

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization CONGRESS FOR THE NEW URBANISM</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>140 S DEARBORN 404</p> <p>City or town, state or country, and ZIP + 4</p> <p>CHICAGO, IL 60603</p> <p>F Name and address of principal officer: JOHN NORQUIST</p> <p>140 S DEARBORN SUITE 404 CHICAGO, IL 60603</p>	<p>D Employer identification number</p> <p>65-0483737</p> <p>E Telephone number</p> <p>(312) 551-7300</p> <p>G Gross receipts \$ 1,451,464.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.CNU.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1993 M State of legal domicile: IL</p>	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE CONGRESS FOR THE NEW URBANISM (CNU) IS A NON-PROFIT ADVOCACY ORGANIZATION THAT PROMOTES URBANISM AT THE SCALE OF THE BLOCK, THE NEIGHBORHOOD AND THE REGION.		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	100
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	887,262.	896,586.
	9	Program service revenue (Part VIII, line 2g)	626,656.	519,791.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,587.	1,777.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,305.	33,310.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,552,810.	1,451,464.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	766,875.	662,043.
16 a		Professional fundraising fees (Part IX, column (A), line 11e)		0.
b		Total fundraising expenses, Part IX, column (D), line 25		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,066,119.	838,106.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,832,994.	1,500,149.
	19	Revenue less expenses. Subtract line 18 from line 12	-280,184.	-48,685.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	243,371.	231,019.
	21	Total liabilities (Part X, line 26)	66,519.	102,852.
	22	Net assets or fund balances. Subtract line 21 from line 20	176,852.	128,167.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00079652
	Firm's name (or yours if self-employed), address, and ZIP + 4	OSTROW REISIN BERK & ABRAMS, LTD. 455 N CITYFRONT PLAZA DR, STE 2600 CHICAGO, IL 60611-5379		EIN ▶ 36-2938874
				Phone no. ▶ 312-670-7444

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 900099) (Expenses \$ 882,846. including grants of \$) (Revenue \$ 1,316,520.)
CONGRESS FOR NEW URBANISM (CNU) IS A CHICAGO BASED NON-PROFIT ORGANIZATION FOUNDED IN 1993. IN GENERAL, CNU WORKS WITH ARCHITECTS, DEVELOPERS, PLANNERS, AND OTHERS INVOLVED IN THE CREATION OF CITIES AND TOWNS, TEACHING THEM HOW TO IMPLEMENT THE PRINCIPLES OF NEW URBANISM. THESE PRINCIPLES CALL FOR COHERENT REGIONAL PLANNING, WALKABLE NEIGHBORHOODS, AND ATTRACTIVE, ACCOMODATING CIVIC SPACES. CNU HAS MEMBERS THROUGHOUT THE UNITED STATES AND AROUND THE WORLD.

4b (Code: 900099) (Expenses \$ 115,239. including grants of \$) (Revenue \$ 110,271.)
EMERGENCY RESPONSE & STREET DESIGN INITIATIVE - FUNDED BY THE ENVIRONMENT PROTECTION AGENCY - IS A COLLABORATION BETWEEN THE CONGRESS FOR THE NEW URBANSIM, FIRE MARSHALS FROM ACROSS THE UNITED STATES, AND THE US ENVIRONMENTAL PROTECTION AGENCY'S SMART GROWTH PROGRAM TO RECONCILE NARROWER STREETS AND GOOD EMERGENCY ACCESS: STREET CONNECTIVITY, SPECIFICALLY WELL-CONNECTED NETWORKS OF TRADITIONAL STREET GRIDS, IS ESSENTIAL TO GOOD URBANISM, SHORTENS EMERGENCY RESPONSE TIMES, AND IMPROVES OVERALL COMMUNITY LIFE SAFETY.

4c (Code: 900099) (Expenses \$ 36,404. including grants of \$) (Revenue \$ 24,673.)
CNU CHARTER AWARDS - FUNDED BY ENTRY FEES AND BOOK SALES. CNU ANNUALLY RECOGNIZES PROJECTS ACROSS THE WORLD THAT BEST EMBODY AND ADVANCE THE PRINCIPLES OF THE CHARTER OF THE NEW URBANISM. SELECTED BY A JURY OF LEADING URBANISTS, HONOREES ARE RECOGNIZED IN PRINT AND AT THE ANNUAL CONGRESS.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 22,304. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,056,793.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status. Row 12A includes a sub-table for 'Yes' and 'No'.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990-TO with questions 1a through 12b regarding tax compliance, including backup withholding, employee reporting, foreign accounts, and prohibited transactions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (22), 1b Enter the number of voting members that are independent (21), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, IL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ABIGAIL BOUZAN-KALOUSTIAN; 140 S DEARBORN - SUITE 404 CHICAGO, IL 60603 312-551-7300

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND GINDROZ BOARD CHAIR	1.00	X						0.		
VICTOR DOVER BOARD VICE CHAIR	1.00	X						0.		
STEPHANIE BOTHWELL BOARD TREASURER	1.00	X						0.		
TODD ZIMMERMAN BOARD SECRETARY	1.00	X						0.		
ZACH BORDERS BOARD MEMBER	1.00	X						0.		
JACK DAVIS BOARD MEMBER	1.00	X						0.		
HANK DITTMAR BOARD MEMBER	1.00	X						0.		
ELLEN DUNHAM-JONES BOARD MEMBER	1.00	X						0.		
DOUGLAS FARR BOARD MEMBER	1.00	X						0.		
NORMAN GARRICK BOARD MEMBER	1.00	X						0.		
JACKY GRIMSHAW BOARD MEMBER	1.00	X						0.		
JENNIFER HURLEY BOARD MEMBER	1.00	X						0.		
DOUGLAS KELBAUGH BOARD MEMBER	1.00	X						0.		
KATHERINE KELLEY BOARD MEMBER	1.00	X						0.		
MIKE KRUSEE BOARD MEMBER	1.00	X						0.		
STEVE MAUN BOARD MEMBER	1.00	X						0.		

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE MORAN BOARD MEMBER	1.00	X						0.		
SCOTT POLIKOV BOARD MEMBER	1.00	X						0.		
RUSS PRESTON BOARD MEMBER	1.00	X						0.		
SAM SHERMAN BOARD MEMBER	1.00	X						0.		
DHIRU THADANI BOARD MEMBER	1.00	X						0.		
SUSAN MUDD BOARD MEMBER	1.00	X						0.		
JOHN NORQUIST PRESIDENT/CEO	40.00			X				129,801.		
1b Total								129,801.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

65-0483737

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b	351,944.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	110,271.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	434,371.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			896,586.				
Program Service Revenue		Business Code						
	2a PROGRAM SERVICE FEES		900099	46,770.	46,770.			
	b EVENT FEES		900099	473,021.	473,021.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			519,791.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4			1,777.			1,777.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
		(i) Real	(ii) Personal					
	6a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)			0.				
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory							
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)			0.				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
c Net income or (loss) from fundraising events			0.					
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities			0.					
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory			0.					
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS		900099	33,310.	33,310.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			33,310.					
12 Total Revenue. See instructions			1,451,464.	553,101.			1,777.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	129,801.	69,063.	60,738.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	437,811.	232,945.	204,866.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	52,470.	27,917.	24,553.	
10 Payroll taxes	41,961.	22,326.	19,635.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	33,701.	17,931.	15,770.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	103,871.	55,266.	48,605.	
17 Travel	58,998.	51,536.	7,462.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,176.	1,158.	1,018.	
23 Insurance	6,076.	3,232.	2,844.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONTRACT SERVICES</u>	199,070.	177,293.	21,777.	
b <u>FACILITIES AND CATERING</u>	189,015.	188,099.	916.	
c <u>MEMBERSHIP PUBLICATIONS</u>	115,014.	115,014.		
d <u>PRINTING AND DUPLICATION</u>	59,539.	55,865.	3,674.	
e <u>BANK AND CREDIT CARD FEES</u>	23,581.	15,499.	8,082.	
f All other expenses	47,065.	23,649.	23,416.	
25 Total functional expenses. Add lines 1 through 24f	1,500,149.	1,056,793.	443,356.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	217,645.	1	151,954.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	10,000.	3	50,000.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,484.		
	b Less: accumulated depreciation	10b 50,646.	5,014.	10c 2,838.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		10,712.	15 26,227.
16 Total assets. Add lines 1 through 15 (must equal line 34)		243,371.	16 231,019.	
Liabilities	17 Accounts payable and accrued expenses	37,039.	17	38,666.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		29,480.	25 64,186.
	26 Total liabilities. Add lines 17 through 25		66,519.	26 102,852.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		176,852.	27 78,167.
	28 Temporarily restricted net assets			28 50,000.
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
33 Total net assets or fund balances		176,852.	33 128,167.	
34 Total liabilities and net assets/fund balances		243,371.	34 231,019.	

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization CONGRESS FOR THE NEW URBANISM	Employer identification number 65-0483737
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	956,510.	1,022,447.	1,153,435.	887,262.	896,586.	4,916,240.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	494,697.	765,990.	563,006.	626,656.	519,791.	2,970,140.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,451,207.	1,788,437.	1,716,441.	1,513,918.	1,416,377.	7,886,380.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	480,088.	747,956.	545,679.	611,371.	505,609.	2,890,703.
c Add lines 7a and 7b	480,088.	747,956.	545,679.	611,371.	505,609.	2,890,703.
8 Public support (Subtract line 7c from line 6.)						4,995,677.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,451,207.	1,788,437.	1,716,441.	1,513,918.	1,416,377.	7,886,380.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,850.	14,937.	16,293.	14,587.	1,777.	50,444.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,850.	14,937.	16,293.	14,587.	1,777.	50,444.
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.)	6,862.					6,862.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,460,919.	1,803,374.	1,732,734.	1,528,505.	1,418,154.	7,943,686.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	62.89%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	64.12%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.64%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.74%

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule of Contributors

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

2009

Name of the organization CONGRESS FOR THE NEW URBANISM	Employer identification number 65-0483737
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CONGRESS FOR THE NEW URBANISM

Employer identification number

65-0483737

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOME DEPOT FOUNDATION 2455 PACES FERRY ROAD ATLANTA, GA 30339	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HDR ENGINEERING 8404 INDIAN HILLS DRIVE OMAHA, NE 68114	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	RENAISSANCE DOWNTOWN 3801 QUEBEC STREET DENVER, CO 80207	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ENVIRONMENTAL PROTECTION AGENCY ARIEL RIOS 1200 PENNSYLVANIA AVE, N.W. WASHINGTON, DC 20460	\$ 110,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE RICHARD H. DRIEHAUS FOUNDATION 203 NORTH WABASH AVENUE, SUITE 1800 CHICAGO, IL 60601-2417	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CONGRESS FOR THE NEW URBANISM	Employer identification number 65-0483737
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues received, lobbying expenditures, and carryover lobbying.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover amounts.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1i

HIRED A LOBBYING CONSULTANT

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

CONGRESS FOR THE NEW URBANISM

Employer identification number

65-0483737

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

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

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS AND OTHER ASSETS	26,227.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	26,227.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED EXPENSES	2,077.
DEFERRED RENT	40,608.
DUE TO AFFILIATES	21,501.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	64,186.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,451,464.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,500,149.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-48,685.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-48,685.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONGRESS FOR THE NEW URBANISM

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

65-0483737

ATTACHMENT 1

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A, QUESTION 4

THE BOARD APPROVED A CHANGE TO THE BYLAWS DURING 2009 WHICH RESERVES 1
BOARD MEMBER POSITION FOR A CHAPTER REPRESENTATIVE, ELECTED BY THE
OFFICIAL CNU CHAPTERS AND APPROVED BY THE BOARD FOR A 2-YEAR TERM.
REVISION OF THE BYLAWS WAS COMPLETED IN 2010.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A, QUESTION 11A

UPON RECEIVING THE 990 DRAFT FROM THE AUDITOR, CNU'S ADMINISTRATION AND
FINANCE DIRECTOR AND BOOKKEEPER COMPLETE A THOROUGH REVIEW OF THE FORM
AND PROVIDE THE AUDITOR WITH ANY CORRECTIONS. A CORRECTED COPY OF THE
990 IS THEN PROVIDED TO THE PRESIDENT/CEO, EXECUTIVE COMMITTEE, AND
FINANCE COMMITTEE; QUESTIONS ARE ADDRESSED AND SIGNATURE APPROVAL IS
GIVEN.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B, QUESTION 12C

THE BOARD IS ASKED ANNUALLY TO REVIEW AND SIGN THE CONFLICT OF INTEREST
POLICY. THE BOARD SELF-MONITORS ANY CONFLICTS AND VOLUNTARILY REMOVES
MEMBERS FROM THE CONVERSATION/DECISION WHEN AND WHERE CONFLICTS ARISE.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B, QUESTION 15A

THE ORGANIZATION'S BOARD CHAIR FIRST CONDUCTS AN EVALUATION OF THE

Name of the organization CONGRESS FOR THE NEW URBANISM	Employer identification number 65-0483737
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ATTACHMENT 1 (CONT'D)

PRESIDENT'S WORK THROUGH A SERIES OF INTERVIEWS WITH BOARD MEMBERS, STAFF MEMBERS, AND THE PRESIDENT. THE CHAIR THEN MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE REGARDING THE PRESIDENT'S PERFORMANCE AND WHETHER OR NOT A RAISE IS WARRANTED. THE EXECUTIVE COMMITTEE THEN VOTES ON THE PRESIDENT'S RECOMMENDATION. IF A RAISE IS SUGGESTED, THE TREASURER AND ADMIN/FINANCE DIRECTOR CONDUCT RESEARCH AND MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE ABOUT AN APPROPRIATE AMOUNT. THE EXECUTIVE COMMITTEE THEN VOTES ON THAT AMOUNT AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE PRESIDENT IS EXCLUDED FROM THESE VOTING PROCEDURES.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A, QUESTION 2

JOHN NORQUIST AND SUSAN MUDD - FAMILY RELATIONSHIP

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CONGRESS FOR THE NEW URBANISM (CNU) IS A NON-PROFIT ADVOCACY ORGANIZATION THAT PROMOTES URBANISM AT THE SCALE OF THE BLOCK, THE NEIGHBORHOOD AND THE REGION. CNU MEMBERS ARE ARCHITECTS, DEVELOPERS, PLANNERS, ENGINEERS, ELECTED OFFICIALS, AND CONCERNED CITIZENS DEVOTED TO SUSTAINABLE URBAN DEVELOPMENT.

Name of the organization CONGRESS FOR THE NEW URBANISM	Employer identification number 65-0483737
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ATTACHMENT 3

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
LEED FOR NEIGHBORHOOD DEVELOPMENT		22,304.	
TOTALS		<u>22,304.</u>	

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	1,777.			1,777.
TOTALS	<u>1,777.</u>			<u>1,777.</u>

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN. & FIXTURES	01/01/1998	10,286.	100.000			10,286.	10,286.	10,286.	DDB		5.000				
EQUIPMENT	05/08/2008	3,733.	100.000			3,733.	2,240.	2,837.	DDB		5.000				597.
APPLE COMPUTER	02/28/2005	1,042.	100.000			1,042.	913.	1,028.	DDB		5.000				115.
APPLE COMPUTER	03/31/2005	1,805.	100.000			1,805.	1,581.	1,780.	DDB		5.000				199.
APPLE COMPUTER	11/01/2005	2,307.	100.000			2,307.	1,834.	2,087.	DDB		5.000				253.
DESKS	09/15/2006	1,308.	100.000			1,308.	736.	899.	DDB		7.000				163.
APPLE COMPUTER	09/30/2006	2,748.	100.000			2,748.	1,957.	2,273.	DDB		5.000				316.
APPLE COMPUTER	11/30/2006	2,527.	100.000			2,527.	1,799.	2,090.	DDB		5.000				291.
APPLE COMPUTER	05/18/2007	1,259.	100.000			1,259.	655.	897.	DDB		5.000				242.
EQUIPMENT	01/01/1998	23,603.	100.000			23,603.	23,603.	23,603.	DDB		5.000				
LEASEHOLD IMPROVE.	01/01/1998	2,866.	100.000			2,866.	2,866.	2,866.	DDB		5.000				
Less: Retired Assets															
Subtotals		53,484.				53,484.	48,470.	50,646.							2,176.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		53,484.				53,484.	48,470.	50,646.							2,176.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
9X9024 1.000

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

<p>State Charity Registration Number: <u>108143</u></p> <hr/> <p>CONGRESS FOR THE NEW URBANISM <small>Name of Organization</small></p> <hr/> <p>140 S DEARBORN, SUITE 404 <small>Address (Number and Street)</small></p> <hr/> <p>CHICAGO, IL 60603 <small>City or Town, State and ZIP Code</small></p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>Corporate or Organization No. _____</p> <hr/> <p>Federal Employer I.D. No. <u>65-0483737</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2009 ending 12/31/2009) list:

Gross annual revenue \$ 1,451,464. Total assets \$ 231,019.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. ATCH 1	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (312) 551-7300

Organization's e-mail address CNUINFO@CNU.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____

Printed Name _____

Title _____

Date _____

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIES

ATTACHMENT 1

<u>GOVERNMENT AGENCY NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE AND ZIP CODE</u>	<u>CONTACT NAME</u>	<u>TELEPHONE</u>
US ENVIRONMENTAL PROTECTION AGENCY	1200 PENNSYLVANIA AVENUE N.W.	WASHINGTON D.C., 20460	DANIELLE ARIGONI	202-566-2859

TAXABLE YEAR **California Exempt Organization**
2009 Annual Information Return

FORM
199

Calendar Year 2009 or fiscal year beginning month 01 day 01 year 09, and ending month 12 day 31 year 2009.

A First Return Filed? Yes No
B Type of organization Yes No
 Exempt under Section 23701 _____ (insert letter)
 IRC Section 4947(a)(1) trust _____

Corporation/Organization Name CONGRESS FOR THE NEW URBANISM FEIN 65-0483737

Address 140 S DEARBORN 404
 City CHICAGO State IL ZIP Code 60603

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
 (a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates _____
 (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number _____
 (f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
 (1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, Yes No

check box. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year:
 (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	554,878.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. <u>ATTCH 2</u>	3	896,586.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	1,451,464.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	1,451,464.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,500,149.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-48,685.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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

Signature of officer	Title	Date	Telephone
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN/PTIN P00079652
Firm's name (or yours, if self-employed) and address	OSTROW REISIN BERK & ABRAMS, LTD. 455 N CITYFRONT PLAZA DR, STE 2600 CHICAGO, IL 60611-5379		FEIN 36-2938874 Telephone 312-670-7444

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	519,791.00
	2	Interest	•	2	1,777.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income. Attach schedule	•	7	33,310.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	554,878.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	00
	10	Disbursements to or for members	•	10	0.00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	129,801.00
	12	Other salaries and wages	•	12	437,811.00
	13	Interest	•	13	0.00
	14	Taxes	•	14	41,961.00
	15	Rents	•	15	103,871.00
	16	Depreciation and depletion (See instructions)	•	16	2,176.00
	17	Other. Attach schedule	•	17	784,529.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,500,149.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		217,645.		151,954.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule		10,000.		50,000.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10	a Depreciable assets	53,484.		53,484.	
	b Less accumulated depreciation	(48,470)	5,014.	(50,646)	2,838.
11	Land				
12	Other assets. Attach schedule	ATCH 6	10,712.		26,227.
13	Total assets		243,371.		231,019.
Liabilities and net worth					
14	Accounts payable		37,039.		38,666.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule	ATCH 7	29,480.		64,186.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		176,852.		128,167.
22	Total liabilities and net worth		243,371.		231,019.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	-48,685.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5		-48,685.
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-48,685.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 2

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>	<u>GOVERNMENT GRANTS</u>
CALTHORPE ASSOCIATES		10,000.	
URBAN DESIGN ASSOCIATES		5,000.	
KRUSEE CAMPAIGN		5,000.	
HOME DEPOT FOUNDATION 2455 PACES FERRY ROAD ATLANTA, GA 30339		50,000.	
HISTORICAL CONCEPTS		5,000.	
HDR ENGINEERING 8404 INDIAN HILLS DRIVE OMAHA, NE 68114		25,000.	
UNION STATION NEIGHBORHOOD COUNCIL		10,000.	
SKIDMORE OWINGS & MERRILL		5,000.	
NATIONAL ASSOCIATION OF REALTORS		5,000.	
UNIVERSITY OF MIAMI		5,000.	
GE PROPERTIES GROUP		5,000.	
LEYLAND ALLIANCE		5,000.	
SIEMENS		10,000.	
TRYBA ARCHITECTS		5,000.	

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 2 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>	<u>GOVERNMENT GRANTS</u>
JOHN WILEY & SONS		5,000.	
RENAISSANCE DOWNTOWN 3801 QUEBEC STREET DENVER, CO 80207		20,000.	
DOVOR, KOHL & PARTNERS		5,000.	
ENVIRONMENTAL PROTECTION AGENCY ARIEL RIOS 1200 PENNSYLVANIA AVE, N.W. WASHINGTON, DC 20460			110,271.
OTHER CONTRIB. < 2% OF TOTAL CONTRIB.		159,371.	
MEMBERSHIP DUES		351,944.	
THE RICHARD H. DRIEHAUS FOUNDATION 203 NORTH WABASH AVENUE, SUITE 1800 CHICAGO, IL 60601-2417		45,000.	
THE FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017		50,000.	
TOTAL CONTRIBUTION AMOUNTS		<u>786,315.</u>	<u>110,271.</u>

ATTACHMENT 3

PART II - OTHER INCOME

MISCELLANEOUS FEES	33,310.
TOTAL OTHER INCOME	<u>33,310.</u>

ATTACHMENT 4PART II - OTHER EXPENSES

BOOKS AND PUBLICATIONS	1,153.
CONTRACT SERVICES	199,070.
FACILITIES AND CATERING	189,015.
MEMBERSHIP PUBLICATIONS	115,014.
MISCELLANEOUS	1,980.
POSTAGE AND DELIVERY	16,544.
PRINTING AND DUPLICATION	59,539.
PUBLIC RELATIONS	2,637.
TELEPHONE	18,285.
TRAVEL EXPENSES	58,998.
EMPLOYEE BENEFITS	52,470.
OFFICE EXPENSES	33,701.
INSURANCE	6,076.
OTHER	30,047.
TOTAL OTHER EXPENSES	<u>784,529.</u>

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JOHN NORQUIST 140 S DEARBORN 404 CHICAGO, IL 60603	40.00 PRESIDENT/CEO	129,801.	0.	0.
RAYMOND GINDROZ 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD CHAIR	0.		
VICTOR DOVER 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD VICE CHAIR	0.		
STEPHANIE BOTHWELL 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD TREASURER	0.		
TODD ZIMMERMAN 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD SECRETARY	0.		
ZACH BORDERS 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JACK DAVIS 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
HANK DITTMAR 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
ELLEN DUNHAM-JONES 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
DOUGLAS FARR 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
NORMAN GARRICK 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
JACKY GRIMSHAW 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JENNIFER HURLEY 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
DOUGLAS KELBAUGH 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
KATHERINE KELLEY 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
MIKE KRUSEE 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
STEVE MAUN 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
CONNIE MORAN 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
SCOTT POLIKOV 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
RUSS PRESTON 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
SAM SHERMAN 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
DHIRU THADANI 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
SUSAN MUDD 140 S DEARBORN 404 CHICAGO, IL 60603	1.00 BOARD MEMBER	0.		
	GRAND TOTALS	<u>129,801.</u>	<u>0.</u>	<u>0.</u>

CA 199 SCHEDULE L - OTHER ASSETS

ATTACHMENT 6

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEPOSITS AND OTHER ASSETS	26,227.
TOTALS	<u>26,227.</u>

CA 199 SCHEDULE L - OTHER LIABILITIES

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
ACCRUED EXPENSES	2,077.
DEFERRED RENT	40,608.
DUE TO AFFILIATES	21,501.
TOTALS	<u>64,186.</u>

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

PMT #	_____
AMT	_____
INIT	_____

CO # 01050997

Check all items attached:

<input checked="" type="checkbox"/>	Copy of IRS Return
<input checked="" type="checkbox"/>	Audited Financial Statements
<input type="checkbox"/>	Copy of Form IFC
<input checked="" type="checkbox"/>	\$15.00 Annual Report Filing Fee
<input type="checkbox"/>	\$100.00 Late Report Filing Fee

Report for the Fiscal Period:

Beginning 1 / 1 / 2009

& Ending 12 / 31 / 2009

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 65-0483737

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 2 / 1 / 1993

LEGAL NAME CONGRESS FOR THE NEW URBANISM MAIL ADDRESS 140 S DEARBORN - SUITE 404 CITY, STATE CHICAGO, IL ZIP CODE 60603	Year-end amounts	
	A) ASSETS	A) \$ 231,019.
	B) LIABILITIES	B) \$ 102,852.
	C) NET ASSETS	C) \$ 128,167.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REVENUE (GROSS AMTS.)	66%	D) \$ 954,162.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	32%	E) \$ 462,215.
F) OTHER REVENUES	2%	F) \$ 35,087.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 1,451,464.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	70%	H) \$ 1,056,793.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	70%	J) \$ 1,056,793.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0%	K) \$ 0.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	70%	L) \$ 1,056,793.
M) MANAGEMENT AND GENERAL EXPENSE	30%	M) \$ 443,356.
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 1,500,149.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
(Attach Attorney General Report of Individual Fundraising Campaign - Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: JOHN NORQUIST, PRESIDENT/CEO		T) \$ 129,801.
U) NAME, TITLE: STEVE FILMANOWICZ, COMMUNICATIONS DIRECTOR		U) \$ 64,930.
V) NAME, TITLE: HEATHER SMITH, PLANNING DIRECTOR		V) \$ 63,111.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		
W) DESCRIPTION: PROMOTE, DEVELOP, AND IMPLEMENT NEW URBANISM	W) #	012
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: JPMORGAN CHASE BANK N.A., PO BOX 260180, BATON ROUGE, LA 70826-0180		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON ABIGAIL BOUZAN-KALOUSTIAN; 312-551-730		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE: 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS. 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
	_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
	_____ PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE