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Department of the Treasury Internal Revenue Service

# **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.

Information about Form 990 and its instructions is at www.irs.gov/form990

2015 Open to Public Inspection

OMB No 1545-0047

	Or til	and	enging L	10N 30, 2016					
В	heck (f pplicab	C Name of organization		D Employer identific	cation number				
	Addre	e   JANE ADDAMS DEVELOPMENT CORPORATION							
	Name chang	e Doing business as		<b>]</b> 36-3	731161				
	Initial		Room/suite						
	Final	1/132 N PAVENCHOOD AVENUE			) <u>728-</u> 9769 _				
L	termi			G Gross receipts \$	902,736.				
_	Amen	ded CHICACO II 60640							
늗	returr ∏Appli			H(a) Is this a group re					
L	⊥tion pendi	SAME AS C ABOVE		for subordinates					
-				H(b) Are all subordinates in					
		empt status. X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) cte: ➤ WWW.JANE-ADDAMS.ORG	or 52:	7	list. (see instructions)				
		forganization: X Corporation Trust Association Other	I Voo	H(c) Group exemption	A State of legal domicile: IL				
	art I	Summary	<u> L Teal</u>	or formation, 1990[N	N State of legal domiche. 11				
نت	1	Briefly describe the organization's mission or most significant activities. TO DI	EVELOI	MANAGE AT	VID I.EASE AN				
e S		INDUSTRIAL BUILDING IN ORDER TO RETAIN MA			IN THE				
Activities & Governance		Check this box I if the organization discontinued its operations or dispos							
ē	2	Number of voting members of the governing body (Part VI, line 1a)	sea or more	1	5				
é	3			3	3				
<b>∝</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3				
<u>e</u>	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	6				
	6	Total number of volunteers (estimate if necessary)		6_					
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.				
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.				
			<u> </u>	Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)	·  _	851,488.	902,736.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·  -	21.	0.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 70 R	7,862.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	: ((// <u>;; i)</u> )	859,371.	902,736.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7 es   67,150.	93,971.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	I 2017	121 0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		131 0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	01.17	TEI 0.	0.				
X	. b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		849,319.	856,767.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L	916,469.	950,738.				
	19	Revenue less expenses Subtract line 18 from line 12		<57,098.>	<48,002.>				
Assets or	4	•	<u>_ B</u>	eginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	<u></u>	2,808,510.	2,721,813.				
AS.	21	Total liabilities (Part X, line 26)		_2,507,248.	2,468,553.				
<u>Set</u>	22	Net assets or fund balances. Subtract line 21 from line 20		301,262.	253,260.				
P	art II	Signature Block							
Und	ier per	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	ents, and to the best of my	knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer than officer) is based on all information of wh	nich prepare	r has any knowledge.	<u> </u>				
		/ lue b C .		5/24/	/17				
Sig	ın	Signature of officer		Date / /	( '				
He	re	CAROL CONKLIN, BOARD PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	•	Date Check	PTIN				
Pai	d	Print/Type preparer's name  JEFF SCHROEDER  Preparer's gignature	\I	05/09/17 self-emplo	yed P01245303				
Pre	parer								
Use	Only	Firm's address 6611 NORTH AVENUE		- 1					
		OAK PARK, IL 60302		Phone no. (7	08) 386-1433				
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No				

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1. Is the organization described in section 501 (x)(8) or 4947(x)(1) (other than a private foundation)?  If 'Yes, 'complete Schedule G, Schedule of Contributors?  2. Is the organization engage in erric or indexed political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part II  3. X  2. Is the organization assignated in erric or indexed political campaign activities, or have a section 501 (ii) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II  5. Is the organization as election 501 (x)(4), 501 (x)(5), or 501 (x)(6) organization in that receives membership dues, assessments, or similar amounts as defined in Review Proceeding e-1817 If 'Yes, 'complete Schedule C, Part III  6. It is the organization and in a section 501 (x)(4), 501 (x)(5), or 501 (x)(6) organization in that receives membership dues, assessments, or similar amounts and child the organization or investment e-1817 If 'Yes, 'complete Schedule D, Part II  7. In the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes, 'complete Schedule D, Part II  8. In the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes, 'complete Schedule D, Part II  9. In the organization maintain and collections of works of art, histonical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II  9. In the organization maintain and collections of works of art, histonical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part III  10. In the organization report an amount for works of art, histonical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part III  11. If the organization report an amount for land, buildings, and equipment, incider report reportation assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part III  12. It is the organization report an amount for other aliable organization report an amount for other aliable organization report	_			Yes	No
2 Is the organization engage in direct or inforce political campaign activities on behalf of or in opposition to candidates for public office? If *Yes,* complete Schedule C, Part II  Section 501(R)3 organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If *Yes,* complete Schedule C, Part II  Is the organization associan 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Reviews. Procedure 98:19? If *Yes,* complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts an such find or amounts must make the right to provide advise on the distribution or investment of amounts and studies. Part III  Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If *Yes,* complete Schedule D, Part III  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D, Part IV  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If *Yes,* complete Schedule D, Part X III  Did the organization or sport an amount for other liabilities in Part X, line 19? If *Yes,* complete Schedule D, Part X III  Did the organization or sport an amount for other liabilities in Part X, line 19? If *Yes,* complete Schedule D, Part X II	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dd 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 II  5 Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III  6 Dd the organization a section 501(c)(4), 501(c)(5), 501(c)(5)		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part I  Section 501(6) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part III  Is the organization as action 501(e)(h), 501(e)(h), or 501(e)(h) organization that receives membership dues, assessments, or similar amounts as defined in Reviewer Procedure 95.19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve 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 V  If the organization report an amount for Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, ine 1971 if "yes," complete Schedule D, Part V  If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V  Did the organization report an amount for fer lead, buildings, and equipment in Part X, line 10 if yes, complete Schedule D, Part XI  Did the organization report an amount for fer lead to the schedule D, Part XI  Did the organization report an amount for fer lead to the	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year? **I **Yes," complete Schedule C, Part II **  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98·19? **It **Nes," complete Schedule C, Part III **  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised in the revenue Procedure 98·19? **It **Nes," complete Schedule D, Part III **  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? **It **Yes," complete Schedule D, Part III **  Did the organization maintain collections of works of art, historical treasures, or other similar assets? **It **Yes," complete Schedule D, Part III **  Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? **It **Yes, "complete Schedule D, Part IV **It **It **It **It **It **It **It		public office? If "Yes," complete Schedule C, Part I	3_	<u></u>	X
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amounts not listed in Part X, or prowde credit counseling, debt management, credit repair, or debt negotiation services?  If 'Yes,' complete Schedule D, Part IV  Did the organization diversity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII  d 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  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 VIII  d Did the organization report an amount for other iabilities 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 X  11b	_	·	8		X
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13		Schedule D, Parts XI and XII	12a	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  16 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  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  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	b	Was the organization included in consolidated, independent audited financial statements for the tax year?	]		
14a Did the organization maintain an office, employees, or agents outside of the United States?  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  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  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  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			12b	L	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	10		10		<sub>x</sub>
complete Schedule G. Part III 19 X	10		-"	<del>                                     </del>	<u> </u>
	15	-	19		x
				990	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	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	-		
		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
2.5	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	· · · · · · · · · · · · · · · · · · ·	23		X
242	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
<b>_</b> 70	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		
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
٠	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		
25a				
2UG	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	( )		
	Schedule L, Part I	25b		X
26	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,"	Ìi		
	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	l		
	of any of these persons? If "Yes." complete Schedule L. Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	``	, 1	**
	instructions for applicable filing thresholds, conditions, and exceptions)	jį.	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С				
	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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	] [		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ĺ .		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ļ		
	Part V, line 1	34	X	
35a		35a	<b></b> -	X
b			}	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b> </b> -	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		[	,.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<b>.</b>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0015)
		Form	טפפו	(2015)

JANE ADDAMS DEVELOPMENT CORPORATION 36-3731161 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.

	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	]		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	41	1	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B regress information about policies not regulied by the internal Nevenue Code.		Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		_==_
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	* <u>u</u>		¥
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		4 W	-
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	3		· 🎪
	The organization's CEO, Executive Director, or top management official	150	X	120
a b		15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7 30	9.	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Į <sup>§</sup>	7	,Ŕ
ioa	taxable entity during the year?	16-		X
	r · · · · · · · · · · · · · · · · · · ·	16a	- **	* ,
D	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			لــــا
500	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	vallable	9	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

532006 12-16-15

4432 N. RAVENSWOOD,

Form **990** (2015)

60640

CHICAGO,

# 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)	1		_ (0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(de	Position (do not check more ti			l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss per	son :	s both	an	compensation	compensation	amount of
	week	$\vdash$	ceran	dad	recto	rreus	(ee)	from	from related	other
	(list any hours for	recto	<u> </u>			]	1	the	organizations	compensation
	related	e or d	ig Eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		,ee	nadin.	1	(44-2/1033-141130)		and related
	below	dual t	rtiona	_	mploy	st col	<u></u>			organizations
	line)	<u>jā</u>	Instit	Officer	Key employee	Highest compensated employee	Former			<b>J</b>
(1) CAROL CONKLIN	2.00		Γ							
REAL ESTATE CHAIR	2.00	X	<u> </u>	Х		i _	1	0.	0.	0 .
(2) TAMMY PHILLIPS	2.00									
TREASURER	2.00	X		X		<u> </u>		1,474.	0.	0.
(3) PAUL SHADLE	2.00									
SECRETARY	2.00	X	<u> </u>	]		<u> </u>		0.	0.	0
(4) SIDNEY SALTZ	1.00									<u>.</u>
DIRECTOR	1.00	X	<u> </u>	Х				11,340.	0.	0
(5) GARY H. SMITH	1.00							_		
DIRECTOR	1.00	X	L			L		13,261.	0.	0
		]								
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			Check if Schedule O conta	ains a respons	se or note to any line	e in this Part VIII	_		
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants mounts	1 a	1	Federated campaigns	. 1a			•		
i a	b	)	Membership dues	1b				•	
o, a	c	:	Fundraising events	1c		•			
₩ď.	c	t	Related organizations	1d				9	
S, E	e	,	Government grants (contributi	ons) 1e			, (	*	
<u>S</u> ig	f		All other contributions, gifts, gran	ts, and			3 3 11 3	188 E	
E E			similar amounts not included above						
ĒĠ	ç	3	Noncash contributions included in lines	1a-1f \$			, ,		
Contributions, Gifts, and Other Similar A	h	<u>1</u>	Total. Add lines 1a-1f				- į <sup>†</sup> ;		
					Business Code			ře (Mini	
e l	<b>2</b> a	1	RENTS		310000	844,590.	844,590.		
ه چّ	t	)							
S a	c	:			_				
e X	c	t							
Program Service Revenue	6	•					-		
ፈ	f		All other program service reve	nue	531120	58,146.	58,146.		
$\rightarrow$	C	1	Total. Add lines 2a-2f			902,736.		## ': ##.	* 〈 🎖 🌃 :
	3		Investment income (including	dividends, inte	erest, and				
			other similar amounts)		. •				
ł	4		Income from investment of tax	x-exempt bond	d proceeds		***		
	5		Royalties						
				(i) Real	(iı) Personal				
	6 8	3	Gross rents				£**		
	ŧ	b	Less rental expenses						
	(	C	Rental income or (loss)				,		. 3. 4. 8.
	•	d	Net rental income or (loss)						
1	7 8	a	Gross amount from sales of	(i) Securitie	s (II) Other				
			assets other than inventory				*		
	ŀ	b	Less cost or other basis					. 2	ľ
ł			and sales expenses						1
	•	С	Gain or (loss)			*		· ·	
	•	d	Net gain or (loss)						
اه	8 8	а	Gross income from fundraisin	g events (not					
ᇍ			including \$	of					
ě			contributions reported on line	1c) See				, , , ,	3
<u> </u>			Part IV, line 18		a	,			
Other Revenue	1	b	Less direct expenses		b			12 7 34	ð <u>1</u>
١	•	С	Net income or (loss) from fund	draising events	s <b>&gt;</b> _		4 3 3		
	9 ;	а	Gross income from gaming ad	ctivities See	ļ				
			Part IV, line 19		a	•			
- }	- 1	b	Less direct expenses		b	A.	_ `` \ ` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*	r spirit
	•	С	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns				*	
Į			and allowances		а				
1	1	b	Less cost of goods sold		b	30 Fig. 3 Will	· ·		
Ļ		С	Net income or (loss) from sale	s of inventory					
Ļ			Miscellaneous Revenu	ie	Business Code	**			
	11	а			_				ļ. <u></u>
		b		*	_			1	ļ
		С							
]									
		d	All other revenue						
			All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>•</b>	902,736.	902,736.	0.	·

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 93,971 and domestic governments. See Part IV, line 21 93,971 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 #162 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) 73,375. 73,375. a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 213 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 84,623. 84,623. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 78,066. 78,066. 20 Interest 21 Payments to affiliates 192,111. 192,111 Depreciation, depletion, and amortization 22 9,629. 9,629. Insurance 23 Other expenses, Itemize expenses not covered 24 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 O.) 181,541. 181,541 REAL ESTATE TAXES 101,200. 101,200. BUILDING 55,280. 55,280. MAINTENANCE FEES d BAD DEBT EXPENSE 44,695. 44,695. 36,247. 36,247. e All other expenses 950,738. 832,668. 118,070. 0. Total functional expenses. Add lines 1 through 24e 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)

Par	t X	Balance Sheet							
		Check if Schedule O contains a response or note	to an	y line in this Part X					
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash · non-interest-bearing			384,671.	1	268,280		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3			
- 1	4	Accounts receivable, net	•				51,802		
	5	Loans and other receivables from current and for	rmer of	ficers, directors.	36,688.				
		trustees, key employees, and highest compensa			. * ,	١.			
		Part II of Schedule L		, ,,		5			
	6	Loans and other receivables from other disqualif	ed per	sons (as defined under		200			
		section 4958(f)(1)), persons described in section				\$ C			
		employers and sponsoring organizations of section		- · · · ·		1,			
.		employees' beneficiary organizations (see instr).		• • • • • • • • • • • • • • • • • • • •	- MC	6			
Assets	7	Notes and loans receivable, net	Compi	etc r art ii or och L	69,792.	7	110,623		
ASS	8	Inventories for sale or use		•	05,1321	8			
		Prepaid expenses and deferred charges		•	2,960.	9	1,480		
	9	Land, buildings, and equipment cost or other	1		<u> </u>	1.	2,100		
	liva	basis. Complete Part VI of Schedule D	10a	4,665,442.		l 🛊			
			10b	2,439,600.	2,314,399.	10c	2,225,842		
	_b	•	[ 100	2,433,0001	2,314,333.	11	2,223,042		
	11	Investments - publicly traded securities	1			12			
	12	Investments - other securities. See Part IV, line 1			<del></del>	13	<del>                                     </del>		
	13	Investments - program-related See Part IV, line			<del></del>	14	<del> </del>		
	14	Intangible assets			<del></del>	15	63,786		
	15	Other assets See Part IV, line 11	م مسالم		2,808,510.	16	2,721,813		
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	ai iiile .	04)	214,457.		215,371		
				•	221/13/1	18			
	18	Grants payable Deferred revenue	<del></del>	19					
	19		•			20			
	20	Tax-exempt bond liabilities	20# IV	of Cohodula D	<del></del>	21			
	21	Escrow or custodial account liability Complete I				2	* 1 * 1		
es	22	Loans and other payables to current and former							
Liabilities		key employees, highest compensated employee	s, and	disqualified persons	<u> </u>	22	<u> </u>		
<u>ia</u> t		Complete Part II of Schedule L		d	<del></del>	<del>                                     </del>	<del> </del>		
_	23	Secured mortgages and notes payable to unrela			2,292,791.	23	2,253,182		
	24	Unsecured notes and loans payable to unrelated			4,494,191.	24	2,233,102		
	25	Other liabilities (including federal income tax, pa	-			1	j		
		parties, and other liabilities not included on lines	17-24	) Complete Part X of					
		Schedule D			2,507,248.	25 26	2,468,553		
	26	Total liabilities. Add lines 17 through 25	\	July Daniel		_	2,400,555		
		Organizations that follow SFAS 117 (ASC 958		k here   X  and					
Ses	07	complete lines 27 through 29, and lines 33 an Unrestricted net assets	u 34.		301,262.	50	253,260		
aŭ	27				301,202.	28	233,200		
Ba	28	Temporarily restricted net assets  Permanently restricted net assets			<u> </u>	29			
pu	29	Organizations that do not follow SFAS 117 (A	SC 05	P) shock here	£ 1/8	123			
Ť	}	-	3C 93	oj, check liefe		' '			
S		and complete lines 30 through 34.			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	20	X _ % 2 %		
set	30	Capital stock or trust principal, or current funds	ai ii bara	nt fund	<del></del>	30	<del>                                     </del>		
Asi	31	Paid-in or capital surplus, or land, building, or ed				32	<del>                                     </del>		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other lunus	301,262.		253,260		
_	33	Total hebities and not assets/fund balances			2,808,510		2,721,813		
	34	Total liabilities and net assets/fund balances			2,000,310	34	Form <b>990</b> (201		

	990 (2015) JANE ADDAMS DEVELOPMENT CORPORATION	36-3731	161	Pag	<sub>le</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	902		
2	Total expenses (must equal Part IX, column (A), line 25)	2	950		
3	Revenue less expenses Subtract line 2 from line 1	3	<48,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	301	.,26	<u>52.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	253	,26	<u> 50.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			'	ş
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		· .	š,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		
	separate basis, consolidated basis, or both:		1 1	Í	<b>.</b>
	Separate basis Consolidated basis Both consolidated and separate basis		(de		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	] [	ļ	ì l
	consolidated basis, or both			e	
	X Separate basis Consolidated basis Both consolidated and separate basis		>		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		ß	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			₹,
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	ar audita, audien which Cahadula O and decembe any stand taken to underes ough guidite		1 0-	- 1	

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Open to Public Inspection

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

JANE ADDAMS DEVELOPMENT CORPORATION

**Employer identification number** 36-3731161

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	ıs part.) Se	e instructions	0 3/31101	_
The	organi	zation is not a private found							_
1		A church, convention of ch					(VAVII)		
2	$\equiv$	A school described in secti					)(A)(I)-		
3	一	A hospital or a cooperative		,			:		
4	Ħ						•	4h h	
*	ш	A medical research organiz	ation operated in cor	ijunction with a nospital	described	in sectio	n 170(b)(1)(A)(III). Enter	tne nospital's name,	
_	$\Box$	city, and state					<del></del>	<del> </del>	_
5	ш	An organization operated for		lege or university owner	or operat	ed by a go	vemmental unit describe	ed in	
_		section 170(b)(1)(A)(iv). (C							
6	$\vdash$	A federal, state, or local gov							
7		An organization that norma		ntial part of its support f	rom a gove	emmental i	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An organization that norma							
		activities related to its exem							
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	ed by the organization a	fter June 30, 1975	
	_	See section 509(a)(2). (Cor	•						
10		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50	9(a)(4).		
11	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or	
		more publicly supported or	ganızatıons describe	d in section 509(a)(1) o	r section	509(a)(2)	See <b>section 509(a)(3).</b> C	Check the box in	
		lines 11a through 11d that	describes the type of	supporting organization	n and com	plete lines	11e, 11f, and 11g		
а			anızatıon operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by o	giving	
		the supported organization	on(s) the power to req	jularly 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.					
b		Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s supporte	d organization(s), by hav	ing	
		control or management o	f the supporting orga	inization vested in the s	ame perso	ns that coi	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	in connect	tion with, a	nd functionally integrate	d with,	
		its supported organization	n(s) (see instructions)	You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	ation(s)	
		that is not functionally int					_		
		requirement (see instructi							
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							
f	Ente	er the number of supported o			•			1	٦
g	Prov	vide the following information	about the supporter	d organization(s).					_
		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 (see instructions))	listed i governing o	document?	support (see	other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
JA	NE .	ADDAMS							_
RE	SOU	RCE CORPORATIO	36-3682559	7		Х	93,971.		
			, -						_
				~	l		,		
									-
					1				
						-		<del></del> -	_
		,	Y						-
					1				
				2.4	\$ 7		<del>-</del>		-
Tota	al				. 【 ^ ·		93.971.	n.	

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 JANE ADDAMS DEVELOPMENT CORPORATION 36-3731 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support		<u> </u>	<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		)				
	or expended on its behalf			L			
3	The value of services or facilities						
	furnished by a governmental unit to	ļ		ļ			
	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)						
	Public support. Subtract line 5 from line 4	<u>~</u>	3.66	¥_ \	`	<u> </u>	
Sec	tion B. Total Support		<del></del>			г	<del></del> _
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012 -	(c) 2013	(d) 2014	(e) 2015	<u>(f)</u> Total
7	Amounts from line 4	<u> </u>		<b> </b>			
8	Gross income from interest,	<u>'</u>		Ì			
	dividends, payments received on	ļ	ļ				
	securities loans, rents, royalties						
	and income from similar sources			ļ			
9	Net income from unrelated business		i				
	activities, whether or not the	<b>\</b>				1	
	business is regularly carned on			<u> </u>	ļ		
10	Other income Do not include gain	}		1			
	or loss from the sale of capital						
	assets (Explain in Part VI)				***	- ×	
11	Total support. Add lines 7 through 10		# % a	*: * *	** · **		
12	Gross receipts from related activities,	•	•			_ 12	<del></del>
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth ta	ix year as a sectior	1 501(c)(3)	. —
Se	organization, check this box and storetion C. Computation of Publication	o here	centage	<del></del>		<del></del>	
			<del></del>		<del></del>		
	Public support percentage for 2015 (I		•	column (t))		14	%
	Public support percentage from 2014			n line 12 and line:	14 10 22 1/20/	15	<u>%</u>
162	33 1/3% support test - 2015. If the	•		•	14 IS 33 1/3% OF M	ore, check this box	. and
	stop here. The organization qualifies	, , , , ,	-		line 15 is 22 1/20/	or more, shook the	<b>₽</b> L
ľ	33 1/3% support test - 2014. If the	•			ine 15 is 33 1/3%	or more, check this	S DOX
47-	and stop here. The organization qual 10% -facts-and-circumstances test				a 13 16a or 16h a	and line 14 is 100/ s	or more
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it villow the organ	
	10% -facts-and-circumstances test				_	17a and line 15 is 1	<b>▶</b>
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						▶ [ ]
18	Private foundation. If the organization						
						edule A (Form 990	

532022 09-23-15

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 be Section A. Public Support	low, please comp	olete Part II)			<del></del>	
	(a) 2011	<b>(b)</b> 2012	(c) 2013	(4) 2014	(a) 2015	(6) Total
Calendar year (or fiscal year beginning in)	(a) 2011	(0) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	<u> </u>	}		[		i
membership fees received (Do not						
include any "unusual grants.")			<del> </del>	<del>                                     </del>	<del></del>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	ļ	<b> </b>	<del> </del>	<del> </del>		
3 Gross receipts from activities that					ļ	
are not an unrelated trade or bus-						
iness under section 513		<u> </u>	<del> </del>	<del> </del>		
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities			<del>                                     </del>	<del> </del>	<del></del>	
furnished by a governmental unit to				1	ĺ	
the organization without charge		}		}	<b>\</b>	
6 Total. Add lines 1 through 5		<del>                                     </del>	†	<del>                                     </del>		
7a Amounts included on lines 1, 2, and		<del>                                     </del>	†	<del>                                     </del>	-	
3 received from disqualified persons			ļ			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			<del>                                     </del>			
8 Public support. (Subtract line 7c from line 6)		1 6	<b>19</b>	1 1 1		
Section B. Total Support				<del></del>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	167	<u> </u>	1 197 = 1 1	1	197==	_ (// . 3 . 3
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975					ĺ	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2015 (			column (f))		15	%
16 Public support percentage from 2014		=			16	%
Section D. Computation of Inves			<u></u>	<del></del>	<del></del>	
17 Investment income percentage for 20			ine 13. column (fl)		17	
18 Investment income percentage from	•	•	10, 00,000,000,000		18	%
19a 33 1/3% support tests - 2015. If the			on line 14 and lin	e 15 is more than <sup>a</sup>		
more than 33 1/3%, check this box a						7 IS HOL
b 33 1/3% support tests - 2014. If the	-	-				
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	ganization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 1	9a. or 19b. check t	his box and see ins	structions	▶ □

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990-EZ) 2015 JANE ADDAMS DEVELOPMENT			36-3731161 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust or	Nov 20, 1970. See ins	structions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-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	Į.		
	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	ion 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):	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
а	Average monthly value of securities	1a		
	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_	Ĺ	
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	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	4 1 4 1	
2	Enter 85% of line 1	2	<b>% W</b> 13	
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		<u> </u>
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_		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ated Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 JANE ADDAMS DEVELOPMENT CORPORATION 36-3731161 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015 а 8 18 X b MIT : **%** C d From 2013 ď e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) 3, 53 Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 s.# a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 ä 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j . ZÝ and 4c 2.8% WW. 34K 8 Breakdown of line 7 100 \* 65 X %X 24 P. # 389 1500

> 353 Schedule A (Form 990 or 990-EZ) 2015

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c Excess from 2013

d Excess from 2014

e Excess from 2015

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
PART IV, SECTION E, LINE 2A:
THE PRIMARY MISSION OF THE ORGANIZATION IS TO RAISE FUNDS TO SUPPORT
JANE ADDAMS RESOURCE CENTER (THE SUPPORTED ORGANIZATION OF JANE ADDAMS
DEVELOPMENT CORPORATION). ALL ACTIVITIES THAT THE ORGANIZATION IS
ENGAGED IN ARE TO FURTHER THAT MISSION.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on 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 <a href="https://www.irs.com/www.irs.co

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 Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		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 stru	ucture included in (a)	2c
d			ure
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
•	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
	<b>.</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	-
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	- -	<b>&gt;</b> \$
2	if the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
_	the following amounts required to be reported under SFAS 1		,
á	D I I des Francocco DestVIII long 4		<b>&gt;</b> \$
	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2015

		DAMS DEVELO								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Othe	r Similar	Assets	(continue	<b>∌</b> d)
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	ollowing that	are a si	gnificant us	se of its co	ollection ite	∍ms
	(check all that apply)									
à	Public exhibition	d	ı 🖳 L	oan or excl	hange progra	ams				
b	Scholarly research	е	· 🗀 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	y further th	e organizatio	n's exe	npt purpos	e in Part :	XIII	
5	During the year, did the organization solicit or	receive donations of	of art, hist	orical treas	sures, or othe	er sımılaı	assets			
	to be sold to raise funds rather than to be ma								Yes	No.
Par			ete if the (	organizatio	n answered '	'Yes" or	Form 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	ary for co	ontributions	s or other ass	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	ble						
									Amount	
С	Beginning balance	·					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or cu	istodial acco	unt liabi	lity?		Yes	No
b	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII									
Par	t 💆 📒 Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line	10			
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
a	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a.	column (a)	)) held as					
_ a	Board designated or quasi-endowment		%		,					
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho	<del></del>								
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administe	red for t	ne organiza	ition		
	by						. 3.		T	es No
	(i) unrelated organizations								3a(i)	- 112
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	rt VI A Land, Buildings, and Equipm					_				
تتئت	Complete if the organization answere		). Part IV	line 11a. S	See Form 990	). Part X	. line 10			
	Description of property	(a) Cost or o			t or other		Accumulate	-d	(d) Book	value
	bescription of property	basis (investi	- I		(other)		epreciation	<u> </u>	(a) Dook	
	Land	2200 (1110011	,		0,000.		<del></del>	<u> </u>	110	,000.
			+		5,442.		439,60		2,115	
D	Buildings	<del></del>	1	-,55	- / ·	<del>"</del>		<del>~- -</del>	_,,	, 0 12 .
C	Leasehold improvements					<del>                                     </del>		<del></del>		
	Equipment					-		-+		
<u>e</u>	Other					<u> </u>		$\overline{}$	2 225	8/12

Schedule D (Form 990) 2015

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# SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	2015	Open to Public
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Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990.

Inspection

**ջ** Employer identification number TO FUND 403B CONTRIBUTION 36-3731161 (h) Purpose of grant or assistance SENERAL OPERATIONS X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 28,971. (d) Amount of 65,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table JANE ADDAMS DEVELOPMENT CORPORATION (c) IRC section if applicable 36-3682559 501(C)(3) 36-3682559 501(C)(3) Enter total number of other organizations listed in the line 1 table. General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization JANE ADDAMS RESOURCE CORPORATION JANE ADDAMS RESOURCE CORPORATION or government Name of the organization CHICAGO, IL 60640 CHICAGO, IL 60640 4432 RAVENSWOOD 4432 RAVENSWOOD Part I Part II

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

532101 10-28-15

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Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

### **SCHEDULE 0**

(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 Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

JANE ADDAMS DEVELOPMENT CORPORATION

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $^{532211}_{09-02-15}$ 

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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.

OMB No 1545-0047

2015 Open to Públic Inspection

Employer identification number 36-3731161Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 JANE ADDAMS DEVELOPMENT CORPORATION Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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	ions Complete of the organization ans	wered "Yes" on Form 990, Part	IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year							
	(q)	(၁)	(P)	(e)	£	6)	9/65/13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entity?	1,2
				501(c)(3))		Yes	No
JANE ADDAMS RESOURCE CORPORATION -							
36-3682559, 4432 RAVENSWOOD, CHICAGO, IL							
	VOCATIONAL TRAINING	ILLINOIS	501(C)(3)	LINE 7			×
JANE ADDAMS DELTA DEVELOPMENT CORPORATION -							
36-3882800, 4432 RAVENSWOOD, CHICAGO, IL	COMMERCIAL REAL ESTATE			LINE 11C,			
1	LEASING	ILLINOIS	501(C)(3)	III-FI			×

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

36-3731161

Page 2

JANE ADDAMS DEVELOPMENT CORPORATION Schedule R (Form 990) 2015

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

Name, address, and EIN  Of related organization  Sections 512-514)	Share of total Share of end-of-year assets	Disproportionale allocations?  Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Percentage managing partner? Yes No
		<del></del>		
				_
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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

(a)	(q)	(0)	(p)	(e)	(j)	(6)	(h)	8	1
Name, address, and EIN of related organization	Primary activity	ğ -	Direct controlling entity	88	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) Ped (5)
		country)		or trust)		assets		Yes	ટ
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Page 3

Yes

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IS DEVELOPMENT CORPORATION

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

Part V

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

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- 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)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

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- k 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)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(d) Method of determining amount involved	93,971.CASH VALUE	31,504. CASH VALUE	134,100. CASH VALUE
(c) Amount involved	93,971.	31,504.	134,100.
(b) Transaction type (a-s)	В	д	ŋ
(a) Name of related organization	(1) JANE ADDAMS RESOURCE CORPORATION	(2) JANE ADDAMS RESOURCE CORPORATION	(3) JANE ADDAMS RESOURCE CORPORATION

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Schedule R (Form 990) 2015

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(4) JANE ADDAMS DELTA DEVELOPMENT CORPORATION

# JANE ADDAMS DEVELOPMENT CORPORATION Schedule R (Form 990) 2015

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.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income partners sec (related, unrelated, excluded from tax under sections 512-514) Yess No	Share of total income	(9) Share of end-of-year assets	Disproportionate allocations?	(1)	(j) General o managing partner?	Percentage ownership
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Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	JANE	ADDAMS	DEVELOPMENT	CORPORATION	36-3731161	Page 5
Part VII	(Form 990) 2015 Supplemental Info	rmation		<del>-</del>			
•	Provide additional inform	nation for res	sponses to au	estions on Schedule 9 6	see instructions)		
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