Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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.

For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Lawndale Christian Development Corporation Address change Number and street (or PO box if mail is not delivered to street address) 36-3573036 Name change 3843 W Ogden Avenue Telephone number Initial return ZIP code City or town (773) 762-8889 Chicago 60623 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return Gross receipts \$ 706.067 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Richard Townsell 3843 w Ogden Ave, Chicago, IL 60623 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status 501(c) () < (insert no) 4947(a)(1) or 527 J Website: ▶ H(c) Group exemption number Х K Form of organization Corporation Trust Association Other > L Year of formation M State of legal domicile 1987 Part I Summarv Briefly describe the organization's mission or most significant activities Revitalization of the Lawndale Community Activities & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 12 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 15 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 966,883 164,410 Program service revenue (Part VIII, line 2g) 145,383 SCANNED HUN DI 2017 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -117,625 86,611 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 849,262 396,404 13 Grants and similar amounts paid (Part IX, column (A) (Hindes F) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) 15 534,884 299,160 16a 5.400 5,400 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8:4 Other expenses (Part IX, column (A), lines 11a-114 (14) [249] 17 600,318 553,396 18 Total expenses Add lines 13-17 (must-equal Part IX, column (A), line 25) 1,135,202 857,956 -461,552 19 Revenue less expenses Subtract line 18 from line 12 -285,940 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 4,152,095 3,051,259 21 Total liabilities (Part X, line 26) 2,507,674 2,400,378 22 Net assets or fund balances Subtract line 21 from line 20 1.644.421 650,881 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Richard Townsell Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check X Paid 3/30/2017 self-employed P01053445 Michael Taylor Preparer Firm's name AL Taylor and Associates Firm's EIN ► 36-3818674 **Use Only** Firm's address ► 119 E 95th Street, Chicago, IL 60619 (773) 995-2990 Phone no l x l May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2014)

For Paperwork Reduction Act Notice, see the separate instructions.

No

Yes

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X
 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

reported in Part X, line 16? If "Yes," complete Schedule D. Part IX

Schedule D. Part VI

Schedule D, Parts XI and XII

17

	1 2	X	
	2	X	
	3		X
	4		X
	5		X
	6		X
	7		Х
	8		X
	9		X
	10	Х	
;	11a		
	11b		X
	11c		X
	11d 11e	Х	
	11e		X
	11f		X
	12a	X	
İ	12b 13		X X
	14a		Y
	14a 14b		_
	15		Х
	16		X
	17		Х
	18		x x x x
	19		X
	20a 20b	 	-^-
	20b	L	

		373030		age -
Par	t IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		162	NO
	odulie organization report more than \$5,000 or grants or other assistance to any domestic organization or	21		X
		21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
22	·	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	,		
	organization's current and former officers, directors trustees, key employees, and highest compensated			V
••	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		Χ
С				
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- I i		
	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	i '		
	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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u></u> -		
••	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	-		
••	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	٠.		
~_	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	_^_	
J- 4	III, or IV, and Part V, line 1	34		Х
250		35a	X	_^
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "You" to line 355, did the organization receive any payment from or engage in any transaction with a controlled	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256	\ \ \	
26	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_X	
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		i	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			.,
	VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			İ
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Form 9		73036	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V		•	<u> </u>
			Yes	No
1a		2		
b	Enter the trainber of terms to 20 monaged in into the Enter of the department of the terms of th	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	V	
•	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the colonder year and an with an within the year appeared by this return.			
L	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 1:	2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	 ^-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	,	ļ
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	İ	ŀ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		İ
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	[
ь	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	 -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	 ^ -	
·	required to file Form 8282?	7c		×
ď	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		 -^``
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter	1	}	
a	Gross income from members or shareholders [11a]	4		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-	[1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	l —	
	Note. See the instructions for additional information the organization must report on Schedule O			-
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Lawndale Christian Development Corporation 36-3573036 Page 6

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.

Sec	tion A. Governing Body and Management				
		1		Yes	No
1a	,	1a 12			
	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			İ	
	committee, explain in Schedule O	}	1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	1		
	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	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5.			
	stockholders, or persons other than the governing body?	,	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina			
	the year by the following	g			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	j	X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode	<u> </u>	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	irposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
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		Χ
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	oval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	gement			
	with a taxable entity during the year?		16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?	-	16b	1	
Sect	ion 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 99	0-T (Section 501(c)(3)	s only	·)	
	available for public inspection. Indicate how you made these available. Check all that apply		·		
		(plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	d	
	financial 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 b	oooks and records	•		
	Richard Townsell	(773) 762-8889	. -		
	3843 W Orden Avenue, Chicago, II, 60623				

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Sheila Barber	1 00									
President	L	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0	0	0
(2) Johnnie Herron	1 00		ŀ		ł					
Vice President	4.00	X	-				<u> </u>	0	0	0
(3) Darryl Saffore	1 00]		,		
Director (4) Cliff Nellis	1 00	X					├~	0	0	0
Secretary	1 00	x						0	o	0
(5) Bobbie Steele	1 00	 ^ 	-	-	-	 	-		 ~	
Director		×				[0	o	0
(6) Adonya Little	1 00	<u> </u>	_		 		 		<u>-</u>	
Treasurer		X			}			О О	o	0
(7) Steve Spiller	1 00									
Director		X			}			0	o	0
(8) Pat Herrod	1 00									
Director		X						0	0	0
(9) Steve Braxton	1 00	l i								
Director		Х						0	0	0
(10) Seretha McField	1 00	1			1					
Director		X		_				0	0	0
(11) Paul Norrington	1 00				'					
Director		X			_			0	0	0
(12) Wayne Gordon	1 00				} '			_		
Director		X						0	0	0
(13) Tracy Worthy	1 00							_		
Community Director	40.00				-	ļ	-	0	0	0
(14) Richard Townsell	40 00									
Executive Director	L	لـــــا		Щ.	Ь			L	L	

36-35	73036	Page

,	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Posi neck i	ition more rson irecto	than both or/trusted employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	E a con f org ar	(F) stimate mount other npensa rom th ganizat d relat anizate	of ation e tion ted
(15)													
(16)											1		
(17)													
(18)													
(19)						-							
(20)													
(21)			 									 -	
(22)						_							
(23)						_			·				
		·											
(25)				_									
1b	Sub-total		L			لــا		•	0	0		_	0
c d 2	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not lin reportable compensation from the organization		ted a		e) w	/ho	receiv	► • /ed	0 0 more than \$100	0			0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu		-		oye	e, o	r hıgh	est	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	of reportable com	npens	satio						i İ	4		X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yes"	•			-			_		ridual	5		
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest compe compensation from the organization. Report convear										ax		
	(A) Name and business address (B) Description of services Cor						(C omper						
										0			
													0
	· · · · · · · · · · · · · · · · · · ·										-		0
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization												<u>~</u> _

Total revenue. See instructions

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Related or Unrelated Revenue Total revenue exempt business excluded from function revenue tax under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b 32,077 1c C Fundraising events 1đ đ Related organizations 0 1e 52,584 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 79,749 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 164,410 **Business Code** Program Service Revenue 2a 145,383 0 0 0 0 0 All other program service revenue 145,383 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 0 Income from investment of tax-exempt bond proceeds 0 Royalties (ı) Real (II) Personal 6a Gross rents 396,274 Less rental expenses 309,663 c Rental income or (loss) 86,611 0 d Net rental income or (loss) 86,611 (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 0 0 b Less cost or other basis and sales expenses Gain or (loss) 0 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 0 **b** Less direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 а 0 b Less direct expenses b 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 0 а 0 **b** Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a 0 b 0 C 0 All other revenue Total. Add lines 11a-11d 0

396,404

0

Part IX Statement of Functional Exp	enses
-------------------------------------	-------

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic	1			
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	j			
	organizations, foreign governments, and foreign	l l			
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	ļ .			
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		400.000	00.445	
_	persons described in section 4958(c)(3)(B)	282,834	192,689	90,145	
7	Other salaries and wages	<u> </u>			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0 700	4.000	2.450	
9 10	Other employee benefits Payroll taxes	6,762	4,606	2,156	
11	·	9,564	6,516	3,048	
	Fees for services (non-employees)	114 077	70 205	26.642	
a b	Management Legal	114,877	78,265	36,612	
· ·	-	0			
d	Accounting Lobbying	0			
e	Professional fundraising services See Part IV, line 17	5,400			5,400
f	Investment management fees	3,400			
g	Other (If line 11g amount exceeds 10% of line 25, column	-			
9	(A) amount, list line 11g expenses on Schedule O)	l ol			
12	Advertising and promotion	1,672	779	893	
13	Office expenses	20,112	13,701	6,411	
14	Information technology	0	10,701		
15	Royalties	o		-	
16	Occupancy	ő			
17	Travel	of the second			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	İ	1	
19	Conferences, conventions, and meetings	0			
20	Interest	13,226	9,011	4,215	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	18,181	12,387	5,794	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		1	1	
	line 24e amount exceeds 10% of line 25, column		ŀ	1	
	(A) amount, list line 24e expenses on Schedule O)				··
а	Utilities	32,339	22,033	10,306	
þ	Program Expenses	325,443	221,724	103,719	
C	Repairs and Maintenance	17,730	12,079	5,651	
đ	Membership Dues	9,816	6,688	3,128	
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	857,956	580,478	272,078	5,400
26	Joint costs. Complete this line only if the		l	Į.	
	organization reported in column (B) joint costs		į	Ĺ	
	from a combined educational campaign and		(\	
	fundraising solicitation Check here		1	\	
	following SOP 98-2 (ASC 958-720)	<u> </u>			

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 149.034 1 90,801 2 2 Savings and temporary cash investments 160,564 103.610 3 Pledges and grants receivable, net 3 442,307 Accounts receivable, net 4 445,258 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 0 7 0 Inventories for sale or use 8 25,616 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,681,371 10b Less accumulated depreciation 1,033,787 2,632,579 10c 1,647,584 b 11 Investments—publicly traded securities 0 11 0 12 Investments-other securities See Part IV. line 11 01 12 0 13 Investments-program-related See Part IV, line 11 0 13 0 14 0 14 0 Intangible assets 15 Other assets See Part IV, line 11 741,995 15 764,006 16 Total assets. Add lines 1 through 15 (must equal line 34) **4**,152,095 16 3,051,259 17 Accounts payable and accrued expenses 655,879 17 506,202 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 1,851,795 Secured mortgages and notes payable to unrelated third parties 23 1,894,176 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 2.507.674 26 2,400,378 Organizations that follow SFAS 117 (ASC 958), check here ► 💢 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,644,421 27 650,881 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

650,881

3,051,259

32

33

34

1,644,421

4,152,095

Form 9	990 (2014) Lawndale Christian Development Corporation	36-35	73036	Pag	ge 12
Par	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		396	5,404
2 `	Total expenses (must equal Part IX, column (A), line 25)	2		857	7,956
3	Revenue less expenses Subtract line 2 from line 1	3		-461	1,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,644	4,421
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	.,	1,182	2,869
Part					
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		1 1		
	X Separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A (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.

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Lawndale Christian Development Corporation 36-3573036 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 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 exempt 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (h) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

36-3573036 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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 20 <u>1</u> 3	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,108,633	768,227	1,327,233	1,144,590	706,068	5,054,751
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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.	1,108,633	768,227	1,327,233	1,144,590	706,068	5,054,751
_	column (f)						
6	Public support. Subtract line 5 from line 4						5,054,751
	etion B. Total Support endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,108,633	768,227	1,327,233	1,144,590		5,054,751
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,100,033	100,221	1,321,233	1, 144,530	700,000	0,004,731
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	į					0
11	Total support. Add lines 7 through 10						5,054,751
12	Gross receipts from related activities, etc. (se	e instructions)				12	
	First five years. If the Form 990 is for the ori organization, check this box and stop here			n, or fifth tax year as	s a section 501(c)	(3)	▶□
	tion C. Computation of Public Sup						400.00%
	Public support percentage for 2014 (line 6, co		•	7))		15	100 00%
	Public support percentage from 2013 Schedu 33 1/3% support test—2014. If the organiza and stop here. The organization qualifies as	ition did not check	the box on line 13	, and line 14 is 33 1	/3% or more, che	\	0 00% ► X
b	33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified				s 33 1/3% or more	, check this	▶ 🗀
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-cir	cumstances" test,	check this box and	stop here. Expla	ın in	▶□
b	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	ets the "facts-and	-circumstances" te	st, check this box a	nd stop here. Ex		-
18	Private foundation. If the organization did n instructions	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

-(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

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

Se	ction A. Public Support	inly dilaci the t	esto listed be	iow, picase con	ipiete i ait ii)		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1		1			
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						······································
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	Ē					0
5	The value of services or facilities						
	furnished by a governmental unit to the	ſ					
	organization without charge						0
6	Total. Add lines 1 through 5	0		0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0		0	0	0	0
8	Public support (Subtract line 7c from	~	,	į			
	line 6)			<u></u>	,		0
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0		0	0	0	0
10a	Gross income from interest dividends,	ŀ]			
	payments received on securities loans,	}		İ			
	rents, royalties and income from similar sources			ļ			0
b	Unrelated business taxable income (less	}			į		
	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975			ļ			0
¢	Add lines 10a and 10b	0		0	0	0	0
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether	i					_
	or not the business is regularly carried on			ļ			0
12	Other income Do not include gain or						
	loss from the sale of capital assets	ļ			,		
	(Explain in Part VI)			 			0
13	Total support. (Add lines 9, 10c, 11,		,				0
11	and 12)	0]	<u> </u>			0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first, s	econa, tnira, tour	tn, or ππο tax year a	as a section 501(c)	(3)	
<u> </u>						 _	
	tion C. Computation of Public Sup					4= 1	
	Public support percentage for 2014 (line 8, co	• • • • • • • • • • • • • • • • • • • •		(f))		15	0 00%
	Public support percentage from 2013 Schedu					16	0 00%
	tion D. Computation of Investment					47	0.000/
17 40	Investment income percentage for 2014 (line			column (t))		17	0 00%
18	Investment income percentage from 2013 Sci			14 and line 40 :	ore than 22 4/20/	18	0 00%
139	33 1/3% support tests—2014. If the organiz					and line 17 IS	<u> </u>
h	not more than 33 1/3%, check this box and st 33 1/3% support tests—2013. If the organiz	-	•		•	33 1/3% and	
U	line 18 is not more than 33 1/3%, check this b						▶ [
20	Private foundation. If the organization did no	•	-				•

36-3573036

Part IV Supporting Organizations

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

Section A. All Supporting Organ	izations
---------------------------------	----------

- 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
- 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)
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - 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
1		
2		
3a		
3b		
3с	-	
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a	-	
9b		
9с		
10a		
 10b		L

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	1 2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	┪	··· · · · · · · · · · · · · · · · · ·	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Τ		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	Ì		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions)	lly-ınte	grated Type III supporting of	organization (see
mod deterior			

	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	- 	
` 2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported	i	
	organizations, in excess of income from activity			L
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ations	
4	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			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which to	he organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		· · · <u>- · · · · · · · · · · · · · · · ·</u>	0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
ее	From 2013			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
_	D, line 7 \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	0		
_8	Breakdown of line 7			
a				
b				
С				
d	Excess from 2013 0			
е	Excess from 2014 0			

Schedule A (Fo	orm 990 or 990-EZ) 2014		<u>stian Development</u>	Corporation	_	36-3573036	Page 8
Part VI	Supplemental	Information, Pro	vide the explana	tions required b	y Part II, line 10, F	Part II. line 17a or	17b. and
	Part III line 12	Also complete the	is nort for any ad	Iditional informat	tion (See instruct	ione)	,,
`	1 dit III, IIIC 12	Also complete th	is part for arry au	ditional informa	don toccinsudor	10113/	
	• • • • • • • • • • • • • • • • • • • •						
•							
	•••••••						• • • • • • • • • • • • • • • • • • • •
							
					• • • • • • • • • • • • • • • • • • • •		
				••••			
			•••••				
			••••				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 2014

Open to Public Inspection

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Law	ndale Christian Development Corporation	36-3573036
Pai		nds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	·
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in o	
_	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	purpose conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation o	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is	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
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified extinguished, or terminate of conservation easements modified extinguished, extinguished, or terminate of conservation easements and conservation easements extinguished extinguished.	nated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	· — —
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements during the year
-	Annual of a management of the state of the s	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
8	Does cook conservation accomment reported on line 2/d\ above actual, the requirements of	- cotion
•	Does each conservation easement reported on line 2(d) above satisfy the requirements of $(170(h)(4)(B)(i))$ and section $(170(h)(4)(B)(i))$?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	the organization's accounting for conservation easements	siai statements that describes
Par		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	anue statement and halance sheet
10	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	
U	works of art, historical treasures, or other similar assets held for public exhibition, education	
	·	i, or research in futilierance
	of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1	• •
	(ii) Assets included in Form 990, Part X	→ • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures, or other similar assets	for financial gain, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	· · · · · · · · · · · · · · · · · · ·
a	Revenue included in Form 990, Part VIII, line 1	▶ ¢
b	Assets included in Form 990, Part X	> \$
	riouse mended fire offit ood, e die ri	

Sched	ule D (Form 990) 2014 Lawndale Christia	n Development Corpora	ation			36-3573	036	Р	age 2
Part				rical Treas	sures, or C	Other Similar Asse	ts (con	tınued	<u> </u>
3	Using the organization's acquisition, a								
	use of its collection items (check all the	at apply)							
а	Public exhibition		d 📙	Loan or e	xchange pro	ograms			
b	Scholarly research		е 🔛	Other					
C	Preservation for future generation	ons							
4	Provide a description of the organizat Part XIII	ion's collections and ex	plaın ho	w they furth	er the organ	zation's exempt purpo	se in		
5	During the year, did the organization sassets to be sold to raise funds rather						Ye	s 🔲	No
Part	IV Escrow and Custodial Ari	rangements.					-		
	Complete if the organization		Form 9	90, Part I\	/, line 9, or	reported an amour	it on Fo	rm	
	990, Part X, line 21.						-		
1a	Is the organization an agent, trustee,	custodian or other inter	mediary	for contribu	tions or othe	er assets not			
	included on Form 990, Part X?		.				Ye	s	No
b	If "Yes," explain the arrangement in P	art XIII and complete tr	ie follow	ing table.			Amount		
С	Beginning balance					1c	Anount		
d	Additions during the year					1d	•		
e	Distributions during the year .					1e			
f	Ending balance					1f			0
2a	Did the organization include an amou	nt on Form 990, Part X	, line 21,	for escrow	or custodial	account liability?	Ye	s X	No
b	If "Yes," explain the arrangement in P							\sqcap	
art			· ·		•	······································			
	Complete if the organizatio	n answered "Yes" to	Form 9	90. Part I\	/. line 10.				
		(a) Current year	(b) Prior) Two years ba	ck (d) Three years back	(e) Fo	ur years	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			-	<u> </u>				
f	Administrative expenses End of year balance				·	0	0		0
g 2	Provide the estimated percentage of		lance (lu	ne 1a colun	nn (a)) held		<u> </u>		
– a	Board designated or quasi-endowmer			110 19, 001411	(۵//				
b	Permanent endowment	%							
С	Temporarily restricted endowment	▶ %							
	The percentages in lines 2a, 2b, and	2c should equal 100%.							
3a	Are there endowment funds not in the	e possession of the org	anızatıor	n that are he	ld and admi	nistered for the	1		
	organization by						(a (i)	Yes	No
	(i) unrelated organizations	•	•	•	•	•	3a(i)		X
_	(ii) related organizations.				•		3a(ii) 3b		X
b ₄	If "Yes" to 3a(ii), are the related organ				•	•	30		
art	VI Land, Buildings, and Equ		endowin	ierit iulius					
all	Complete if the organizatio		Form 9	90 Part IV	/ line 11a	See Form 990 Par	rt X. line	10.	
	Description of property	(a) Cost or other		(b) Cost o		(c) Accumulated		ook value	<u> </u>
	Description of property	(investmen		basis (o		depreciation	(2, 2		
1a	Land	.	0		59,244				0
b	Buildings				504,431	333,618			0,813
С	Leasehold improvements		0		744,798	233,766			1,032
А	Equipment	l l	اه		11 300	8.456			2.844

Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

457,947

509,500

51,553

736,242

Part VII	Investments—Other Securi Complete if the organization		0, Part IV, line 11b See Form	n 990, Part X, line 12
(a	n) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial	derivatives	0		
(2) Closely-h	neld equity interests	0		
(3) Other				
		1		
(F)				
(G)				<u> </u>
(H)				
Total (Column (b.) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Rel	ated.		
	Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 11c. See Form	
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
_(2)				
(3)				
_(4)				
(5)				
_(6)				
(7)				
(9)				
		• 0		
Part IX	Other Assets. Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 11d See Form	n 990, Part X, line 15
		(a) Description		(b) Book value
(1) Due to/l	From Affiliates			466,048
(2) Brokera	ige Acct NT5720			14,383
(3) Escrow	Deposits			54,266
(4) Capital				3,559
(5) Note Re	eceivable Fountain View			225,750
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X,	col (B) line 15)	_	764,006
Part X	Other Liabilities. Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
(2)			1	
(3)	· · · · · · · · · · · · · · · · · · ·		1	
(4)				
(5)			1	
(6)				
(7)			1	
(8)			1	
(9)			1	
	nust equal Form 990, Part X col. (B) line 25.)	• 0	1	
	uncertain tay positions. In Part XIII. pro	<u></u> <u></u>	organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Pari	XI Reconciliation of Revenue per Audited Financial Sta	tements With Revei	nue per Return.	
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
Ž	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	<u></u>	2e	(
3	Subtract line 2e from line 1		3	(
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part	XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.	
	Complete if the organization answered "Yes" to Form 99	00, Part I <u>V, line 12a</u>		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	(
	Amounts included on Form 990, Part IX, line 25, but not on line 1			
4		1 4 1		
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		4a 4b		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4c	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c 5	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	4b	5	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	4b ne 18)	5 d 2b, Part V, line 4, Par	t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	5 d 2b, Part V, line 4, Par	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4c.	at to provide any addition.	d 2b, Part V, line 4, Paral information	

Schedule D (Form	1990) 2014 Lav	vndale Christian i	Development Cor	poration		36-3573036	Page 5
Part XIII	Sunnlamer	ntal Informatio	n (continued)				
, with Air	Cappicine	ital illiorillatio	on (commuca)			 	
						 	• • • • • • • • • • • • • • • • • • •
•							
• • • • • • • • • • • • • • • • • • • •				·		 	
·						 	
	· · · · · · · · · · · · · · · · · · ·				•	 	
	•						
		· · · · · · · · · · · · · · · · · · ·				 	
				~		 	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer Identification number**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Lawndale Christian Development Corporation 36-3573036 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household aoods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution---Historic structures 14 Qualified conservation contribution-Other 15 Real estate—Residential 16 Real estate—Commercial 17 Real estate—Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 **Taxidermy** 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 Other ► (_____) 27 Other ► (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
~	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No 1545-0047
2014

Open to Public Inspection

Employer identification number

36-3573036 Lawndale Christian Development Corporation Form 990, Part VI, Section A, Line 1A. There are no material differences in the voting rights among members of the governing body Form 990, Part VI, Section B, Line 11B. The 990 Form is reviewed at a special Board Meeting. with members of the committees and the independent auditors who prepared the 990 return Form 990, Part VI, Section B. Line 15B. Compensation of officers, directors and key employees are determined by Board approval and compensation based on industry standards Form 990, Part VI, Section C, Line 19 All documentations are stored in company files and documents and are made available upon request Form 990, Part VI,

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Lawndale Christian Development Corporation	36-3573036
Editional Chinonal Development Corporation	
***************************************	•

•••••••••••••••••••••••••••••••••••••••	
•	
•	

•••••••••••••••••••••••••••••••••••••••	

•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Lawndale Christian Development Corporation

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.

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

Open to Public 2014

Employer identification number

36-3573036

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 Part

(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
(1) King Legacy Limited Partnership	Real Estate				
		1	437,187	14,767	14,767 Lawndale Christian
(2) Tabernacle Limited Partnership	Real Estate				
Chicago		IL.	192,253	1,117,041	1,117,041 Lawndale Christian
(3) Lazarus Limited Partnership	Real Estate				
60623		IL.	130,629	1,187,458	1,187,458 Lawndale Christian
(4) Praise Apartments Limited	Real Estate				
;		IL.	222,948	3,696,160	3,696,160 Lawndale Christian
(5) Fountain View Limited Partnership	Real Estate				
		11	314,013	8,563,847	8,563,847 Lawndale Christian
(6) RPA Limited Partnership	Real Estate				
		11	389,433	8,683,902	8,683,902 Lawndale Christian
	Commission of the Commission and World World World World William 24 bottomen of the Commission of the	00/11 Possinione 20		24 N inc 24 ho	bod to oneo

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

(e)	(<u>a</u>)	(0)	(p)	(0)	€	(6)
Name address and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?
						Yes No
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
(7)						

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

Schedule R (Form 990) 2014

Part III

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. 36-3573036

(a) Name, address, and EIN of related organization	(a) (b) (c) Armany activity (c) Legal dorganization (state or foreign foreign foreign foreign foreign foreign foreign calculation (state or foreign foreign foreign calculation)	(c) (c) (c) (egal domicile (state or foreign	Urdated as a partitier ship during the tax year. (d) (e) (f) (f) Direct controlling income (related, income excluded from	(e) Predominant income (related, unrelated excluded from	Share of total	(g) total Share of end-of- year assets		(h) Disproportionate allocations?	(a) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(f) General or managing partner?		(k) Percentage ownership
		country)		tax under sections 512-514)								
							٧	Yes No		Yes	No	
(1)												
(2)											┼	
(3)												
(4)							<u> </u>				<u> </u>	
(5)												
(9)								1			 	
(D)												
Part IV Identification of IV, line 34 becaus	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ansv IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	tions Taxable re related orga	as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part inizations treated as a corporation or trust during the tax year.	ion or Trust (ed as a corpor	Complete ation or tr	of the organizations of the state of the sta	ation an	swered ar.	"Yes" on For	m 990, F	art	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) incle Direct controlling no counity)	ntrolling (C ((e) Type of entity (C corp. S corp or frust)	(f) Share of total income	<u>a</u>	(g) Share of end-of-year assets o	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	2(b)(13) olled y?
											Yes	ŝ
(1)												
(2)												
(3)												
(4)												
(5)												!
(9)		; ;										
(2)												
									Sche	Schedule R (Form 990) 2014	orm 990) 2014

Schedu	Schedule R (Form 990) 2014 Lawndale Christian Development Corporation	36-36	36-3573036 Page 3	က
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	1 IV, line 34, 35b, or 36.		
Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No	اہ ا
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	i in Parts II-IV?		
Ø			1a	
đ	b Gift, grant, or capital contribution to related organization(s)		1b	
ပ	c Gift, grant, or capital contribution from related organization(s)		10	
Р			19	1
Φ			1	
4-	f Dividends from related organization(s)		· •	
. 1				1
o n.			<u>6</u> 1	
£			=	-
	i Exchange of assets with related organization(s)		7=	- 1
-	j Lease of facilities, equipment, or other assets to related organization(s)		į	
<u>×</u>	k I ease of facilities equipment or other assets from related organization(s)			
: -			7	ł
-				1
Ε			m _L	1
2	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1	
0	 Sharing of paid employees with related organization(s) 		10	-
d	p Reimbursement paid to related organization(s) for expenses		10	- 1
8	q Reimbursement paid by related organization(s) for expenses		19	- 1
-	 Other transfer of cash or property to related organization(s) 		7-	-
S	- 1		18	- 1
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	relationships and transactior	n thresholds	1
	(a) (b) Name of related organization	(c) Amount involved	(d) Method of determining	
			amount involved	-
Ē				1
6				
(3)				
5				
				1
(2)				1
(9)				
		Schedul	Schedule R (Form 990) 2014	4

36-3573036

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

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

of gloss reverine) that was not a related organization occurrence regarding excussion for certain investment particles into	u Olgaliizatioi i	i sinononisi i sa	egal all light exclusion	5	יומוו	IIIVESIIIIEIII PAIL	1010111	1	9	r	ŧ		
(a)	(a)	(3)	(a) Predominant	a)	(e)	(n) Share of	(g) Share of	(n)	— \ abo\ aleoo		Ceneral C		(n) entane
Name address and Env orening	rillialy activity	(state or foreign country)		seci 501(section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	box 20 le K-1	managing partner?		ownership
			from tax under sections 512-514)	organız	ations?				(Form 16)62)		Î	
				Yes	ş			Yes	No		Yes	N _o	
(1)													
(2)													
(3)													
(4)													
(5)													
(9)								-					
(2)													
(8)													
(6)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
										Schedu	le R (Fo	Schedule R (Form 990) 2014) 2014

Schedule R (For	m 990) 2014	Lawndale Christian Development Corp	oration	36-3573036	Page 5
Part VII	Suppleme	ntal Information			
,	Provide ad	litional information for responses t	o questions on Schedule R (see	instructions)	
	1101140 44	macrial information for responses	o questions on concaute it (see	mon donono,	
•					
					
					
					~
					· · · · · · · ·
. 					
			-		
			,		
·					
					

Continuation Sheet for Schedule R (Form 990)

Nama of films accamination				Page	of 1
Lawndale Christian Development Corporation				36-3573036	Employer identification number 6-3573036
Part I Continuation of Identification of Disregarded Entities					
(a) Name address and EIN 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
(7) Lawndale Christian Res Serv 3843 W Ogden Ave Chicago, IL 60623	Real Estate		505,259	62,576	62,576 Lawndale Christiar
(8)					
(6)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(11)					
(18)					
(19)					
(20)					
(21)					