



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► 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

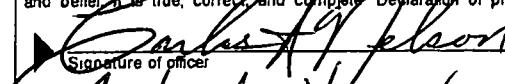
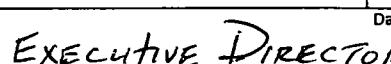
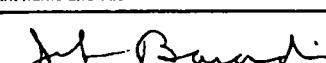
, 20

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER AUBURN GRESHAM DEVELOPMENT CORP.			D Employer identification number 36-4377387	
	Doing Business As			E Telephone number (773) 483-3696	
	Number and street (or P O box if mail is not delivered to street address) 1159 W. 79TH STREET			Room/suite	
	City or town, state or county, and ZIP + 4 CHICAGO, IL 60620			G Gross receipts \$ 1,301,415.	
	F Name and address of principal officer CORTEZ CARTER SAME AS C ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (Insert no.)		4947(a)(1) or 527		H(c) If "No," attach a list. (see instructions)	
J Website: ► WWW.GAGDC.ORG				H(c) Group exemption number ►	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 2000		M State of legal domicile IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO FOSTER AND PROMOTE THE REVITALIZATION OF THE COMMUNITIES THAT MAKE UP GREATER AUBURN GRESHAM INCLUDING AUBURN GRESHAM, ENGLEWOOD, AND WEST CHATHAM.					
	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	11			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11			
	5 Total number of employees (Part V, line 2a)	5	112			
	6 Total number of volunteers (estimate if necessary)	6	10			
	7a Total gross unrelated business revenue from Part VIII, column (A), line 12	7a	0.			
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
	8 Contributions and grants (Part VIII, line 1h)	291	DEC 06 2010	IRS-OSC OPEN: UT	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)				1,038,079.	1,301,415.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 8c, 8c, 9c, 10c, and 11d)				537.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.		0.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,038,616.		1,301,415.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			370,274.		528,188.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.	
b Total fundraising expenses, Part IX, column (D), line 25 ►	3,434.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			634,447.		610,600.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			1,004,721.		1,138,788.	
19 Revenue less expenses Subtract line 18 from line 12			33,895.	162,627.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)			Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)			263,961.	463,870.	
	22 Net assets or fund balances Subtract line 21 from line 20			78,378.	130,597.	
				185,583.	333,273.	

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge				
	 Carlos A. Nelson Signature of officer		 EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ► 	Date 11/24/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P00965729	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MITCHELL & TITUS, LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	EIN ► 13-2781641	Phone no ► 212-709-4500		

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)

RE10103 000

95010W F253

PAGE 3

SCANNED JAN 04 2010



9-17

U

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 _____) (Expenses \$ 414,375 including grants of \$ 0) (Revenue \$ 0)
 COMMUNITY DEVELOPMENT - TECHNICAL ASSISTANCE TO BUSINESS GROUPS
 INTERESTED IN OPENING BUSINESSES IN THE 17TH WARD.

4b (Code _____) (Expenses \$ 270,303 including grants of \$ 0) (Revenue \$ 0)
 SPECIAL SERVICE AREA NO. 32 (AUBURN GRESHAM 79TH STREET) - TO
 IMPROVE THE ECONOMIC VIABILITY AND STABILITY OF THE BUSINESS
 COMMUNITY BY PROMOTING FOR A CLEAN, ATTRACTIVE, AND SAFE
 ENVIRONMENT FOR PROPERTY OWNERS, TENANTS, RESIDENTS AND VISITORS
 OF THE AUBURN GRESHAM COMMUNITY.

4c (Code _____) (Expenses \$ 214,716 including grants of \$ 0) (Revenue \$ 0)
 NEW COMMUNITIES PROGRAM - IS A COMPREHENSIVE APPROACH TO COMMUNITY
 DEVELOPMENT FOCUSING ON UNDERSERVED COMMUNITIES IN CHICAGO.

4d Other program services (Describe in Schedule O) **ATTACHMENT 3**
 (Expenses \$ 215,863. including grants of \$ 0) (Revenue \$ 0.)

4e Total program service expenses ► 1,115,257.

Form 990 (2009)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
		28b	X
		28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	22	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	112	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	X	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

		Yes	No
1a	11		
1b	11		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9a		X	

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

	Yes	No
10a		X
b		
10b		
11	X	
11A		
12a	X	
b		
c		
12b	X	
12c	X	
13	X	
14		X
15		
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a		
b		
If "Yes" to line 16a or 16b, describe the process in Schedule O (See instructions)		
16a	X	
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► IL,
18	Section 6104 requires an organization to make its Forms 1023 (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
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ► GREATER AUBURN GRESHAM 1159 WEST 79TH STREET CHICAGO, IL 60620 773-483-3696

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
		or director or individual trustee	institu tional trustee	Officer	Key employee	Empl oyee	Highest compensated			
CORTEZ CARTER										
CHAIRMAN	1.00	X		X				0	0	0
JAMES MILLER										
VICE-CHAIRMAN	1.00	X		X				0	0	0
AMANDA NORMAN										
TREASURER	1.00	X		X				0	0	0
DEBORAH MOORE										
SECRETARY	1.00	X		X				0	0	0
BYAM ALEXANDER										
BOARD MEMBER	1.00	X						0	0	0
ALBERTA BROOKS										
BOARD MEMBER	1.00	X						0	0	0
KHAM BEARD										
BOARD MEMBER	1.00	X						0	0	0
RON MARTIN										
BOARD MEMBER	1.00	X						0	0	0
FR. MICHAEL PFLEGER										
BOARD MEMBER	1.00	X						0	0	0
PR. WILLIARD PAYTON										
BOARD MEMBER	1.00	X						0	0	0
BETTY SWANSON										
BOARD MEMBER	1.00	X						0	0	0
CARLOS NELSON										
EXECUTIVE DIRECTOR	50.00			X				72,535	0	0

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

1 b Total

72,535

1

0

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 ► 0

Yes	No
3	X
4	X
5	X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

36-4377387

		(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				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	190,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,111,415			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ►		1,301,415			
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►			0.		
3 Investment income (including dividends, interest, and other similar amounts) ►			0.			
4 Income from investment of tax-exempt bond proceeds ►			0.			
5 Royalties	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ►			0			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
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						
b						
c						
d All other revenue			0			
e Total Add lines 11a-11d ►			1,301,415	0.	0.	
12 Total Revenue See instructions ►			1,301,415	0.	0.	

Form 990 (2009)

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 VII.</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	72,535.	72,535.	0.	0.
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	408,245.	396,332.	11,913.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	10,481.	10,481.	0.	0.
10 Payroll taxes	36,927.	33,831.	3,096.	0.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	19,100.	19,100.	0.	0.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	192,598.	192,598.	0.	0.
12 Advertising and promotion	2,184.	0.	0.	2,184.
13 Office expenses	36,736.	36,736.	0.	0.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	20,902.	20,902.	0.	0.
17 Travel	6,006.	6,006.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,648.	5,233.	1,415.	0.
20 Interest	1,938.	0.	1,938.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,336.	0.	1,336.	0.
23 Insurance	2,197.	2,197.	0.	0.
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 DIRECT SERVICES	215,166.	215,166.	0.	0.
b CONSTRUCTION AND MATERIALS	82,229.	82,229.	0.	0.
c SUMMER YOUTH/INTERNS	8,364.	8,364.	0.	0.
d REPAIRS AND MAINTENANCE	6,008.	6,008.	0.	0.
e EVENTS EXPENSE	1,250.	0.	0.	1,250.
f All other expenses	7,938.	7,539.	399.	
25 Total functional expenses. Add lines 1 through 24f	1,138,788.	1,115,257.	20,097.	3,434.
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	203,834	1	193,123.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	54,782	4	266,738.
	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	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,048.		
	b Less accumulated depreciation	10b 13,039.	5,345.	10c 4,009.
	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			15
16 Total assets. Add lines 1 through 15 (must equal line 34)	263,961	16	463,870.	
Liabilities	17 Accounts payable and accrued expenses	37,901	17	51,739.
	18 Grants payable		18	
	19 Deferred revenue	ATCH 4 15,477.	19	0.
	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	25 25,000.	25	78,858.
	26 Total liabilities. Add lines 17 through 25	78,378	26	130,597.
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	129,069.	27	190,386.
	28 Temporarily restricted net assets	56,514.	28	142,887.
	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	185,583.	33	333,273.
	34 Total liabilities and net assets/fund balances	263,961.	34	463,870.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?
 2b Were the organization's financial statements audited by an independent accountant?
 c 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

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:
 Separate basis Consolidated basis 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?
 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
—Inspection—

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

GREATER AUBURN GRESHAM DEVELOPMENT CORP.

Employer Identification number

36-4377387

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.)

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

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")	393,966	837,749	851,259	1,038,079	1,301,415	4,422,468
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	393,966	837,749	851,259	1,038,079	1,301,415	4,422,468
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						4,422,468

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.	393,966	837,749	851,259	1,038,079	1,301,415	4,422,468
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	229	1,405	537	0	2,171
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	229	1,405	537	0	2,171
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	393,966	837,978	852,664	1,038,616	1,301,415	4,424,639
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	99.95%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	99.91%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.05%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.07%
19a 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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

GREATER AUBURN GRESHAM DEVELOPMENT CORP.

Employer identification number

36-4377387

► 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.

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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 ► \$

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

Schedule D (Form 990) 2009

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 <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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 XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	12,048	8,039	4,009	
e Other	5,000	5,000	0	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				4,009

Schedule D (Form 990) 2009

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.

Total (Column (b) must equal Form 990, Part X, col (B) line 13)

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

Total (Column (b) must equal Form 990, Part X, col (B) line 15)

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

(a) Description of liability	(b) Amount	
Federal income taxes	0	
LINE OF CREDIT	78,858	

2. FIN 10. Factuals. In Part XIV, records the test at

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	1,301,415
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,138,788
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	162,627
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	162,627

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	1,301,415
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	1,301,415
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	1,301,415

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

1	1,138,788
2	
a	2a
b	2b
c	2c
d	2d
e	2e
3	1,138,788
4	
a	4a
b	4b
c	4c
5	1,138,788

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

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

Name of the organization

GREATER AUBURN GRESHAM DEVELOPMENT CORP.

Employer identification number

36-4377387

ATTACHMENT 1

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990 PART VI SECTION B LINE 15A&B

ALL COMPENSATION TO DIRECTORS IS SUBJECTED BY BOARD APPROVAL. ALL
EMPLOYEE INCREASE OR SALARY COMPENSATION IS VIEWED THROUGH YEARLY
EVALUATION AND EXECUTIVE DIRECTORS PRESENTATION.

FORM 990 REVIEWING PROCESS

FORM 990 PART VI SECTION B LINE 11

FORM 990 IS REVIEWED FOR ACCURACY OF INFORMATION BASED ON THE ACCEPTED
AUDITED FINANCIAL STATEMENT BY THE BOARD OF DIRECTORS, OFFICER, AND
ACCOUNTANT.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990 PART VI SECTION B LINE 12C

THE CONFLICT OF INTEREST POLICY IS UPDATED BY THE BOARD OF DIRECTORS,
MONITORED BY THE EXECUTIVE DIRECTOR AND REVIEWED QUARTERLY AT STAFF
MEETINGS.

AVAILABILITY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ETC

FORM 990 PART VI SECTION C LINE 19

THE REQUEST MUST BE IN WRITING AND REVIEWED AND APPROVED BY THE BOD.
EXECUTIVE DIRECTOR SUBMITS APPROVED AND SIGNED REQUEST TO BUSINESS
MANAGER. BUSINESS MANAGER CONTACTS REQUESTOR, INFORMS OF APPROVAL,
CONFIRMS MAILING ADDRESS AND SENDS FORM 990 VIA USPS CERTIFIED

Name of the organization

GREATER AUBURN GRESHAM DEVELOPMENT CORP.

Employer identification number

36-4377387

ATTACHMENT 1 (CONT'D)

MAIL/RETURN RECEIPT.

OTHER PROGRAM SERVICES

FORM 990 PART III LINE 4D

1. HOUSING AND SENIOR SERVICES - PROVIDES FREE SERVICES FOR SENIORS AND
RESOURCES FOR HOUSING OPPORTUNITIES - EXPENSES: \$142,493.

2. ISIS PROGRAM - EXPENSES: \$73,370

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION IS
TO FOSTER AND PROMOTE THE REVITALIZATION OF THE COMMUNITIES THAT MAKE
UP GREATER AUBURN GRESHAM INCLUDING AUBURN GRESHAM, ENGLEWOOD, AND
WEST CHATHAM.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HOUSING AND SENIOR SERVICES	0.	142,493.	0.
ISIS PROGRAM	0.	73,370.	0.
TOTALS	0.	215,863.	0.

Name of the organization

GREATER AUBURN GRESHAM DEVELOPMENT CORP.

Employer identification number

36-4377387

ATTACHMENT 4FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	0.
TOTALS	0.

For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05

CO # 01046971

Check all items attached:

<input 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 checked="" type="checkbox"/>	\$100.00 Late Report Filing Fee

Federal ID # 36-4377387

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 6 / 27 / 2000

<p>LEGAL NAME GREATER AUBURN GRESHAM DEVELOPMENT MAIL ADDRESS 1159 W. 79TH STREET CITY, STATE CHICAGO, IL ZIP CODE 60620</p> <p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p> <p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p> <p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</p> <p>(Attach Attorney General Report of Individual Fundraising Campaign - Form IFC One for each PFR)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p> <p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE CHERYL JOHNSON, PROJECT MANAGER</p> <p>U) NAME, TITLE CARLOS, EXECUTIVE DIRECTOR</p> <p>V) NAME, TITLE ERNEST SANDERS, PROJECT MANAGER</p> <p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION NEW COMMUNITIES PROGRAM</p> <p>X) DESCRIPTION DEPARTMENT OF COMMUNITY DEVELOPMENT</p> <p>Y) DESCRIPTION SPECIAL SERVICE AREA NO. 32</p>	<p>Year-end amounts</p> <table border="1"> <tr> <td>A) ASSETS</td> <td>A) \$ 463,870.</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$ 130,597.</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$ 333,273.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">PERCENTAGE AMOUNT</td> </tr> <tr> <td>% D)</td> <td>\$ 1,111,415.</td> </tr> <tr> <td>% E)</td> <td>\$ 190,000.</td> </tr> <tr> <td>% F)</td> <td>\$</td> </tr> <tr> <td>100% G)</td> <td>\$ 1,301,415.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>98% H)</td> <td>\$ 1,115,257.</td> </tr> <tr> <td>% I)</td> <td>\$</td> </tr> <tr> <td>98% J)</td> <td>\$ 1,115,257.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>0% K)</td> <td>\$ 0.</td> </tr> <tr> <td>98% L)</td> <td>\$ 1,115,257.</td> </tr> <tr> <td>2% M)</td> <td>\$ 20,097.</td> </tr> <tr> <td>% N)</td> <td>\$ 3,434.</td> </tr> <tr> <td>100% O)</td> <td>\$ 1,138,788.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>100% P)</td> <td>\$</td> </tr> <tr> <td>% Q)</td> <td>\$</td> </tr> <tr> <td>% R)</td> <td>\$</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">S) \$</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>T) \$</td> <td>81,650.</td> </tr> <tr> <td>U) \$</td> <td>72,535.</td> </tr> <tr> <td>V) \$</td> <td>57,960.</td> </tr> <tr> <td colspan="2">List on back side of instructions CODE</td> </tr> <tr> <td>W) #</td> <td>112</td> </tr> <tr> <td>X) #</td> <td>132</td> </tr> <tr> <td>Y) #</td> <td>112</td> </tr> </table>	A) ASSETS	A) \$ 463,870.	B) LIABILITIES	B) \$ 130,597.	C) NET ASSETS	C) \$ 333,273.			PERCENTAGE AMOUNT		% D)	\$ 1,111,415.	% E)	\$ 190,000.	% F)	\$	100% G)	\$ 1,301,415.			98% H)	\$ 1,115,257.	% I)	\$	98% J)	\$ 1,115,257.			0% K)	\$ 0.	98% L)	\$ 1,115,257.	2% M)	\$ 20,097.	% N)	\$ 3,434.	100% O)	\$ 1,138,788.			100% P)	\$	% Q)	\$	% R)	\$			S) \$				T) \$	81,650.	U) \$	72,535.	V) \$	57,960.	List on back side of instructions CODE		W) #	112	X) #	132	Y) #	112
		A) ASSETS	A) \$ 463,870.																																																																
		B) LIABILITIES	B) \$ 130,597.																																																																
		C) NET ASSETS	C) \$ 333,273.																																																																
		PERCENTAGE AMOUNT																																																																	
		% D)	\$ 1,111,415.																																																																
		% E)	\$ 190,000.																																																																
		% F)	\$																																																																
		100% G)	\$ 1,301,415.																																																																
98% H)	\$ 1,115,257.																																																																		
% I)	\$																																																																		
98% J)	\$ 1,115,257.																																																																		
0% K)	\$ 0.																																																																		
98% L)	\$ 1,115,257.																																																																		
2% M)	\$ 20,097.																																																																		
% N)	\$ 3,434.																																																																		
100% O)	\$ 1,138,788.																																																																		
100% P)	\$																																																																		
% Q)	\$																																																																		
% R)	\$																																																																		
S) \$																																																																			
T) \$	81,650.																																																																		
U) \$	72,535.																																																																		
V) \$	57,960.																																																																		
List on back side of instructions CODE																																																																			
W) #	112																																																																		
X) #	132																																																																		
Y) #	112																																																																		

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?	1.	<input checked="" type="checkbox"/>	
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?	2.	<input checked="" type="checkbox"/>	
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?	3.	<input checked="" type="checkbox"/>	
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4	<input checked="" type="checkbox"/>	
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input checked="" type="checkbox"/>	
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6	<input checked="" type="checkbox"/>	
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input checked="" type="checkbox"/>	
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?	8.	<input checked="" type="checkbox"/>	
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input checked="" type="checkbox"/>	
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10	<input checked="" type="checkbox"/>	
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS HARRIS BANK NA 311 WEST MONROE CHICAGO, IL 60606			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON CARLOS NELSON TEL: (773) 483-3696			

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.

<p>PRESIDENT or TRUSTEE (PRINT NAME)</p> <p><i>Amanda M. Nelson</i></p> <p>TREASURER or TRUSTEE (PRINT NAME)</p> <p><i>Amanda M. Nelson</i></p> <p>JOHN BAIARDI</p> <p>PREPARER (PRINT NAME)</p> <p><i>John Baiardi</i></p>	<p>SIGNATURE</p> <p><i>Amanda M. Nelson</i></p> <p>SIGNATURE</p> <p><i>Amanda M. Nelson</i></p> <p>SIGNATURE</p> <p><i>John Baiardi</i></p>	<p>DATE</p> <p>11/24/10</p> <p>DATE</p> <p>11/24/10</p> <p>DATE</p> <p>11/24/10</p>
---	---	---

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<input checked="" type="checkbox"/> or File by the extended due date for filing the return. See instructions	Name of Exempt Organization GREATER AUBURN GRESHAM DEVELOPMENT CORP. Number, street, and room or suite no. If a P O. box, see instructions 1159 W. 79TH STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60620	Employer Identification number 36-4377387 For IRS use only
---	--	---

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **PD ACCOUNTING SERVICES**

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►


MITORELL & TITUS, LLP
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004

Title ► **C P A**

Date ► 8/11/10

Form 8868 (Rev 4-2009)