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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization LAWDALE CHRISTIAN DEVELOPMENT CORP.	D Employer identification number 36-3573036
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3843 W. ODGEN AVENUE	E Telephone number (773) 762-8889
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60623	F Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶
	G Website: ▶ N/A	
J Organization type (check only one) ☒ 501(c)(3) (Insert no) 4947(a)(1) or 527		
K Check here ☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,804,331.		

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	548,862.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d	106,295.	
e Total (add lines 1a through 1d) (cash \$ 655,157. noncash \$)	1e	655,157.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	468,027.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	433.	
5 Dividends and interest from securities	5		
6 a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other 262,500.	
b Less: cost or other basis and sales expenses	8b	276,137.	
c Gain or (loss) (attach schedule)	8c	-13,637.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-13,637.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Loss: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	97,091.	
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11	321,123.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,528,194.	
13 Program services (from line 44, column (B))	13	1,318,474.	
14 Management and general (from line 44, column (C))	14	289,421.	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	1,607,895.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-79,701.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,520,456.	
20 Other changes in net assets or fund balances (attach explanation) STMT. 1	20	-116,245.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,324,510.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions).

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule)				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	183,334.	150,334.	33,000.	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	605,034.	496,128.	108,906.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a-27	77,057.	63,187.	13,870.	
29 Payroll taxes	74,676.	61,234.	13,442.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	19,603.	16,074.	3,529.	
34 Telephone	25,471.	20,886.	4,585.	
35 Postage and shipping	3,178.	2,606.	572.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	10,587.	8,681.	1,906.	
40 Conferences, conventions, and meetings	5,627.	4,614.	1,013.	
41 Interest	37,626.	30,853.	6,773.	
42 Depreciation, depletion, etc. (attach schedule)	63,315.	51,918.	11,397.	
43 Other expenses not covered above (itemize):				
a STMT 2	502,387.	411,959.	90,428.	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	1,607,895.	1,318,474.	289,421.	

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a TO RAISE THE ECONOMIC, EDUCATIONAL, AND SOCIAL LEVELS OF
THE POOR, DISPLACED, AND UNDERPRIVILEGED IN THE NORTH
LAWDALE COMMUNITY.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

1,318,474.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

1,318,474.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	102,547
	46 Savings and temporary cash investments	167,462	46	NONE
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	110,618	49	91,455
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	9,029	53	10,244
	54a Investments - publicly-traded securities ☐ Cost ☐ FMV		54a	
	b Investments - other securities (attach schedule) ☐ Cost ☐ FMV		54b	
55a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule)	312,417	56	NONE	
57a Land, buildings, and equipment: basis	57a	1,385,250		
b Less: accumulated depreciation (attach schedule)	57b	663,180		
58 Other assets, including program-related investments (describe ☐ STMT 6)	593,832	58	1,905,557	
59 Total assets (must equal line 74). Add lines 45 through 58	2,409,330	59	2,831,873	
Liabilities	60 Accounts payable and accrued expenses	168,065	60	86,549
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	508,242	64b	1,087,804
	65 Other liabilities (describe ☐ STMT 7)	212,567	65	333,010
	66 Total liabilities. Add lines 60 through 65	888,874	66	1,507,363
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,052,947	67	1,324,510
	68 Temporarily restricted	467,509	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,520,456	73	1,324,510
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,409,330	74	2,831,873

JSA

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Yes	No
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	Yes	No
75b	X	
75c	X	
75d	X	

75b	x
-----	---

75c	X
-----	---

75d	X	
-----	---	--

Yes	No
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76		X
----	--	---

77		X
----	--	---

78a		X
-----	--	---

78b	N/A
-----	-----

79		X
----	--	---

80a	x
-----	---

...
...
...

81b	X
-----	---

81b		X
-----	--	---

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Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(c) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter a initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed	IL	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	26
91a The books are in care of	LAWNDAJE CHRISTIAN	
Located at	3843 W. OGDEN AVENUE CHICAGO, IL	
Telephone no	773-762-8889	
ZIP + 4	60623	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? ☐ 91c ☒ X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 92 N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a DEVELOPMENT FEES					421,743.
b MANAGEMENT FEES					13,449.
c RENTAL INCOME					2,835.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					433.
96 Dividends and interest from securities					
97 Not rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-13,637.
101 Net income or (loss) from special events					97,091.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 11					321,123.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					873,037.
105 Total (add line 104, columns (B), (D), and (E))					873,037.

Note: Line 105 plus line 1c, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 12	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer [Signature] Date 7/15/09
Type of print name and title Kimberlie Jackson

Paid
Preparer's
Use Only

Preparer's signature [Signature] Date 7/15/09 Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 HARAN & ASSOCIATES LTD
3201 OLD GLENVIEW RD., S/E. 250
WILMETTE, IL 60091
Preparer's SSN or FTIN (See Gen. Incl. X) 900545171
EIN 36-3097692
Phone no 657-253-1234

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007Department of the Treasury
Internal Revenue Service**Supplementary Information - (See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

LAWDALE CHRISTIAN DEVELOPMENT CORP.

36-3573036

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13				
Total number of other employees paid over \$50,000 . . ▶		3		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007

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Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 6 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-E) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	935,839.	898,261.	1,141,809.	936,701.	3,912,610.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	443,821.	698,744.	462,230.	267,152.	1,871,947.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	8,384.	7,913.	5,071.	7,249.	28,617.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 15 22,361.				22,361.
23 Total of lines 15 through 22	1,410,405.	1,604,918.	1,609,110.	1,211,102.	5,835,535.
24 Line 23 minus line 17.	966,584.	906,174.	1,146,880.	943,950.	3,963,588.
25 Enter 1% of line 23.	14,104.	16,049.	16,091.	12,111.	58,355.
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					79,272.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					3,963,588.
d Add: Amounts from column (e) for lines: 18 28,617. 19					
22 22,361. 26b					50,978.
e Public support (line 26c minus line 26d total)					3,912,610.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.7138 %
27 Organizations described on line 12: a For amounts included in lines 15, 18, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2006) (2005) (2004) (2003)					
c Add: Amounts from column (a) for lines: 15 16					
17 20 21					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Schedule A (Form 990 or 990-EZ) 2007

36-3573036

Page 5

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	

32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

36-3573036

Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a If the organization belongs to an affiliated group. Check ☐ b If you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e))					
46					
Total lobbying expenditures					
47					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e))					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2007

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Yes	No
-----	----

Yes	No
-----	----

	YES	NO
51a(i)		X

a(ii)	x
-------	---

b Other transactions.

--	--	--

b(1)	x
------	---

b(1)	X
------	---

b(III)		X
--------	--	---

b(1v)		X
-------	--	---

$b(v)$		x
--------	--	-----

$b(v_i)$		x

C		X
---	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

VARIOUS ADJUSTMENTS MADE TO THE
FINANCIAL STATEMENTS THAT WERE
DISCOVERED AFTER THE PRIOR YEAR
STATEMENTS WERE FINALIZED AND THE TAX
RETURN WAS FILED. THE ADJUSTMENTS MADE
RELATED TO DEVELOPER FEES, INTERCOMPANY
RECEIVABLES AND LOANS, AND IMPAIRMENT
LOSS ON INVESTMENTS IN RELATED P'SHIPS.

116,245.

TOTAL

116,245.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
ADVERTISING	733.	601.	132.
TRAINING	2,513.	2,061.	452.
WORKERS' COMP	23,017.	18,874.	4,143.
PROFESSIONAL SERVICES	30,976.	25,400.	5,576.
RECRUITING	6,083.	4,988.	1,095.
SECURITY	5,592.	4,585.	1,007.
DUES & SUBSCRIPTIONS	4,065.	3,333.	732.
VEHICLE EXPENSE	2,350.	1,927.	423.
COMPUTER EXPENSES	49,974.	40,979.	8,995.
INSURANCE	33,229.	27,248.	5,981.
MISCELLANEOUS	15,870.	13,014.	2,856.
PERMITS & FEES	1,585.	1,300.	285.
OTHER PROFESSIONAL SERVICES	128,682.	105,519.	23,163.
REAL ESTATE TAXES	48,449.	39,728.	8,721.
SPECIAL EVENT EXPENSE	16,797.	13,774.	3,023.
PAYROLL SERVICES	5,302.	4,348.	954.
BANK CHARGES	1,319.	1,082.	237.
REPAIRS & MAINTENANCE	28,057.	23,007.	5,050.
UTILITIES	22,754.	18,658.	4,096.
CONSULTING	3,582.	2,937.	645.
CLEANING SERVICES	13,897.	11,396.	2,501.
CONSTRUCTION MANAGEMENT	38,931.	31,923.	7,008.
GROUPS MAINTENANCE	2,828.	2,319.	509.
PAINTING & DECORATING	6,462.	5,299.	1,163.
PRINTING & REPRODUCTION	9,340.	7,659.	1,681.
TOTALS	502,387.	411,959.	90,428.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

REVITALIZATION OF BLIGHTED NEIGHBORHOODS

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	10,244.

TOTALS	10,244.
	=====

FORM 990, PART IV - INVESTMENTS - OTHER
=====

DESCRIPTION

INVESTMENTS IN PARTNERSHIPS

TOTALS

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CONSTRUCTION IN PROGRESS	1,156,310.
DEVELOPER FEE RECEIVABLE	467,328.
DUE FROM AFFILIATES	272,582.
ESCROWS	3,599.
NET INTANGIBLE ASSETS	5,738.
TENANT SECURITY DEPOSITS	

TOTALS	1,905,557.
	=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED INTEREST PAYABLE	6,524.
ACCRUED REAL ESTATE TAXES	50,279.
SECURITY DEPOSITS	4,927.
DUE TO AFFILIATES	116,310.
PASS THROUGH GRANT LIABILITY	51,555.
CONSTRUCTION COSTS PAYABLE	103,415.

TOTALS	333,010. =====

36-35/3036

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYER BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ARTHUR TURNER 2102 S. AVERS CHICAGO, IL 60623	PRESIDENT	NONE	NONE	NONE
KIMBERLY DU BUCLET 4936 S. ELLIS CHICAGO, IL 60615	VICE PRESIDENT	NONE	NONE	NONE
TED CHRISTIANS 1852 S. TROY CHICAGO, IL 60623	SECRETARY	NONE	NONE	NONE
ALLISON CLARK 4811 S. KENWOOD AVE. CHICAGO, IL 60615	TREASURER	NONE	NONE	NONE
SHEILA BARBER 1330 N. LOREL CHICAGO, IL 60651	OFFICER	NONE	NONE	NONE
WAYNE GORDON 1807 S. MILLARD AVENUE CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
STEVE SPILLER, SR. 5715 W. OHIO CHICAGO, IL 60644	OFFICER	NONE	NONE	NONE
NOEL CASTELLANOS 2402 S. MILLARD AVENUE CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAT HERROD 1838 S. SPRINGFIELD - A CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
EDWARD DANIELS 2119 S. RIDGEWAY CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
WAYNE MORRIS DETMER 2406 S. RIDGEWAY AVENUE CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
STEVE SPACE 1645 S. KARLOV AVENUE CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
MS. JOHNNIE HERRON 9150 S. BENNETT CHICAGO, IL 60617	OFFICER	NONE	NONE	NONE
DREWONE GOLDSMITH JR. 1909 S. AVERS CHICAGO, IL 60623	OFFICER	NONE	NONE	NONE
KIMBERLIE JACKSON 1038 S. LYMAN OAK PARK, IL 60304	EXECUTIVE DIRECTOR 40.00	73,794.	NONE	NONE
SANDRA WILLIAMS 1342 S. WABASH AVE., UNIT A CHICAGO, L 60606	GRANT SUPERVISOR 40.00	59,105.	NONE	NONE

95N51GS-95

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

MARISA NOVARA
1852 S. TROY
CHICAGO, IL 60623

DEVELOPMENT COORDINATOR
40.00

50,435.

NONE

NONE

GRAND TOTALS

183,334.

NOTE:

ALCOA

FORM 990, PART VII - OTHER REVENUE

SEP-28-2010 16:40

HARAN AND ASSOCIATES LTD

8478531270 P.034

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OTHER INCOME					9,541.
SALARIES & EXPENSE REIMBURSEMENTS					311,582.
TOTALS					321,123.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
LAZARUS APARTMENTS CORPORATION 3843 WEST OGDEN AVENUE CHICAGO, IL 60623 36-3961190	100.000000	REAL ESTATE		
TABERNACLE APARTMENTS CORP 3843 WEST OGDEN AVENUE CHICAGO, IL 60623 36-4027469	100.000000	REAL ESTATE		
TOTAL INCOME				

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KIMBERLIE JACKSON 1038 S. LYMAN OAK PARK, IL 60304	EXECUTIVE DIRECTOR 40.00	73,794.	NONE	NONE
SANDRA WILLIAMS 1342 S. WABASH AVE UNIT A CHICAGO, IL 60606	GRANT SUPERVISOR 40.00	59,105.	NONE	NONE
MARISA NOVARA 1852 S. TROY CHICAGO, IL 60623	DEVELOPMENT COORD. 40.00	50,435.	NONE	NONE
	TOTAL COMPENSATION	183,334.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V-A, FORM 990

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
MISCELLANEOUS INCOME	22,361.				22,361.
TOTALS	22,361.				22,361.

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

LAWDALE CHRISTIAN DEVELOPMENT CORP.

Employer identification number

36-3573036

Number, street, and room or suite no. If a P.O. box, see instructions.

3843 W. ODGEN AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

CHICAGO, IL 60623

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

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2007 or
 ▶ ☐ tax year beginning _____, _____, and ending _____, _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONF.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2007)

Form 8868 (Rev. 4-2008)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**.
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	LAWDALE CHRISTIAN DEVELOPMENT CORP.	36-3573036
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	3843 W. ODGEN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHICAGO, IL 60623	

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

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

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

- The books are in the care of **KIM JACKSON**
 Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/2008**

5 For calendar year **2007**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension **ADDITIONAL INFORMATION IS NEEDED FROM OUTSIDE SOURCES TO FILE A COMPLETE AND PROPER RETURN.**

a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	

Signature and Verification

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

Signature **Karen A. Schaefer** Title **CPA** Date **8/1/08**
 HARAN & ASSOCIATES LTD
 3201 OLD GLENVIEW RD., STE. 250
 WILMETTE, IL 60091

Form 8868 (Rev. 4-2008)