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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

Intern	al Revenue	Service The organization may have to use a copy of this return to satisfy star	te reporting requirements.	Inspection
A F	or the 2	009 calendar year, or tax year beginning $$	JUN 30, 2010	
Вс	heck if	Please C Name of organization	D Employer identific	ation number
a	pplicable	use IRS		
	Address	label or JANE ADDAMS DEVELOPMENT CORPORATION		
	Name change	type Doing Business As	36-37	731161
\vdash	Initial	See Number and street (or P.O. boy if mail is not delivered to street address) Room/su	ite E Telephone number	
	Termin- ated	Specific Instruc- 4432 N. RAVENSWOOD AVENUE		728-9769
	Amended return	11.00.00	G Gross receipts \$	544,586.
F	Applica-	CHICAGO, IL 60640	H(a) Is this a group ref	
L	Lión pending	F Name and address of principal officer:MICHAEL BUCCITELLI	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	
1 7	av-ovom	pt status X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527		ist. (see instructions)
		► WWW.JANE-ADDAMS.ORG	H(c) Group exemption	
		ganization X Corporation TrustAssociation Other ▶ L y	ear of formation 1990 M	
		Summary	car or ronnation 2330 141	Otate of legal dofficie ==
		lefly describe the organization's mission or most significant activities. TO DEVEL	OP MANAGE AN	ND LEASE AN
õ	1 Br	NDUSTRIAL BUILDING IN ORDER TO RETAIN MANUF.	ACTURING JOBS	IN THE
Governance				
/er	ì	neck this box I if the organization discontinued its operations or disposed of m	1 1	5 Seis
é		imber of voting members of the governing body (Part VI, line 1a)	3	5
୶୪		umber of independent voting members of the governing body (Part VI, line 1b)	4	
ies		tal number of employees (Part V, line 2a)	5	10
Activities &		tal number of volunteers (estimate if necessary)	6	0.
Ac		stal-gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		et unrelated business taxable income from Form 990-T, line 34	7b	
		JAN 1 0 2011 O	Prior Year	Current Year
e	8 Co	ontributions and grants (Part VIII, line 1h)	520 250	E 20 E E 0
ē	9 Pr	ogram service revenue (Part VIII, line 2g)	529,259.	538,558.
Revenue	_10_ <u>_</u> m	vestment income (Part VIII), column (A), lines 3, 4, and 7d)	3,536.	3,552.
_	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	421.	2,476.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	533,216.	544,586.
	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)		····
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	١	
es	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		
ď	b To	otal fundraising expenses (Part IX, column (D), line 25)	1211-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
W	17 OI	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	555,974.	507,070.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	555,974.	507,070.
	19 Re	evenue less expenses. Subtract line 18 from line 12	<22,758.	> 37,516.
Net Assets or Fund Balances	l		Beginning of Current Year	End of Year
sets alan	20 To	otal assets (Part X, line 16)	1,664,353.	1,637,137.
AS P	21 To	otal liabilities (Part X, line 26)	1,341,532.	1,276,800.
<u>s</u> E	22 Ne	et assets or fund balances Subtract line 21 from line 20	322,821.	360,337.
Pa		Signature Block		
	U	nder penalties of penury. I declare that I have examined this return including accompanying schedules and statement complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowledge	ge and belief, it is true, correct,
	a.	nd complete because of a prepare force than officery is based of a renormalization of prepare in the arry known	//	رد/
Sig	n l	Melyetter	// 5/	' //
Her		Signature of officer	Date	0 11-
		MICHAEL BUCCATELLY DIREC	tor of Real	∠ ES+A+E
		Type or print name and title		
	. Р	reparer's DEC 2 1 201		er's identifying number structions)
Pan	l s	Ignature DEC 2 1 201	rself- employed (see ins	
		irm's name (or FRINK L. SASSETTI & CO.	EIN ►	
Use	S	elf-employed), 6611 WEST NORTH AVENUE		
		oak Park, ILLINOIS 60302	Phone no ► (708)386-1433
Mar		discuss this return with the preparer shown above? (see instructions)		X Yes No
	01 02-04-		instructions	Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 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		ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		_	
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		_		
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8_	-	
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	_		X
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	^
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		Ì	
	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, 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	1		
	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 statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	<u> </u>		<u> </u>
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
	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		Х
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	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	T-
. •	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,"			† <u> </u>
	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20	 -	X
	Dio the organization operate one of those hospitals. If I test collibrate actionals i	, a.v	i	,

Pa	rt 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	Х	
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] 1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23		X
24a	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 line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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
h	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		ļ	
	Schedule L, Part I	25ь	ĺ	х
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	Ì	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			 -
۲,	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
		27		Х
00	Schedule L, Part III			
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):	200	1	Х
a		28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	 	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-	l	Х
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1.		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?		٠,	
	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)?	ĺ	Í	١.,
	If "Yes," complete Schedule R, Part V, line 2	35	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		ì	

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O

Par	t 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	1		- T		
	U.S. Information Returns. Enter -0- if not applicable	1a		5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gamıng			
	(gambling) winnings to prize winners?			1c		
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		<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ictions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed 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	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rıty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a	ļ	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.					
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 trans-	action	?	5b	 	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 1.	arding	Prohibited			
	Tax Shelter Transaction?			5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization 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 contribu	tions (or gifts			
	were not tax deductible?			6b	 	ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services			X
	provided to the payor?			7a	+	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		n, ura al	7b	+	┼──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as red	quirea	7c		X
	to file Form 8282?	7d	1	70,	1	1.22
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		J	\neg		
e	bid the organization, during the year, receive any funds, directly of indirectly, to pay premiums on a benefit contract?	persor	iai	7e	İ	1
f	many the state of	ract?		7f	 	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	†	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				1	1
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?		•	8		
9	Sponsoring organizations maintaining donor advised funds.				T	
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9ъ		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		╛		
11	Section 501(c)(12) organizations. Enter.					
а	Gross income from members or shareholders	11a	<u></u>	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a	ļ	<u> </u>
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12h	1	1	1	1

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.

Sec	tion A. Governing Body and Management					
				E	Yes	No
	Enter the number of voting members of the governing body	<u>1a</u>		5 5		
_	Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any otner			Х
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	aire	t supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?		5 61 10	3		X
4	Did the organization make any significant changes to its organizational documents since the prior For) was filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets	3 (5		X
6	Does the organization have members or stockholders?		- 6 AL -	6		
/a	Does the organization have members, stockholders, or other persons who may elect one or more men	mbers	or the	70		Y
	governing body?			7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other pers			7b		
8_	_Did_the organization_contemporaneously document the meetings held or written actions undertaken of	uring	tne year			-
	by the following				Х	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?		-4 41	8b	Λ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	cnea	at the	9		Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		o Codo l	1 8		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code)		Yes	No
40-	Describe averagement of heavy local chapters by another average and offiliates?			10a	163	X
	Does the organization have local chapters, branches, or affiliates?	shoot	ara offiliator	100	\vdash	
D	If "Yes," does the organization have written policies and procedures governing the activities of such or and have able to accept the procedure of the procedure?	mapt	ers, aniliates,	10b		
	and branches to ensure their operations are consistent with those of the organization?	ına th	o form?	11	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing ti	e lonn:	'''		1717
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	ld aw	o rice	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	iu giv	6 1136	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ıı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate	ts participation	ı		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anızat	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup 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) ava	ulable 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, co	onflic	of interest pol	icy, and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books are	nd rec	ords of the org	anization:	-	
	MICHAEL BUCCITELLI - 773-728-9769					
	4432 N. RAVENSWOOD, CHICAGO, IL 60640					
				C	COD.	10000

Form 990 (2009)

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.

X Check this box if the organization did not o	(B)	(C)						(D)	(E)	(F)
Name_and_Title	Average	_	Position (check all that a				LΑ	Reportable compensation	Reportable	Estimated amount of
	hours per week	Individual mustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BECKY LEWIS-KAUFMAN	1									^
DIRECTOR	1.00	X			<u> </u>	-		0.	0.	0.
CAROL CONKLIN REAL ESTATE CHAIR	2.00	х		х				0.	0.	0.
RODRIGO DEL CANTE	1 2000	 	 							
DIRECTOR	1.00	Х						0.	0.	0.
GARY SMITH								_	_	_
DIRECTOR	1.00	X			_			0.	0.	0.
PAUL SHADLE										
SECRETARY	2.00	X		Х	_			0.	0.	0.
MARK ZAANDER EX-OFFICIO MEMBER	1.00	x						0.	0.	0.
MICHAEL BUCCITELLI						1				_
EXECUTIVE DIRECTOR	40.00			Х				0.	44,360.	0.
									~~~	-
		<u></u>								
										· · · · · · · · · · · · · · · · · · ·
					_					
		_								

Par	VII Section A. Officers, Directors, Tru	stees, Key E	nplo	yee	s, a	nd h	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	<b>C)</b>			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable	1		tımate	
		hours	(c	heck	all	that	арр	ly)	compensation	compensatio			ount	of
		per week	acto						from the	from related organizations			other oensa	tion
			p o	8			Sted		organization	(W·2/1099-MIS			om the	
			Individual trustee or director	Institutional trustee		異	Highest compensated employee		(W-2/1099-MISC)			-	anızat	
			ggr	topp	m	Кеу етрюуее	est co	<b>ğ</b>					i relat ınızatı	
			듈	Tg.	Officer	Ş.	돌	Former			Ì	orga	ııızaı	0115
								_						
													_	
			]	]	]			ļ	]		J			
			L_		_		_							
			_	-	_				<b>-</b>					
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											ļ			
							ļ							
			ĺ	<u> </u>			<u> </u>	l		44 34	-			
	Total						<u> </u>		0.	44,36				0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 in reportabl	е			0
	compensation from the organization			-	-								Yes	No
3	Did the organization list any former officer,	director or tru	otoc	. ko		مام	V00	or b	nichast compensated er	nnlovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s			, NO	y <del>C</del> 11	ipio	yee,	011	ngnest compensated er	iipioyee oii		3	ì	х
4	For any individual listed on line 1a, is the su			amo	ensa	ation	n and	d ot	her compensation from	the organization	l			
	and related organizations greater than \$150											4	•	Х
5	Did any person listed on line 1a receive or a									ices rendered to				
	the organization? If "Yes," complete Sched								·			_5	į	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
	(A)							Ţ	(B)			(C	;)	
	Name and business	address							Description of s	ervices	С	ompe		n
				_										
	T.,	<u> </u>												
								_						<del></del>
												<del></del>		
2	Total number of independent contractors (i		ot li	mite	d to		se li: 0	stec	above) who received n	nore than				
	\$100,000 in compensation from the organiz	zation 🚩					<u> </u>							

Pa	t VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts,	C	Fundraising events	1c					
<u>g'a</u>		Related organizations	1d					
Sim		Government grants (contribut						
iğ e	f	All other contributions, gifts, gran						
물형		similar amounts not included abo						
등		Noncash contributions included in lines	: 1a-1f \$					
<del></del>	<u>n</u>	Total. Add lines 1a-1f		Business Code				:
	9 a	RENTS		310000	538,558.	538,558.		
Š	b			01000	300,000	000,000		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	С				<del></del>			
e a	ď							
ρĀ	е							
مّ	f	All other program service reve	enue					
	я	Total. Add lines 2a-2f		<b>•</b>	538,558.			
l	3	Investment income (including	dividends, intere	. 1	2 550			2 552
		other similar amounts)			3,552.			3,552.
	4	Income from investment of ta	x-exempt bond p	proceeds P				<del></del>
ļ	5	Royalties	() 5					
i		0 0 .	(ı) Real	(II) Personal				
	6 a			1				
	b	•	-					
	c d			<b>•</b>				
1		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(7 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	ь	Less: cost or other basis						
		and sales expenses						
	С	- "						
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$						
Š		contributions reported on line	1c). See					
er		Part IV, line 18	а					
튬		Less: direct expenses	b					
		Net income or (loss) from fund		<b>D</b>				
	9 a	Gross income from gaming a						
	_	Part IV, line 19	9					
		Less: direct expenses	b	<b></b>		ŀ		
		Net income or (loss) from gan Gross sales of inventory, less				<u> </u>		
	iv a	and allowances	a	ļ				
	b	Less: cost of goods sold	b			-		
		Net income or (loss) from sale	_	<b></b>			ĺ	
İ		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	2,476.	2,476.		
	b				-			
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>	2,476.			2 550
93300	12	Total revenue. See instructions		<u> </u>	544,586.	541,034.	0.	3,552.
93200	-10							Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

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

	All other organizations must comple		ions must complete all not required to comple		I (D).
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees  Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			· · · · · · · · · · · · · · · · · · ·	<del></del>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1,260.		1,260.	
b	Legal	300.	300.		
С	Accounting	8,283.	8,283.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	information technology				
15	Royalties				
16	Occupancy			<del>_</del>	<del></del>
17	Travel Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
18	for any federal, state, or local public officials		;		
19	Conferences, conventions, and meetings				
20	Interest	74,217.	74,217.		
21	Payments to affiliates	136,272.	73,692.	62,580.	
22	Depreciation, depletion, and amortization	118,987.	118,987.		
23	Insurance	9,194.	9,194.		,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 )	72.022	72 022		
а	REAL ESTATE TAXES	73,033.	73,033.		
b	BUILDING	52,714. 25,954.	52,714. 25,954.		
C	MAINTENANCE FEES	2,954.	23,954.		
d	MISCELLANEOUS FOREGIVENESS OF DEBT	2,898.	2,898.		
e 4		1,004.	2,050.	1,004.	
95	All other expenses	507,070.	442,226.	64,844.	0.
25 26	Joint costs. Check here				
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Farm 000 (2000)

Part X Balance Sheet (A) Beginning of year End of year 414,945. 363,397. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 50,408. 72,132. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 8,585. 7 Notes and loans receivable, net Inventories for sale or use 8 15,516. 15,266. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 2,483,245. 10a basis. Complete Part VI of Schedule D 1,348,701. 1,226,697. 1,134,544. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,637,137. 1,664,353. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 91,274. 86,868. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 1,132,489. 1,174,887. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 75,371. 57,443. 25 Other liabilities Complete Part X of Schedule D 25 1,341,532. 1,276,800. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 322,821. 27 360,337. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 322,821. 1,664,353. 360,337. 33 33 Total net assets or fund balances 1,637,137. Total liabilities and net assets/fund balances

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.

Act and OMB Circular A-133?

X

За

#### 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

Open to Public Inspection

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

Part I	Reason	for Public Chari	ty Status (All organiz	ations mu:	st complet	e this part	.) See inst	ructions.				
The organ	zation is not a	private foundation b	pecause it is: (For lines	1 through 1	11, check o	only one b	ox.)				<u> </u>	
1 🗀			, or association of chur					•				
2 🗀	A school des	cribed in section 170	<b>0(ь)(1)(А)(іі)</b> . (Attach Sc	hedule E)								
з 🗀			al service organization		ın <b>section</b>	170(b)(1)(	A)(iii).					
4			perated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital'	s name	e,
	city, and state											
5 🗀	An organizati	on operated for the t	penefit of a college or u	niversity ov	wned or op	erated by	a governr	nental uni	described	ın t		
	_	(b)(1)(A)(iv). (Comple										
6 🗀	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1	)(A)(v).					
-7 -		=	eives a substantial part					r_from the	general pu	ıblıc desci	ribe <u>d i</u> r	1
	-	b)(1)(A)(vi). (Complet				-						
8 🗀	•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	•		eives: (1) more than 33			rom contri	butions, m	embershij	p fees, and	gross red	eipts f	rom
			ctions - subject to certa									
			axable income (less sec									
		<b>509(a)(2).</b> (Complete										
10			erated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	l).				
11 X	An organizati	on organized and op	erated exclusively for the	he benefit (	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	urposes o	f one o	or
			tions described in secti									
			organization and compl									
	a Type I			с 🗓 Тур			egrated		d 🗀	Type III - C	Other	
e 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	more disc	qualified p	ersons oth	er thai	n
	foundation m	anagers and other th	nan one or more publicl	y supporte	ed organiza	ations desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f			ten determination from									
	supporting of	rganization, check th	is box									
9	Since August	t 17, 2006, has the o	rganization accepted a	ny gift or c	ontribution	from any	of the folk	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons c	described i	ın (ıi) and (	III) below,		Yes	No
			pported organization?							11g(i)		X
	(ii) A family	member of a person	described in (i) above?	?						11g(ii)		X
			person described in (i)		e?					11g(iii)		X
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(IV) Is the o	organization	(v) Did you	u notify the	(vi) Is	the	(vii) An	nount o	f
	anization	(,	organization (described on lines 1-9		sted in your			organizatı (ı) organiz	ed in the		port	
·			above or IRC section	governing	document?	(I) of you	r support?	US	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
JANE	ADDAMS											
RESOU	RCE COR	36-3682559	11A		X	X		X		4	5,0	00.
										-		
			i e	1	t	1	i .	1		1	E 0	$\alpha \alpha$

LHA 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

932021 02-08-10

Support Schedule for C (Complete only if you checked				(b)(1)(A)(IV) an	a 170(b)(1)(A)(vi	)
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.")	1.2					
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	<b>,</b> ,, =			1 1		
8 Gross income from interest,	1	-				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business			<del>                                     </del>			
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)						
I1 Total support. Add lines 7 through 10						
, , , , , , , , , , , , , , , , , , ,	etc /see instruct	ione)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	12	
<ul><li>12 Gross receipts from related activities,</li><li>13 First five years. If the Form 990 is for</li></ul>		•	urd fourth or fifth t	ay year as a section		<del></del>
		o mot, second, III	ao, iourni, or mar t	your as a scott	J., JU 1 (J)(U)	▶□
organization, check this box and stop Section C. Computation of Publi		rcentage				
			column (f)	~	14	
Public support percentage for 2009 (III			Column (I))		15	
Public support percentage from 2008				14 10 22 1 /20/	L	, and
16a 33 1/3% support test - 2009. If the or				14 IS 33 1/3% Of f	nore, check this box	kano ▶
stop here. The organization qualifies a		=		Um - 45 - 60 4 65	/ : : ! ! ! !	·
<b>b 33 1/3% support test - 2008.</b> If the or	~			i iine 15 is 33 1/39	o or more, check thi	S DOX
and stop here. The organization qualit						
17a 10% -facts-and-circumstances test	-					
and if the organization meets the "fact					art IV how the organ	ization
meets the "facts-and-circumstances" t						▶∟
b 10% -facts-and-circumstances test	- <b>2008.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
more, and if the organization meets th	e "facts-and-circi	umstances" test,	check this box and	stop here. Explai	in in Part IV how the	
organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	janization	▶⊑
18 Private foundation. If the organization	a did not chack a	L	C- 1Ch 17 17			<b>、                                    </b>

Section A. Public Support	4 ) 0005	41,000	(.) 0007	4.0000	(-) 0000	(0 T-4-1
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		1				
include any "unusual grants ")	·					
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					ļ. <u>.</u>	
4 Tax revenues levied for the organ-		1				
ızatıon's benefit and either paid to					1	
or expended on its behalf			· · · · · · · · · · · · · · · · · · ·			
- 5—The value of services or-facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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					J	·
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007_	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	lax vear as a sect	ion 501(c)(3) organi:	zation.
check this box and stop here	organization	o mor, accoma, un	iouisin, or milir i	, 50 40 4 5001	(-)(-)	<b>▶</b> □
Section C. Computation of Publi	c Support Pr	ercentage				
15 Public support percentage for 2009 (li		•	column (fi)		15	9
16 Public support percentage from 2008			-51011111 (I))		16	9
Section D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·		110	,,
17 Investment income percentage for 200					17	9
			10, 00.011111 (1)/		18	9
18 Investment income percentage from 2 19a 33 1/3% support tests - 2009. If the			on line 14 and lin	e 15 is more than	L	
more than 33 1/3%, check this box an						<b>▶</b>
b 33 1/3% support tests - 2008. If the						and
line 18 is not more than 33 1/3%, chec						_
20 Private foundation. If the organization	alo not check a	S DOX ON line 14, 15	a, or 190, check t		chedule A (Form 90	

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► 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.

2009 Open to Public Inspection

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

Pa	†   Organizations Maintaining Donor Advise		is or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line			
		(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 adv	used funds	
•	are the organization's property, subject to the organization's		Yes	No
6	Did the organization inform all grantees, donors, and donor a		<del></del>	110
•	for charitable purposes and not for the benefit of the donor of			
	inpermissible private benefit?	or dollor advisor, or for any other purpos	Yes	No
Pa		panization answered "Ves" to Form 990		140
	Purpose(s) of conservation easements held by the organization		Tarriy, me 7.	
1			untarically important land area	
	Preservation of land for public use (e.g., recreation or p	· ———	nistorically important land area	
	Protection of natural habitat	Freservation of a ce	ertified historic structure	
_	Preservation of open space	final annualistics contains the form	m of a sensonyation appearant on the loa	
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the for	n of a conservation easement on the las	<b>)</b> (
	day of the tax year.		Held at the End of the Tax	Von
_	Total averters of annualistic annualist			1601
a	Total number of conservation easements		2a   2b	
þ	Total acreage restricted by conservation easements		<del></del>	
c	Number of conservation easements on a certified historic str	• •	2c   2d	
d	Number of conservation easements included in (c) acquired		L	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	ne organization during the tax	
	year •			
4	Number of states where property subject to conservation ea		- s	
5	Does the organization have a written policy regarding the pe		Yes	No
	violations, and enforcement of the conservation easements			, 140
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	Yes	No
_	and section 170(h)(4)(B)(ii)?			JINO
9	In Part XIV, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	is the organization's accounting for	
Do	conservation easements.  It III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets	
1-63	Complete if the organization answered "Yes" to Form	•	Other Online, Assets.	
	Complete in the digametation and words 100 to 1011	000,7 41,777,111.0 0		
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and	balance sheet works of art, historical	
Ia	treasures, or other similar assets held for public exhibition, e			avt a
	•	·	dublic service, provide, in Fait XIV, the te	57( 0
L	the footnote to its financial statements that describes these		and about works of ort. historical trace.	Iron
D	If the organization elected, as permitted under SFAS 116, to	•		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public servi	ce, provide the following amounts relatil	ng ic
	these items:		<b>▶</b> ¢	
	(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 tre	·	ciai gain, provide	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	<b>.</b> .	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$	—
b	Assets included in Form 990, Part X		<b>&gt;</b> \$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities	S. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: Fyear market value
Financial derivatives			
Closely-held equity interests			
Other			
			· · · · · · · · · · · · · · · · · · ·
****			
Tetal (Col /b) must squal Form 000. Bart V sol /B) line 19			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12  Part VIII Investments - Program Relat		3	
		(c) Metho	od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13	3) ▶		
Part IX Other Assets. See Form 990, Part			
	(a) Description		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col			<b>&gt;</b> _
Part X Other Liabilities. See Form 990,		(h) Amount	<del></del>
1. (a) Description of liability		(b) Amount	
Federal Income taxes		20,625.	
DUE TO AFFILIATE		36,818.	
SECURITY DEPOSITS		30,010.	
		<del></del>	
-			
Total (Column (b) must small Form 000 Part V	(B) line 25.)	57,443.	
Total. (Column (b) must equal Form 990, Part X, col	127		

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.

932053 02-01-10

932054 02-01-1

Schedule I (Form 990) 2009 **2** Employer identification number 36-3731161Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant SENERAL OPERATIONS or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable rash grant or government assistance cash grant assistance or government assistance and address of organization (b) EIN (c) IRC section if applicable rash grant assistance assistance assistance or government assistance assistance assistance or government assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 45,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JANE ADDAMS DEVELOPMENT CORPORATION 501(C)(3) Enter total number of section 501(c)(3) and government organizations 36-3682559 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization JANE ADDAMS RESOURCE CORPORATION Name of the organization CHICAGO, IL 60640 Department of the Treasury 4432 RAVENSWOOD Internal Revenue Service SCHEDULE (Form 990) Part Part II

36-3731161 Page 2		(f) Description of non-cash assistance							Schedule I (Form 990) 2009
	to Form 990, Part IV, line 22	(book, FMV, appraisal, other)			 additional information.				 <del></del> -
ON	ation answered "Yes"	(d) Amount of non- cash assistance			line 2, and any other				
CORPORATI	nplete if the organiz	(c) Amount of cash grant			on required in Part I,				21
VELOPMENT	<b>nited States.</b> Con pace is needed.	(b) Number of recipients			vide the informatio				
edule I (Form 990) 2009 JANE ADDAMS DEVELOPMENT CORPORATION	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance			Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				932102 02-02-10

#### **SCHEDULE O**

(Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

JANE ADDAMS DEVELOPMENT CORPORATION 36-37	31161
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COMMUNITY.	
	<del></del>
FORM 990, PART VI, SECTION B, LINE 11: AFTER A DETAIL REVIEW BY	MEMBERS OF
THE FINANCE COMMITTEE, A COPY OF THE 990 IS GIVEN TO ALL MEMBERS	OF THE
BOARD OF DIRECTORS AND REVIEWED AT A BOARD MEETING BEFORE IT IS	FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRE	S ALL
MEMBERS OF THE BOARD OF DIRECTORS TO SIGN A CONFLICT OF INTEREST	DISCLOSURE
FORM ON AN ANNUAL BASIS	
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF ALL	
CONTRACTOR/MANAGERS IS DISCUSSED AND APPROVED AT BOARD OF DIRECT	ORS
MEETINGS. MINUTES ARE KEPT DOCUMENTING THE APPROVAL PROCESS.	
FORM 990, PART VI, SECTION C, LINE 18: ALL DOCUMENTS ARE AVAILAB	LE UPON
REQUEST	
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILAB	LE UPON
REQUEST	
FORM 990, PART XI, LINE 2C	
THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR	
OVERSIGHT OF THE AUDIT AND OF ITS FINANCIAL STATEMENTS, AND FOR	THE
SELECTION OF AN INDEPENDENT ACCOUNTANT.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

2009 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling entity 36-3731161 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) ε status (if section 501(c)(3)) End-of-year assets Public charity **e** LINE 7 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section চ 501(C)(3) Ð ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) JANE ADDAMS DEVELOPMENT CORPORATION ▶ Attach to Form 990. Primary activity Primary activity VOCATIONAL TRAINING 36-3682559, 4432 RAVENSWOOD, CHICAGO, IL JANE ADDAMS RESOURCE CORPORATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R Form 990) Part II Part 60640

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

932161 02-04-10

Schedule R (Form 990) 2009

36-3731161 Page 2

Schedule R (Form 990) 2009 JANE ADDAMS DEVELOPMENT CORPORATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Sincome en	Share of the sassets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
	Identification of Bolated Organizations of Trust (Complete of the organization answered "Yes" to Form 990. Part IV. line 34 because it had one or more related	To not terror	Truck (Complete if t	he organizatio	y Ves	to Form 990. Pa	I IV. Ine 34	because it h	ad one or more	ea led
Part ty organizations treated as a corporation streated as a corporation streated as a corporation of related organization of related organization	Name, address, and EIN of related organization	x year.)	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp., S corp., or trust) or trust)	Share of total income	e lotal	Share of Percentage end-of-year ownership assets	(h) Percentage ownership

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Schedule R (Form 990) 2009 JANE ADDAMS DEVELOPMENT CORPORATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	<b>(a)</b>	(0)	9	(e)	€	(6)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
O entro		country)	Yes No			of Schedule K·1 (Form 1065)	1 ' 1
							<del></del>
							_
		-					
			,				
							<del></del>
				-			
				<b>i.</b> _			
							· <u>-</u>
				_			<del></del>
				_			
				_			

932164 02-04-10

Schedule R (Form 990) 2009

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

JAN						PAGE 10		36-3731161
Parl	Election To Expense Certain Prope	rty Under Section 1	79 Note: If you h	ave any list	ted property,	complete Part	/ before yo	u complete Part I.
	aximum amount. See the instruction	s for a higher limit	for certain busin	esses			1	250,000.
2 To	otal cost of section 179 property place	ed in service (see	instructions)				2	
3 Tr	reshold cost of section 179 property	before reduction	in limitation				3	800,000.
	eduction in limitation. Subtract line 3			·			4	
	llar limitation for tax year. Subtract line 4 from lin				instructions		5	
6	(a) Description of p			o) Cost (busine	ı	(c) Elected	cost	
						<u> </u>		
7 1	sted property Enter the amount from	n line 29			7			·
	otal elected cost of section 179 prop		s in column (c), li	nes 6 and	7		8	
	entative deduction. Enter the smaller		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				9	
	arryover of disallowed deduction from		008 Form 4562				10	
	usiness income limitation. Enter the s			s than zer	o) or line 5		11	
	ection 179 expense deduction Add						12	
	arryover of disallowed deduction to 2				▶ 13			
	Do not use Part II or Part III below for				· . 1 · · · · ·			
Par					de listed pro	perty)	-	
	pecial depreciation allowance for qua							
		amica property (or	nor than notoe p	.оролу, р	2004 111 001 11		14	
	le tax year	iection					15	
	roperty subject to section 168(f)(1) el	ection					16	119,027.
Par	ther depreciation (including ACRS)  MACRS Depreciation (Do n	ot include listed n	roperty \ (See in:	structions	<u> </u>		1.0	
7 (2)	t the innovice pepieciation (peri	ot moises notes p	Secti		<u>/</u>			
47 14	IACRS deductions for assets placed	In convice in tax v	ears beginning h	efore 2000			17	
	you are electing to group any assets placed in se					<b>.</b> ▶ □	٠ ا	······································
10 11	Section B - Assets	s Placed in Service	e During 2009	Tax Year I	Using the G	neral Deprecia	tion Syste	em
	000	(b) Month and	(c) Basis for de	preciation	(d) Recover			
	(a) Classification of property	year placed in service	(business/investonly - see inst		penod	(e) Convention	(f) Method	(g) Depreciation deduction
100	3-year property		<del>                                     </del>		-			
19a		$\dashv$						****
<u> </u>	5-year property	_	<del> </del>					<del></del>
_ <u>c</u> _	7-year property	$\dashv$					†	
<u>d</u>	10-year property		<del>                                     </del>				<del> </del>	
<u>e</u>	15-year property					<del></del>		· · · · · · · · · · · · · · · · · · ·
_ <u>f</u> _	20-year property				05	<del></del>	S/L	
_9_	25-year property				25 yrs.	NANA .	S/L	
h	Residential rental property	/			27 5 yrs.		<del> </del>	
				<del></del>	27 5 yrs	MM	S/L	
i	Nonresidential real property	/	<u> </u>		39 yrs.	MM _	S/L	
	· · · · · · · · · · · · · · · · · · ·	<u>/</u>				MM	S/L	
	Section C - Assets	Placed in Service	During 2009 I	ax Year U	sing the Aite	ernative Depred		
<u>20a</u>	Class life						S/L	<del></del>
b_	12-year				12 yrs.		S/L_	
C	40-year	/	<u> </u>		40 yrs.	MM	S/L	
Par	<del></del>						···	
<b>21</b> L	isted property. Enter amount from lin	ie 28					21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lii	nes 19 and 20 in	column (g	), and line 21	•		110 000
Е	nter here and on the appropriate line	s of your return. P	artnerships and	S corpora	tions ⋅ <u>see in</u>	str	22	119,027.
23 F	or assets shown above and placed i	n service during th	ie current year, e	enter the				
	ortion of the basis attributable to sec	ction 263A costs			23			
916251	₀₉ LHA For Paperwork Reduction	n Act Notice, see	separate instr	uctions.				Form <b>4562</b> (2009)

Eor	m 4562 (2009)	. ד א אז	E ADD	מ פאו	FVFLO	DMFN	יייי כה	₽D∩	D አጥፐር	M		36_	.2721	161	Dane 9
	ert V Listed Propert	y (Include a	utomobiles,								ers, and			<del></del>	
_	recreation, or a <b>Note</b> : For any v through (c) of S	ehicle for w	hich you are					dedu	cting leas	e expen	se, comp	leteonly	1 24a, 24	b, colun	nns (a)
	Section A	- Depreciati	on and Oth	er Inforn	nation (Ca	aution:	See the i	nstruc	ctions for l	lımıts foi	passeng	ger autoi	nobiles)		
24a	Do you have evidence to s	upport the bu	isiness/inves	ment use	claimed?	Y	es 🗌	No	24b If "Y	es," is t	he evide	nce writ	ten?	] Yes [	No
	(a) Type of property (list vehicles first )	(b) Date placed in	(c) Busine investm	SS/	(d) Cost or other basis	l (bu	(e) sis for depre siness/inve	stment	(f) Recovery period		(g) ethod/ vention	Depre	(h) eciation uction	Ele	(i) cted on 179
	(list vehicles list)	service	use percei	tage	U(1161 Dasis		use only	)	ponoa	0011	Vention	400		C	ost
25	Special depreciation allo	wance for c	qualified list	ed proper	ty placed	ın servi	ce during	the t	ax year ar	nd					
	used more than 50% in										25				
26	Property used more tha	n 50% in a c	qualified bu	iness us	e:	1				<del></del>		1			
			ļ	%						ļ		ļ			
			<u> </u>	%					ļ	ļ		<u> </u>			
	·	<u> </u>	<u> </u>	%					<u> </u>	J		<u>l</u>		l	
<u>27</u>	Property used 50% or le	ess in a qual	ified busine	ss use.					· · · · · · · · · · · · · · · · · · ·	1				······	
				%						S/L ·	<u>.</u>				
			<del> </del>	_%	_					S/L·		<u></u>			
		L		%					<u> </u>	S/L-		ļ			
28	Add amounts in column	(h), lines 25	through 27	. Enter he	ere and or	n line 21	, page 1				28		<del></del>	ļ	
29	Add amounts in column	(i), line 26. E	Enter here a	nd on line	7, page	1							29		
				Section	B - Info	rmation	on Use	of Vel	hicles						
lf yo	mplete this section for ve ou provided vehicles to y se vehicles.									an exce	ption to		ing this :	<del>1</del>	
30	Total business/investment	miles driven d	turing the	v	(a) ehicle	1	<b>b)</b> hicle	ļ ,	(c) Vehicle	1	(d) hicle	1	(e) hicle	1	f) nicle
30	year (do not include com		idining the	<del>-</del>	CITICIO	1	ilicio	<del> </del>	Vernete	1	111010	1	ilicio	70.	11010
21	Total commuting miles	• ,	the year					<del> </del>	-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del></del>
	Total other personal (no	-	•	-		<del> </del>				1	<del></del>	1			
JŁ	driven	i icominating	<i>y)</i> 1111103									1			
33	Total miles driven during	the vear													
•	Add lines 30 through 32									1					
34	Was the vehicle availab		nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?				1										
35	Was the vehicle used p	rımarıly by a	more					1							
	than 5% owner or relate														
36	Is another vehicle availa	•	onal			1									
	use?												-		
		Section C	- Question	s for Em	plovers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employ	ees			•
Ans	swer these questions to	- :	-							•			re not n	nore thai	n 5%
owr	ners or related persons.														
37	Do you maintain a writte employees?	en policy sta	tement that	prohibits	all perso	nal use	of vehicle	es, Inc	cluding co	mmutin	g, by you	ır		Yes	No
38	Do you maintain a writte	an nolicy eta	tement that	prohibite	nerconal	luce of s	vahiclas	AYCA	ot commu	tina by	vour				1
	employees? See the ins														
	Do you treat all use of v			•	•	1110013, 0	311001013	, 01 , 7	0 01 111010	01111010				-	1
	Do you provide more th	•		•		Informa	tion from	VOU	employee	e ahout					+
70	the use of the vehicles,		•			oma	aon non	. your	ciripioyae	about					
41	Do you meet the require					monetre	ation use	?							1
	Note: If your answer to								covered w	ehicles					1
	art VI Amortization	J., OO, OJ, 4	0,017113	, 03, 00	,,ot comp	080			COFCIEG V	<u>Crincies</u>				L	I
ئست	(a)		Т	(b)	Ī	(c)			(d)		(e)			(f)	
	Description o	fcosts		Date amortizati begins	on	Amortiza amoun	ble t		Code section	ļ	Amortiz period or pe			mortization or this year	
										1					

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2009 tax year	- n			
			<u> </u>		
				_	
3 Amortization of costs that began befo	re your 2009 tax year			43	
4 Total. Add amounts in column (f). See	Alexandra and an analysis and a second	4		44	

916252 11-04-09

Form **4562** (2009)

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Re	evenue Service	File a separate application for each return.		<u> </u>					
• If you	are filing for an Aut	omatic 3-Month Extension, complete only Part I and check this box		ightharpoons X					
	_	fitional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm).	· —					
	_	less you have already been granted an automatic 3-month extension on a previously file		m 8868.					
Part	· · · · · · · · · · · · · · · · · · ·	c 3-Month Extension of Time. Only submit original (no copies needed)							
			.1.4.						
-		e Form 990-T and requesting an automatic 6-month extension - check this box and comp	иете	▶ □					
Part I o	•								
	r corporations (inclue come tax returns	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	extens	sion of time					
noted by (not aut	onic Filing (e-file). Goodlow (6 months for a comatic) 3-month extends students the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully continued in the fully c	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consempleted and signed page 2 (Part II) of Form 8868 For more details on the electronic film on e-file for Charities & Nonprofits	ally if solidating of the	(1) you want the additional ted Form 990-T Instead, his form, visit					
Type.or	r . L Name of Exemp	ot Organization	Emple	oyer identification number					
print	77375 700	ANG DEVELOPMENT CODDODATED	2.0	5 2721161					
JANE ADDAMS DEVELOPMENT CORPORATION 36-3731161									
due date f filing your return Se	for Number, street, 4432 N.	and room or suite no. If a P.O. box, see instructions.  RAVENSWOOD AVENUE							
	City, town or post office, state, and ZIP code For a foreign address, see instructions  CHICAGO, IL 60640								
Check	type of return to be	filed (file a separate application for each return).							
	orm 990		20						
	orm 990-BL orm 990-EZ	Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Form 606							
	orm 990-PF	Form 1041-A Form 887							
			<u> </u>	<del></del>					
		MICHAEL BUCCITELLI							
• The	books are in the care	e of ▶ 4432 N. RAVENSWOOD - CHÍCAGO, IL 60640							
Tele	phone No. ► 773	3-728-9769 FAX No. ▶							
• If the	e organization does	not have an office or place of business in the United States, check this box		▶ □					
• If thi		urn, enter the organization's four digit Group Exemption Number (GEN)							
box 🕨	If it is for par	t of the group, check this box $lacktriangleigsquare$ and attach a list with the names and EINs of all $f n$	nembe	ers the extension will cover.					
_		c 3-month (6-months for a corporation required to file Form 990-T) extension of time until $15$ , $2011$ , to file the exempt organization return for the organization named ab 's return for		The extension					
•	► 🔲 calendar year								
•	X tax year begin	nning JUL 1, 2009 , and ending JUN 30, 2010		·					
2 If	this tax year is for le	ess than 12 months, check reason: Initial return Final return	(	Change in accounting period					
3a If	this application is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	ľ						
_	onrefundable credits		3a	\$					
	• •	or Form 990-PF or 990-T, enter any refundable credits and estimated	م. ا	•					
_		Include any prior year overpayment allowed as a credit	3b	<u>\$</u>					
		ct line 3b from line 3a Include your payment with this form, or, if required,	1						
		pon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c	\$ N/A					
	ee instructions.								
Cautio	<b>n.</b> If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	3879-E	O for payment instructions.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)