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Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

ublic Inspection

OMB No 1545-0047

Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. 2015 2014 and ending JUN 30, A For the 2014 calendar year, or tax year beginning JUL 1, D Employer identification number Check if applicable C Name of organization JANE ADDAMS DEVELOPMENT CORPORATION Name change 36-3731161 initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (773)728 - 9769Final return/ 4432 N. RAVENSWOOD AVENUE termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return CHICAGO, IL 60640 H(a) Is this a group return Applica F Name and address of principal officer CAROL CONKLIN Yes X № for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.JANE-ADDAMS.ORG H(c) Group exemption number K Form of organization; X Corporation Association Other > Year of formation: 1990 M State of legal domicile: IL Trust Part I Summary TO DEVELOP, MANAGE, AND LEASE Briefly describe the organization's mission or most significant activities Activities & Governance INDUSTRIAL BUILDING IN ORDER TO RETAIN MANUFACTURING JOBS IN THE Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 847,726. 488. Program service revenue (Part VIII, line 2g) 92. 21. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 000 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Me) 2016

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <22.> 862. 11 847,796. 859 371 82,950. 150. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 775,907. 849,319. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 858,857. 916,469. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <11,061.> <57,098.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,912,475. 2,808,510. Total assets (Part X, line 16) 2,554,115. 507 248. Total liabilities (Part X, line 26) 358,360. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deslaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign CAROL CONKLIN, BOARD PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name P01245303 JEFF SCHROEDER Paid DFIZALEN -Firm's name SASSETTI LLC 36-2239746 Preparer Firm's address ▶ 6611 NORTH AVENUE Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

OAK PARK, IL 60302

Form **990** (2014)

Yes

Phone no. (708) 386-1433

, Form	990 (2014) JANE ADDAMS I	EVELOPMENT	CORPORAT	ION	36-373	1161	Page 2
	t III Statement of Program Service Acc						uge =
			Dort III				
	Check if Schedule O contains a response or r	tote to any line in this	ran III				
1	Briefly describe the organization's mission	ACE AN TAID!	י דגד משטז	TITI DING	TN ODDED M	^	
	TO DEVELOP, MANAGE, AND LE			OTPDING .	IN OKDER T		
	RETAIN MANUFACTURING JOBS	IN THE COM	MUNITY.				
2	Did the organization undertake any significant prog	am services during th	ie year which wei	re not listed on			
	the prior Form 990 or 990-EZ?					Yes [X No
	If "Yes," describe these new services on Schedule)					
3	Did the organization cease conducting, or make sig		w it conducts, as	ov program servi	ces?	Yes [X No
3	If "Yes," describe these changes on Schedule O	illioant onangoo iii n	,	ly program corvi			
		allahanamta far asah a	f ita thraa largaat	Droorom 000,000	a as massured by	vnonce	
4	Describe the organization's program service accom						
	Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the ar	nount of grants a	no allocations to	otners, the total ex	penses, and	
	revenue, if any, for each program service reported.			CT 150		050 31	71
4a		11. including grants of		57,150.		859,3°	<u>/1.</u>)
	JADC OPERATES 3 PROPERTIES						
	ILLINOIS. THE ORGANIZATION					ORT OF	
	JANE ADDAMS RESOURCE CORPO	RATION, LOC	CATED IN	CHICAGO,	ILLINOIS.		
			_				
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				-			
					•		
						,=	
		 					
4b	(Code) (Expenses \$	up of under a great of	e	1	(Revenue \$	-,	
40	(Code) (Expenses 5	including grants of	_		(Maveride 4		'
							
							
							
							
				_			
4c	(Code) (Expenses \$	including grants of	4)	(Revenue \$		
	/(2500		<u> </u>				
						-	
			· · ·				
	-		 -			-	
		- 					
							
							
			 				
4d	Other program services (Describe in Schedule O)						
	(Expenses \$ including gra	nts of \$) (Revenue \$		_)	
4e	Total program service expenses	835,341.	-				
						Form 99 0) (2014)

			T.,	L
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
٠	If "Yes," complete Schedule A	1	x	
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, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	•		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	i		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	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,	[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			32
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	ا ـ ا		v
20-	complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
IJ	TOS TO THE EVA, GIO THE Organization attach a copy of its addited linancial statements to this feturn?	20b	990 (2014
		LOUIN	220 (ZU14)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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		Х
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	· · · - · ·	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was 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		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes, " complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2014)

Pa	Statements Hegarding Other IHS Fillings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				لحلم
	•	1 45		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able gaming		- <u></u>	ļ
	(gambling) winnings to prize winners?	1	1c	X	<u> </u>
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	<u> </u>		igsqcut	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		<u> </u>
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			igsquare	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year.	-			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country.		1		ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ınts (FBAR)	<u> </u>	igsquare	L
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 line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	janization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
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).		ļ		
а	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?	7a	 	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired			
	to file Form 8282?	ı	7c	\longmapsto	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		 _		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	$\vdash \vdash \vdash$	Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	•	<u>7g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h_	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	he	<u> </u>	 	
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	\vdash	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	\vdash	\vdash
10	Section 501(c)(7) organizations. Enter.	1			
a	Initiation fees and capital contributions included on Part VIII, line 12		1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>	·		l
11	Section 501(c)(12) organizations. Enter	_1			
a	Gross income from members or shareholders [11] Gross income from members or shareholders	a	 		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		100		<u> </u>
12a			12a	\vdash	\vdash
b		<u> </u>	[ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		122	$\vdash \vdash \vdash$	$\vdash \vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	\vdash	\vdash
L	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the				1
b	organization is licensed to issue qualified health plans	. I			1
_	Enter the amount of reserves on hand	1	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>- 1 </u>	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	\vdash	
U	1 199, That the de Form 120 to report these payments: If Typ, provide an explanation in Schedule O			990	/2014

JANE ADDAMS DEVELOPMENT CORPORATION 36-3731161 Form 990 (2014) 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O now this was done Х 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official Х Other officers or key employees of the organization 15h 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 arrangement with a X 16<u>a</u> taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

5 000 100 11

60640

State the name, address, and telephone number of the person who possesses the organization's books and records

CHICAG0

CAROL CONKLIN - 773-728-9769

4432 N. RAVENSWOOD,

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JANE ADDAMS DEVELOPMENT CORPORATION

36-3731161

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. 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

(A)	(B)			_ (0	>)			(D)	(E)	(F)
Name and Title	Average	(do		Posi		l than d	ne	Reportable	Reportable	Estimated
	hours per week	box	, unle:	ss per	รงกา	s both	an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAROL CONKLIN	2.00	,,		٠,					_	
REAL ESTATE CHAIR		X		Х		<u> </u>		0.	0.	0.
(2) TAMMY PHILLIPS	1.00	,,							_	
DIRECTOR		X	<u> </u>			-		0.	0.	0.
(3) SIDNEY SALTZ	1.00	x						0.	0.	0.
DIRECTOR (4) PAUL SHADLE	2.00	^				-		0.	0.	0.
SECRETARY		x		х				0.	0.	0.
(5) GARY H. SMITH	1.00	1	\vdash	- 11		┢				•
DIRECTOR		x						0.	0.	ο.

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

<u> </u>	-	Check if Schedule O cont	aine a reenonee	or note to any line	in this Part VIII			
	•	Check if Schedule O cont	анз а тезропзе	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
হ হ	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
2 8	С	Fundraising events	1c					
ifts	d	Related organizations	1d					
s, Bis	е	Government grants (contribute	ions) 1e					
ü	f	All other contributions, gifts, gran						
ber		similar amounts not included abor	1 1					
₽ĕ	q	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		▶				
				Business Code				
e e	2 a	RENTS		310000	851,488.	851,488.		
ξ	b				·			
Program Service Revenue	c							
am	d	l						<u> </u>
og. B	е							
م	f	All other program service reve	nue	531120				
	<u> </u>	Total. Add lines 2a-2f		•	851,488.		*-	
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			21.	21.		
	4	Income from investment of tax	x-exempt bond p	oroceeds -				
	5	Royalties		P				
	_		(i) Real	(ii) Personal				
	6 a			+				
		Less rental expenses						
		Rental income or (loss)	<u> </u>			-		1
		Net rental income or (loss)	(A) Convention	(v) Other				
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
	h	assets other than inventory Less cost or other basis		-				
	U	and sales expenses						
	^	: Gain or (loss)		 				
		Net gain or (loss)	1					
		Gross income from fundraising	n events (not					
Jue	-	including \$	of					
Other Revenu		contributions reported on line]
æ		Part IV, line 18	a	,				
‡	b	Less direct expenses	ŧ					
Ò		Net income or (loss) from fund	fraising events	•				
		Gross income from gaming ac	-					
		Part IV, line 19	a	·[]				
	þ	Less direct expenses	t					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a)				
	b	Less cost of goods sold	t	·			· · · · · ·	
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code	7,060	7,060		
		MISCELLANEOUS		900099	7,862.	7,862.		
	b			—				
	C							
	d	All other revenue Total. Add lines 11a-11d			7,862.			
	12	Total revenue. See instructions.		.	859,371.	859,371.	0.	0.
43200 11-07-		result for engle, occ mondellons.	1 11			000/0/20		Form 990 (2014)

Form 990 (2014)

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
		(A)	(B)	(C)	_ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	67,150.	67,150.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees)				
а	Management	66,845.		66,845.	
b	Legal	6,928.	6,928.	· · · · · · · · · · · · · · · · · · ·	
С	Accounting	74,660.	74,660.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	·			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		4.2.		
20	Interest	103,567.	103,567.		
21	Payments to affiliates	100 105			
22	Depreciation, depletion, and amortization	192,435.	192,435.		
23	Insurance	29,650.	29,650.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)	165 600	165 602		
	REAL ESTATE TAXES	165,683.	165,683.		
b	BUILDING MAINTENANCE REEC	123,697.	123,697.	*	
C	MAINTENANCE FEES	53,312.	53,312.		
d	MISCELLANEOUS	18,259.	18,259.	14 202	
	All other expenses Add lines 1 through 24s	14,283. 916,469.	835,341.	14,283.	
25	Total functional expenses. Add lines 1 through 24e	310,403.	035,341.	81,128.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	- 1 1010 ming 001 80°2 (A00 800°120)				

Form 990 (2014)
Part X | Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest bearing	336,477.	1	384,671.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,662.	4	36,688
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	·	5	
	6	Loans and other receivables from other disqualified persons (as defined under		Ť	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L	··· ·	6	-
Assets	7	Notes and loans receivable, net	48,942.	7	69,792
As	8	Inventories for sale or use		8	
	9	Prenaid expenses and deferred charges	2,960.	9	2,960
- -		Land, buildings, and equipment cost or other			•
- 1		basis Complete Part VI of Schedule D 10a 4,561,888.			
- 1	b	Less accumulated depreciation 10b 2,247,489.	2,495,434.	10c	2,314,399
- -	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	•
- 1	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)	2,912,475.	16	2,808,510
	17	Accounts payable and accrued expenses	139,716.	17	214,457
	18	Grants payable	·	18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·
" <u>2</u>	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u> </u>		Complete Part II of Schedule L		22	
ړ ڌ	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties	2,414,399.	24	2,292,791
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	2,554,115.	26	2,507,248
		Organizations that follow SFAS 117 (ASC 958), check here X and			
υ		complete lines 27 through 29, and lines 33 and 34.			
ပ္ကို 2	27	Unrestricted net assets	358,360.	27	301,262
g 2	28	Temporarily restricted net assets		28	
# 2	29	Permanently restricted net assets		29	
품		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>		and complete lines 30 through 34.			
\$ S	30	Capital stock or trust principal, or current funds		30	
ğ 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž 3	33	Total net assets or fund balances	358,360.	33	301,262
3	34	Total liabilities and net assets/fund balances	2,912,475.	34	2,808,510

Form **990** (2014)

Form 990 (2014)

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	TI Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions.	
The organ	ization is not a private found	ation because it is (I	For lines 1 through 11, c	heck only	one box.)		
1	A church, convention of ch	urches, or associatio	n of churches described	In section	n 170(b)(1	I)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E)				
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).	
4	A medical research organiz					•	the hospital's name,
. —	city, and state.	•	,			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,
5	An organization operated for	or the benefit of a col	lege or university owner	or operat	ed by a go	vernmental unit describe	ed in
•	section 170(b)(1)(A)(iv). (0				, - 9-		
6	A federal, state, or local government		nental unit described in	coction 17	70/6\/4\/ A \	(v)	
7	An organization that norma	_				• •	vible described in
′ 🗀	-	•	illai part of its support i	on a gove	sii ii ii C iilai i	unit of non the general p	oublic described in
• 🗀	section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (Complete Dor	* 11 V			
8	A community trust describe						
9 🗀	An organization that norma	, , ,	•			•	•
	activities related to its exem	•	•			• •	•
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acquii	red by the organization a	fter June 30, 1975.
	See section 509(a)(2). (Con	•					
10	An organization organized		- ·	-			_
11 X	An organization organized	•	•	•			•
	more publicly supported or						Check the box in
_	lines 11a through 11d that				•	•	
a		anization operated, si	upervised, or controlled	by its supp	oorted orga	anization(s), typically by (giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting
	organization. You must o	complete Part IV, Se	ctions A and B.				
ь <u>Г</u>		anızatıon supervised	or controlled in connect	tion with it	s supporte	d organization(s), by hav	ing
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	orted
	organization(s). You mus	t complete Part IV,	Sections A and C.				
c X	Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionally integrate	d with,
	its supported organization	n(s) (see instructions)	You must complete l	Part IV, Se	ections A,	D, and E.	
d [_	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	oth its supported organiz	ation(s)
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	bution req	uirement and an attentiv	eness
	requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е 🗀	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation		
f Ente	er the number of supported o	- ·					1
	ride the following information	•	d organization(s)				<u></u>
) Name of supported	(II) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1.9 above or IRC section	listed : governing (support (see	other support (see
			(see instructions))	Yes	No	Instructions)	Instructions)
JANE .	ADDAMS						
	RCE CORPORATIO	36-3682559	7		Х	67,150.	
						,	
				<u> </u>			
							
				 			
		 	···	 			-
.						67 150	n

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

ch	edule A (Form 990 or 990-EZ) 2014		Samuel III	(Saakaana (1/0)	2161161162		Page 2
Pa	(Complete only if you checked fails to qualify under the tests li	the box on line 5	, 7, or 8 of Part I o	r if the organizatio			
e	ction A. Public Support			•	· · ·		
ale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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)					ļ	
	Public support. Subtract line 5 from line 4 ction B. Total Support						
		4.3.0010	T #1.0044	() 2010	1 (0.0040	T (-) 0014	(D. T-+-)
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		 		1		
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					 	<u> </u>
0	Other Income Do not include gain or loss from the sale of capital						
	·				}		
	assets (Explain in Part VI)				 		
	Total support. Add lines 7 through 10	to (coo instruction		<u>!</u>	J	12	L
	Gross receipts from related activities, e First five years. If the Form 990 is for t	•	•	d fourth or fifth to	v vear as a sectio		
3	organization, check this box and stop l	•	s mst, second, um	a, lourtil, or marte	ix year as a section	11 30 1(0)(0)	▶□
ec	tion C. Computation of Public		centage			_	
	Public support percentage for 2014 (lin			olumn (fi)		14	%
	Public support percentage from 2013 S		•	olumin (i))		15	<u> </u>
	33 1/3% support test - 2014. If the org	•	=	n line 13, and line	14 is 33 1/3% or r		
Ja	stop here. The organization qualifies as	-				oncon this box	
h	33 1/3% support test - 2013. If the org		•		line 15 is 33 1/39	6 or more, check the	ıs box
	and stop here. The organization qualifi	_				5 5 5. 5, 6,1661 W	▶ □
7 <i>a</i>	10% -facts-and-circumstances test -				13. 16a. or 16b	and line 14 is 10%	or more.

Schedule A (Form 990 or 990-EZ) 2014

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. 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 VI how the

meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

(d) 2013	(e) 2014 (f) Total
	1
	i
	1
	ļ
	!
	1
(d) 2013	(e) 2014 (f) Total
	į
•	
1	
-	
fth tay year as a section 50:	1(a)(2) arganization
in tax year as a section 50	r(c)(s) organization,
15	
16	1
	
(f)) 17	
(f)) 17 18	
18	
18 d line 15 is more than 33 1/3	3%, and line 17 is not
18 d line 15 is more than 33 1/3 licly supported organization	3%, and line 17 is not ►
18 d line 15 is more than 33 1/3	3%, and line 17 is not an 33 1/3%, and
	e (d) 2013 fth tax year as a section 50

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_	Х	$ldsymbol{ldsymbol{eta}}$
1	^	
2		X
3a		X
3b	ļ.,	
3с		
4a		X
70		
4b		
4c		
		İ
:		
5a		X
5b		
5c		
6		X
		_ <u></u> _
7		X
		<u> </u>
8		X
9a		X
<u>,54</u>		
9b		X
9c		X
		لـــِــا
10a		X
45:		
10b	0-EZ\	

	dule A (Form 990 or 990-EZ) 2014 JANE ADDAMS DEVELOPMENT	CORI	PORATION	36-3731161 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		,	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
~	Cheek have if the current year is the arganization's first as a sep functional		tod Type III ayınaartına a	raanization (ann

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 JANE ADDAMS DEVELOPMENT CORPORATION 36-3731161 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information. (See instructions)
SCHEDULE A, PAGE 5, SECTION E, LINE 2A
THE ORGANIZATION IS AN AFFILIATE OF JANE ADDAMS RESOURCE CORPORATION
(TIRG) WIR ORGANIZATION OURIG AND OREDATED WIRE CONCERCIAL DUTLETNOG
(JARC). THE ORGANIZATION OWNS AND OPERATES THREE COMMERCIAL BUILDINGS.
ONE BUILDING HOUSES JARC'S TRAINING CENTER FOR THE METALWORKING TRADES
ONE BUILDING HOUSES WARC S TRAINING CENTER FOR THE METALWORKING TRADES
AND ALL OF JARC'S SECTORAL JOB TRAINING PROGRAMS. JADC HAS PROVIDED
AND ADD OF CARC D DECICIAN COD INAIMING INCOMME. CADE MAD PROVIDED
STABILITY AND SUPPORT TO JARC THROUGHOUT ITS EVOLUTION.
DINDIDITI IND BUTTON TO CIMO IMOCONOCT TID BYODOTION

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advis-	ed funds
Ŭ	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	deliter deliter, et ier dity etile parpere	Yes No
Par		ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat		afied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year		
	22, 5: 110 (2.1,) 52.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
Ū	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	<u> </u>
•	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her 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 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl		
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	
	(i) Revenue 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	asures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche		DAMS DEVEL						<u> 31161</u>	
	rt III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasures, o	or Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the following that	at are a sig	nificant u	se of its c	ollection ite	ems
	check all that apply):								
а	Public exhibition	(Loai Loai	or exchange prog	rams				
b	Scholarly research	•	Othe	er					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they fu	irther the organizat	ion's exem	pt purpos	se in Part	XIII	
5	During the year, did the organization solicit or	r receive donations	of art, histori	cal treasures, or oth	ner sımılar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organizati	on's collection?				Yes	☐ No_
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the org	anization answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for conti	butions or other as	ssets not in	cluded			
	on Form 990, Part X?		·					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table						
		•	•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escre	w or custodial acc	ount liabilit	<u></u>		Yes	No
	If "Yes," explain the arrangement in Part XIII.	•	•			, .	1	00	
Pai						1			
L		(a) Current year	(b) Prior				ears back	(e) Four ye	ears back
1a	Beginning of year balance	(a) carroin your	10/11/0	(6) 1110 30	uro buon 1	u joo j	ouro ouom	(6) 1 55. 3	ouro buon
h	Contributions								
	Net investment earnings, gains, and losses			,					
ر م	Grants or scholarships								
u	Other expenditures for facilities								
-	•								
	and programs Administrative expenses								
' -	·							· · · · · · · · · · · · · · · · · · ·	
g	End of year balance Provide the estimated percentage of the curre	ont year and balana	. /lino 1a .co	ump (a)) hold as:	L			L	
2	· · · · · · · · · · · · · · · · · · ·	erit year erio balanc	e (iirie 19, co %	umm (a)) neiu as					
a	Board designated or quasi-endowment	%							
D	Permanent endowment								
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should	•	.4 414	h - (-)					
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are	neid and administe	erea for the	organiza	ition	[v	
	by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations		.	_				3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•						3b	
<u>4</u>	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		wment funds						
Pai									
	Complete if the organization answered								
	Description of property	(a) Cost or o		b) Cost or other	1 '	cumulate	q	(d) Book v	/alue
		basis (investr	nent)	basis (other)		reciation		110	000
1a	Land			110,000.		A 17 A 1			,000.
b	Buildings	ļ		<u>4,451,888.</u>	$\frac{2,2}{}$	47,48	59.	2,204	, 399.
	Leasehold improvements				1				
đ	Equipment				 		\longrightarrow		
	Other				<u> </u>			0 01 1	300
Total	I. Add lines 1a through 1e. (Column (d) must et	aual Form 000 Part	V column /P	1 /100 100 1				2,314	. 399.

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 JANE ADDAMS DEVELOPMENT	tamanta With Davani		
Par	·		ie per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		050 254
1	Total revenue, gains, and other support per audited financial statements		1 1	859,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	'	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	859,371.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	5	859,371.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	ses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		
1	Total expenses and losses per audited financial statements		1	916,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	916,469.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	40]		•
C			1 40	() _
5		0 1	4c	916.469
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.		5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.
Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1, Part IV, lines 1b and 2b, P	5	916,469.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. JANE ADDAMS DEVELOPMENT CORPORATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047	2014

Open to Public Inspection **Employer identification number**

Part

2 36-3731161 X 1 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 the United State the formula General Information on Grants and Assistance criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	inization answered "Y	es" to Form 990, Part IV	/, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additio	nal space is neede	- PG			
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government		ıf applicable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
JANE ADDAMS RESOURCE CORPORATION							
4432 RAVENSWOOD							
CHICAGO, IL 60640	36-3682559	501(C)(3)	67,150.	0.		ĭ	GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations 3. Enter total number of other organizations listed in the line 1 table.	and government org	Suoi	listed in the line 1 table				

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Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	juired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
JANE ADDAMS DEVELOPMENT WAS FORMED	AS A	SUPPORT ORGANIZATION,	İ	THAT IS	
ESTABLISHED AND OPERATES EXCLUSIVELY FOR THE	LY FOR TH		BENEFIT OF JANE ADDAMS	DAMS	
RESOURCE CORPORATION UNDER SECTION 509(509(C) OF	THE	INTERNAL REVENUE CODE.	UE CODE. ALL	
GRANT FUNDS ARE GIVEN FOR GENERAL OPERA	OPERATING	PURPOSES.	JANE	ADDAMS RESOURCE	
CORPORATION IS ALSO SUBJECT TO AN ANNUAL AUDIT	ANNUAL AU	BY	AN INDEPENDENT	T	
ACCOUNTANT.					

Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2014
Open to Public Inspection

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11:
A DETAIL REVIEW IS PERFORMED BY MANAGEMENT AND FINANCE COMMITTEE. A COPY OF
THE COMPLETE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES 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:
THE ORGANIZATION'S CEO IS COMPENSATED BY A RELATED ORGANIZATION, WHICH IN
TURN BILLS THE ORGANIZATION FOR MANAGEMENT FEES. THE COMPENSATION IS
APPROVED BY THE BOARD. MINUTES ARE KEPT DOCUMENTING THE APPROVAL PROCESS.
FORM 990, PART VI, SECTION C, LINE 18:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C
THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.us.gov/form990

JANE ADDAMS DEVELOPMENT CORPORATION

Employer identification number 36-3731161

Direct controlling End-of-year assets **e** Total income ত্ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

(a)	(q)	(2)	(D)	(e)	S	(g)	2(5,412)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(cı Ya)z
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	No
JANE ADDAMS RESOURCE CORPORATION -							
36-3682559, 4432 RAVENSWOOD, CHICAGO, IL							
60640	VOCATIONAL TRAINING	ILLINOIS	501(C)(3)	LINE 7			×
JANE ADDAMS DELTA DEVELOPMENT CORPORATION -							
36-3882800, 4432 RAVENSWOOD, CHICAGO, IL	COMMERCIAL REAL ESTATE			LINE 11C,			
00640	LEASING	ILLINOIS	501(C)(3)	III-FI			×
						_	

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Schedule R (Form 990) 2014

36-3731161

Page 2

Schedule R (Form 990) 2014 JANE ADDAMS DEVELOPMENT CORPORATION

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

(i) (k) General or Percentage x managing ownership le partner? S) Yes No		}	
(j) General or managing partner? Yes No			
Code V-UBI 6 amount in box 6 20 of Schedule F K-1 (Form 1065)			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ļ		e.*	。			1		-		!				
	(E)	512(b)(13) controlled	Yes No	_					 					
	Ξ	ercentage ownership												
	(6)	Share of end-of-year	assets		•									
	£	Share of total income			•									
	(e)	Type of entity (C corp, S corp	or trust)									:		
	(d) Direct controlling entity ((-		
	9	Legal domicile (state or	country)											
ing can bear.	(2)	Primary activity												
organizations tradice as a substitution of the task state and the task state as a substitution of the substitution of the task state as a substitution of the substitution of	(a)	Name, address, and EIN of related organization												

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Schedule R (Form 990) 2014

Page 3

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Yes

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Part V | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

relationships and transaction thresholds	(5)
iis line, including covered r	9
who must complete th	<u> </u>
2 If the answer to any of the above is "Yes," see the instructions for information on w	(a)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JANE ADDAMS RESOURCE CORPORATION	Д	67,150.	67,150.CASH VALUE
(2) JANE ADDAMS RESOURCE CORPORATION	Д	69,655.	69,655. CASH VALUE
(3) JANE ADDAMS RESOURCE CORPORATION	D	129,880.	129,880. CASH VALUE
(4) JANE ADDAMS DELTA DEVELOPMENT CORPORATION	D	14,000.	14,000.CASH VALUE
(5)			

Schedule R (Form 990) 2014

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

\ 	sentage nership							
	Perc		<u> </u>					[]
5	General or managing partner?		<u> </u>	<u></u>				
	<u>X</u> B 3 €		1				 •	
()	Dispropor Code V-UBI General or Percentage literations of Schedule K-1 partner? Ownership Yes No (Form 1065) Yes No							
3	Dispropor tionate allocations?							
	A altoc		 				 	<u></u>
(6)	Share of end-of-year assets							
	Share of total income							
(e)	9 partners sec 501(c)(3) 0fg5 7							
	e der s							
(p)	Predominant income professional (related, unrelated, excluded from tax under sections 512-514)							
	e ig				 			
(c)	Legal domicile (state or foreign country)							
(Q)	Primary activity							
		+	 		 	 		
(a) (b) (c) (d)	Name, address, and EIN of entity							

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Part VII	(Form 990) 2014 Supplemental Info	rmation	•			··· ·	
	Provide additional inform	ation for res	enonees to au	estions on Schedule R (see instructions)		
	1 TOVIGE AGGITIONAL MICHI	iation for rec	sponses to qu	estions on ochedule in t	see mandenons,		
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