported or	_					
g	Provide the following information	about the supported or	rganization(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 organizali in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			}	Yes	No		
(A)_							
( <del>8</del> )							
<u></u>	·			<del> </del>			
(C)							
(D)							
/E\				}			
<u>(E)</u>							
Total							
_	For Paperwork Reduction Act N	otice see the Instruc	tions for Form 990 as 0	QN_F7	2000	Schodulo A /Form	n 990 or 990-EZ) 2014
	. v apei moin iteuuciioii McI II	-uvc, see the months		マリーにん.		SUITEURIE A (FUII)	いっつい い マングーム) とい 14

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	edule A (Form 990 or 990-EZ) 2014		GROVE HEIGH	TS COMMUNIT	Y COALITION	36-411043	35 Page 2
Pa	Complete only if you checked organization fails to qualify un	d the box on line 5.	. 7. or 8 of Part I c	or if the organization	(b)(1)(A)(iv) ar failed to qualify u	nd 170(b)(1)(A nder Part III. If the	)(vi)
Sec	ction A. Public Support					<del></del> -	
Cale	endar year (or fiscal year inning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Giffs, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
	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						
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						
Sec	tion B. Total Support						
begl	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second,	third, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Put	olic Support P	ercentage				
	Public support percentage for 2014		_			· · · · · · · · · · · · · · · · · · ·	%
15	Public support percentage from 20	13 Schedule A, Pa	ırt II, line 14			15	<u>%</u>
16 a	33-1/3% support test — 2014. If tand stop here. The organization q	he organization du ualifies as a public	i not check the bolly ly supported orga	ox.on_line 13, and the	ne line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test — 2013. If the and stop here. The organization q	ne organization did ualifies as a public	not check a box only supported organical	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% ar more, checl	this box
17 a	10%-facts-and-circumstances terms or more, and if the organization meets the Yacts-are	ets the 'facts-and-	circumstances' te	st, check this box a	nd stop here. Exp	lain in Part VI hov	٧
	10%-facts-and-circumstances teror more, and if the organization meets the facts-and-corganization meets the	ets the 'facts-and- circumstances' test	circumstances' te . The organization	st, check this box a n qualifies as a publ	nd <b>stop here.</b> Exp licly supported org	laın ın Part VI hov anızation	v the ▶
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶ [_]
AAE					Sch	edule A (Form 99	0 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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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.)

Sec	tion A. Public Support		_ <del></del>		<del></del>		··
	ndar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants').						
2	Gross receipts from admissions, merchandise soid 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.		<del></del>	·			
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
	Total, Add lines 1 through 5						
7 a	2 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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		<del></del>				
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	1 2010					40 T . I
9 10 a	daryear(or usinally fibeginning in) Another marchandise sold or Another marchandise sold or Another performed or facility Gross income from inlerest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 anos) incomes 30, 1975	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
11	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
	10c, 11 and 12.)		-1-6-4	11.16.11.66			
	First five years. If the Form 990 is organization, check this box and s	top here	<del></del>	riira, tourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul				<del>,</del>	· <del>····································</del>	<del></del>
16	Public support percentage from 20		•				* <u>*</u>
	tion D. Computation of Inv				· · · · · · · · · · · · · · · · · · ·		
	Investment income percentage for				))		8
18				•	•	<b>├</b>	<del></del>
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	the organization di	d not check the bo	ox on line 14, and l	ine 15 is more than	33-1/3%, and line	17
þ	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, of						
20	Private foundation. If the organize		-			-	_
RAA			TEEADADA	474744		hadula A /Farm 000	000 53) 0044

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Schedule A (Form 990 or 990-EZ) 2014 COTTAGE GROVE HEIGHTS COMMUNITY COALITION

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Pantive Supporting Organizations

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

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

		COTTAGE GROVE	HEIGHTS	COMMUNITY	COALITION	36-411043	5	Page 5
Pa	的义 Supporting Organization	ons (continued)						
11	Has the organization accepted a gift	or contribution from any	y of the follows	ng persons?				Yes No
	a A person who directly or indirectly congoverning body of a supported organ						11a	
	A family member of a person describe						11b	
	A 35% controlled entity of a person d					., .	11c	
Sec	tion B. Type I Supporting Org	janizations						
	Did the dimension twisters or many						122029698	Yes No
1	Did the directors, trustees, or membe or elect at least a majority of the organ Part VI how the supported organization if the organization had more than one directors or trustees were allocated a applied to such powers during the tax	nization's directors or to on(s) effectively operate supported organization ong the supported or	rustees at all ti ed, supervised in, describe ho ganizations an	mes during the ta l, or controlled the w the powers to a d what conditions	ax year? If 'No,' des e organization's act appoint and/or remo s or restrictions, if a	cribe in ivities ove	1	
2	Did the organization operate for the b that operated, supervised, or controlle benefit carried out the purposes of the supporting organization.	ed the supporting organic supported organization	nization? If 'Ye. on(s) that open	s,' explain ın <b>Part</b> ated. supervised.	VI how providing s or controlled the	ruch	2	
<u>Sec</u>	tion C. Type II Supporting Or	ganizations						
								Yes No
1	Were a majority of the organization's of each of the organization's supported supporting organization was vested in	d organization(s)? If 'N	lo,' describe in	Part VI how cont	trol or management	t of the	1	
Sec	tion D. All Type III Supporting	Organizations						
							Para	Yes No
1	Did the organization provide to each organization's tax year, (1) a written nyear, (2) a copy of the Form 990 that organization's governing documents it	otice describing the type was most recently filed	e and amount as of the date	of support provide of notification, ar	ded during the prior nd (3) copies of the		1	
2	Were any of the organization's officer organization(s) or (ii) serving on the g the organization maintained a close a	overning body of a sup	ported organiz	ation? If 'No.' ext	olain in <b>Part VI</b> how	, 	2	
3	By reason of the relationship describe voice in the organization's investment all times during the tax year? If Yes,' in this regard	policies and in directing describe in Part VI the	g the use of th role the organ	e organization's i ization's supporte	ncome or assets at ad organizations pla	i ayed	3	
Sec	tion E. Type III Functionally-li							
1	Check the box next to the method tha	t the organization used	to satisfy the	Integral Part Test	during the year (se	ee instructions):		
		-	-		5 , ,	•		
ı	The organization is the parent of	each of its supported o	rganizations. (	Complete line 3 b	elow			
	The organization supported a gov	emmental entity. Desc	ribe ın Part VI	how you support	ed a government e	ntity (see instructi	ons).	
2	Activities Test. Answer (a) and (b) be	.lo.u					ſ	w
	Did substantially all of the organization supported organization(s) to which the organizations and explain how these responsive to those supported organizations all of its activities.	n's activities during the organization was rasp e activities directly furth rations, and how the or	consive? If "Ye hered their exe ganization det	s," then in Part Vi mpt purposes, ho ermined that thes	i identity those su bw the organization se activities constitu	<b>pported</b> was	28	Yes No
ŧ	Did the activities described in (a) consthe organization's supported organization that its suporganization's involvement	tion(s) would have bee ported organization(s)	n engaged in? would have en	If 'Yes,' explain it gaged in these a	n Part VI the reaso ctivities but for the	f ns for 	2b	
3	Parent of Supported Organizations A	nswer (a) and (b) beli	ow.					
	Did the organization have the power to each of the supported organizations?	o regularly appoint or e	lect a majority	of the officers, di	rectors, or trustees	of	2-	
t	Did the organization exercise a substa supported organizations? If 'Yes,' des	ential degree of direction	n over the poli	cies, programs, a	and activities of eac	h of its	3a 3b	
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	edule A (Form 990 or 990-EZ) 2014 COTTAGE GROVE HEIGHTS COMMUNITY			L0435 Page (
Pā	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Mother Type III non-functionally integrated supporting organizations must complete Sec	Noverr	nber 20, 1970. <b>See instruc</b> A through E.	ctions. All
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	·	
	tion B - Minimum Asset Amount	J.≚	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		· · · · · · · · · · · · · · · · · · ·
	Multiply line 5 by 035	6		
<del>7</del> .	Recoveries of prior-year distributions	7		
8 Sec	Minimum Asset Amount (add line 7 to line 6)  tion C — Distributable Amount	1 8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	e III supporting organization	in
BAA			Schedule A /For	m 990 or 990-E2) 2014

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Pa	Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	ations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3				
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
þ				
္ငင	- 1990年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2000 not applied (eeo metruetions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7;			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
5	Remaining underdistributions for years prior to 2014, if any.  Oubtract lines by and 4a from line 2 (if amount greater than 23.0, 536 instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	100 200 200		
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7.			
a				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

BAA

SCHEDULE O (Form 990 or 990-EZ) 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.

Department of the Treasury Internal Revenue Service

. . . . . .

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

COTTAGE GROVE HEIGHIS CUMMUNITY COALITION

Employer identification number

36-4110435