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	GREATER WAUKEGAN	DEVELOPMENT 45-	4807745	Page
	tatement of Program Serv	ice Accomplishments a response to any question in this Pai	+ III	
,	ribe the organization's mission	a response to any question in this Fai	t m	
The Greathe deve	ater Waukegan Devo elopment of real p	elopment Coalition was f property throughout the professional way.		promote
		program services during the year which were not	listed on the	
•	990 or 990-EZ? cribe these new services on Sched	ule O	L_	Yes X No
services?		e significant changes in how it conducts, any proj	gram	Yes X No
4 Describe the expenses S		complishments for each of its three largest progranizations are required to report the amount of gr		
	s community events existing and pote	14,705 including grants of \$ s, programs and activitiential businesses who wa		
waukegai	i Alea.			
b (Code) (Expenses \$	เราะในดิเทิฐ grants of \$) (Revenue \$	
Sc (Code) (Expenses \$	including grants of \$) (Revenue S	
♣c (Code) (Expenses \$	including grants of \$) (Revenue S	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue S	
) (Expenses \$ am services (Describe in Schedule) (Revenue \$	
(Expenses	am services (Describe in Schedule	0)) (Revenue \$	

SCHEDULE A

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Fax (847) 996-0117

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

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

Open to Public Inspection

Name of the organization

Employer identification number

- 4				elopment Coalitic			-		. 45- 1		45-480			
	organ				arity Status (All orgalistion because it is: (Fo						nstructio	ns.		
1111					ches, or association of						: 1			
2					n 170(b)(1)(A)(li). (Atta			EU III 561	50011 170	(U)(I)(\(\)	1.			
3					ospital service organiza			section	170(b)(1)	(A)(iii).				
4		· medica	i res	earch organizat	ion operated in conjun	ction wit	h a hospi	tal descri	ibed in se	ction 17	0(b)(1)(A)(i	iii). Ente	er the	
	h	ospital's	nar	ne, city, and sta	te:		•							
5				on operated for o)(1)(A)(iv). (Con	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmenta	al unit d	lescri	bed I
6		federal,	sta	te, or local gove	rnment or government	tal unit de	escribed i	n section	n 170(b)(1)(A)(v).				
7	A 🗌 b	in organi lescribed	zatio Lin s	on that normally section 170(b)(1	/ receives a substantia i)(A)(vi). (Complete Pa	al part of rt II.)	its supp	ort from	a govern	mental ur	nit or from	the ge	neral	publi
8	□ A	commi	nity	trust described	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	re S	eceipts f upport f	rom rom	activities relate gross investm	receives (1) more the did not to its exempt function on the income and unreafter June 30, 1975. Si	tions—su elated bu	ibject to siness ta	certain e xable in	xception: come (le	s, and (2) ss sectio	no more	than 3	3⅓%	of its
10					d operated exclusively			•	•	-	4).			
11					nd operated exclusiv							r to ca	irry o	ut the
	р	urposes	of c	one or more pu	blicly supported organical describes the type of	nizations	describe	d in sect	tion 509(a	a)(1) or se	ection 509	(a)(2). S		
		□ту		b 🔲 Type					_				itegra	ted 、
е	0		ı fot	indation manag	that the organization ers and other than on	is not co	introlled o	directly o	r indirecti	ly by one	or more d	isqualif	ied pe	ersons
f				• • • •	a written determination	on from	the IRS	that it le	а Туле	I. Type	ll or Tune	e III son	anorti	na
•				check this box		. ,								
9		ince Aug			the organization acce	pted any	gift or c	ontributio	on from a	iny ^a of the)			
	(i)	A pers	on i	who directly or	indirectly controls, eit	her atone	or toget	her with	persons	describe	d in (II) and	t	Yes	No
		(iii) bel	ow,	the governing b	ody of the supported	organizal	tion?					11g(
	(ii	i) A fami	y m	ember of a pers	ion described in (i) abo	ove? .		-				119(1		
	(ii	ii) A 35%	COI	ntrolled entity of	a person described in	ı (i) or (ii)	above?.					11 g (il)]	L.
h	P	rovide th	e fo	llowing informat	tion about the support	ed organ	izatlon(s).							
(0		ame of supported organization		d (II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in your the organization in governing document? (v) Did you notify the organization in col. (i) of your support?			nization in of your				onetary	
			 	ļ	(300 111022000,104)	Yes	No	Yes	No	Yes	No			
(A)								_						
			<u> </u>			 	 			 				
(B) ——			ļ <u>.</u>											
(C)												_		
(D)														
(E)														

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

Total

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

45-4807745

Par	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	i) alify under
Sect	Part III. If the organization fails to the state of the s	u quality und	er the tests in	sted below, p	lease compi	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(8) 2005	(0) 2010	\ u] 2011	10/2512	(I) TOTAL
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.						
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·		,	,	
Caler 7	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources				r		
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	, , ,		the property and a window with the party of the		SERVICE OF	建筑特殊	
12	Gross receipts from related activities, etc.		-			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	-	•	•	•		
Sacti	on C. Computation of Public Suppor			· · · · · · ·	· · · · · · · ·	· · · · · ·	· · · - L
14	Public support percentage for 2012 (line 6	X		t column (f)		14	0 %
15	Public support percentage from 2011 Sch		-	i, column (i)		15	""" """ """ """ """ """ """ """ """ ""
16a	331/3% support test-2012. If the organiz			on line 13, and	l line 14 is 331		
	box and stop here. The organization qual						. ▶ 🛚
b	331/3% support test—2011. If the organicheck this box and stop here. The organi					15 is 33 ¹ /3%	or more, . ► □
17a	10%-facts and-circumstances test — 20 10% or more, and if the organization mee Part IV how the organization meets the "fa	ets the "facts-a	and-circumstai	nces" test, che	ck this box an	id stop here. E	xplain in
	organization						. ▶ 🛚
b	10%-facts and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the	"facts-and-cit	cumstances"	test, check th	is box and sto	p here.
18	supported organization	d not check a i	pox on line 13,	16a, 16b, 17a		k this box and	· ► □ see ► □
		· · · · ·	• • •			edule A (Form 990	• F L
					301	GOOD ALTORII SHO	Ur BBU-EZ ZU12

Fax +18016207041

Schedule A (Form 990 or 990-EZ) 2012

Par		ations Desc	ribed in Sect	tion 509(a)(2)			
	(Complete only if you checked t	he box on lin	e 9 of Partio	or if the organ	ization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	11)	
	ion A. Public Support	, , , , , , , , , , , , , , , , , , , 	,		·		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	_					
2	Gross receipts from admissions, merchandise					ļ	
	sold or services performed, or facilities				}	1	
	furnished in any activity that is related to the	1	1	•	1	1	
_	organization's tax-exempt purpose					22,348	22,348
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				 	22,348	22,348
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		_			22,440	22,370
h	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						
С	Add lines 7a and 7b , ,						
В	Public support (Subtract line 7c from						-
	line 6.)			46.0			22.240
Secti	on B. Total Support	1000				707478404	22,348
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(o) 2012	(f) Total
9	Amounts from line 6	(A) 2000	(0) 2008	(6) 2010	(4) 2011		
-	Gross income from interest, dividends,					22,348	22,348
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less					<u> </u>	
	section 511 taxes) from businesses	-					
	acquired after June 30, 1975					i	
_	Add lines 10a and 10b				-		
11	Net income from unrelated business						
11	activities not included in line 10b, whether				'		
	or not the business is regularly carried on				i		
40							
12	Other income. Do not include gain or	İ				ļ	
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					22,349	22,348
14	First five years. If the Form 990 is for th	_		a, third, tourth			
:	organization, check this box and stop her			· · · ·	· · ·	<u> </u>	🕨 🗸
	on C. Computation of Public Suppor					1	
15	Public support percentage for 2012 (line 8	• •	•			15	100 %
16	Public support percentage from 2011 Sch			· · · · · ·		16	%
	on D. Computation of Investment Inc			1	- (0)	1	
17	Investment income percentage for 2012 (I				• •		<u>%</u>
18	Investment income percentage from 2011					18	<u>%</u>
19a	33¹n% support tests—2012. If the organi						
	17 is not more than 331%, check this box a					•	
b	331/3% support tests - 2011. If the organization						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	i not check a t	oox on line 14,	19a, or 19b, c	neck this box :	and see instruct	ions 🕨 🗆

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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See Instructions).	Page 4
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GREATER WAUKEGAN DEVELOPMENT COALITION % KENNETH SUSKIN 130 N GENNESEE ST

-WAULKEGAN IL 60085

DECLARATION

004472

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee