

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ZION DEVELOPMENT CORPORATION. Number and street: 910 5TH AVE SUITE 1E PO BOX 4387. City or town: ROCKFORD, IL 611100887

D Employer identification number: 36-3229794. E Telephone number: (815) 964-8280. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: HTTP://WWW.ZIONDEVELOPMENT.COM

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 17,711,703

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Line number, Description, Sub-line (a-d), and Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ 709 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	709	709		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	119,355	77,581	41,774	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	429,931	279,455	150,476	
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28	51,351	33,378	17,973	
29 Payroll taxes	29	39,791	25,864	13,927	
30 Professional fundraising fees	30				
31 Accounting fees	31	11,385	7,400	3,985	
32 Legal fees	32	6,734	4,377	2,357	
33 Supplies	33	12,326	8,012	4,314	
34 Telephone	34	8,175	5,314	2,861	
35 Postage and shipping	35	3,692	2,400	1,292	
36 Occupancy	36	68,004	44,203	23,801	
37 Equipment rental and maintenance	37	102,259	66,468	35,791	
38 Printing and publications	38	537	349	188	
39 Travel	39	3,967	2,579	1,388	
40 Conferences, conventions, and meetings	40	10,470	6,805	3,665	
41 Interest	41	155,445	101,039	54,406	
42 Depreciation, depletion, etc (attach schedule)	42	90,697	58,953	31,744	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,384,049	897,908	485,744	397

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ▶ PROVIDE JOB TRAINING / REHAB HOUSING All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a HOUSING REHABILITATION AND HOUSING PROGRAM SEEKS TO MOTIVATE VOLUNTEERS TO WORK WITH TRAINED STAFF TO REHABILITATE HOUSING IN DEPRESSED NEIGHBORHOODS AND TO PROVIDE AFFORDABLE HOUSING FOR RENT OR SALE TO ECONOMICALLY DISADVANTAGED INDIVIDUALS (Grants and allocations \$ 709) If this amount includes foreign grants, check here <input type="checkbox"/>	883,103
b CHOPPI LEADERSHIP PROGRAM AND OTHER PROGRAM EXPENSES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	14,805
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	897,908

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		188,337	45	146,822	
	46 Savings and temporary cash investments		802,077	46	216,532	
	47a Accounts receivable	47a	53,621			
	b Less allowance for doubtful accounts	47b		37,796	47c	53,621
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	1,691,849			
	b Less allowance for doubtful accounts	51b		1,574,756	51c	1,691,849
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a	1,779,808				
b Less accumulated depreciation (attach schedule)	55b	554,649	1,191,205	55c	1,225,159	
56 Investments—other (attach schedule)			925,532	56	925,532	
57a Land, buildings, and equipment basis	57a	4,253,212				
b Less accumulated depreciation (attach schedule)	57b	212,254	1,940,913	57c	4,040,958	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			152,679	58	169,928	
59 Total assets (must equal line 74) Add lines 45 through 58			6,813,295	59	8,470,401	
Liabilities	60 Accounts payable and accrued expenses		103,991	60	351,388	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			3,328,864	64b	3,540,216
	65 Other liabilities (describe <input type="checkbox"/> _____)			13,810	65	14,374
66 Total liabilities Add lines 60 through 65			3,446,665	66	3,905,978	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		3,206,558	67	4,279,003	
	68 Temporarily restricted		160,072	68	285,420	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			3,366,630	73	4,564,423	
74 Total liabilities and net assets / fund balances Add lines 66 and 73			6,813,295	74	8,470,401	

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTAL INCOME					139,377
b DEVELOPER & OTHER FEES					204,132
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	220,477	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	48,017	
101 Net income or (loss) from special events					-28,698
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS INCOME					36,485
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				268,494	351,296
105 Total (add line 104, columns (B), (D), and (E))					619,790

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ALL PROGRAM SERVICE REVENUE IS USED TO IMPLEMENT PROGRAM OBJECTIVES
93B	ALL PROGRAM SERVICE REVENUE IS USED TO IMPLEMENT PROGRAM OBJECTIVES
101	SPECIAL EVENTS REVENUE IS USED TO IMPLEMENT PROGRAM OBJECTIVES
103B	ALL MISCELLANEOUS REVENUE IS USED TO IMPLEMENT PROGRAM OBJECTIVES

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

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

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

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

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

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

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

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer		2008-12-15 Date
	BRAD ROOS EXECUTIVE DIRECTOR Type or print name and title		

Paid Preparer's Use Only	Preparer's signature CURTIS D KLECKLER	Date 2009-01-14	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SIKICH LLP 6815 WEAVER RD SUITE 100 ROCKFORD, IL 611148018			EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (815) 282-6565

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
ZION DEVELOPMENT CORPORATION

Employer identification number

36-3229794

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CONTEMPORARY HAMMER WORKS 750 N MADISON STREET ROCKFORD, IL 61107	CONSTRUCTION	454,801
PRECISE & SNUG INSULATION 9756 BELVIDERE ROAD ROSCOE, IL 61073	CONSTRUCTION	187,263
GARWICK ELECTRIC INC 2500 N MAIN STREET ROCKFORD, IL 61003	CONSTRUCTION	178,733
HI-TECH PLUMBING CONTRACTORS INC 5431 INTERNATIONAL DRIVE ROCKFORD, IL 61109	CONSTRUCTION	160,659
ROCKFORD HEATING & AIR CONDITIONING 1618 MAGNOLIA STREET ROCKFORD, IL 61104	CONSTRUCTION	124,863
Total number of other contractors receiving over \$50,000 for other services	4	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨️ a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b	Yes	
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨️	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

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

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	496,718	2,805,767	345,527	315,755	3,963,767
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	547,476	484,562	339,434	361,402	1,732,874
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	95,837	59,948	57,904	57,970	271,659
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	5,272	15,609	42,712	25,462	89,055
23 Total of lines 15 through 22	1,145,303	3,365,886	785,577	760,589	6,057,355
24 Line 23 minus line 17	597,827	2,881,324	446,143	399,187	4,324,481
25 Enter 1% of line 23	11,453	33,659	7,856	7,606	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 86,490
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 1,871,078
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 4,324,481
d Add Amounts from column (e) for lines	18 271,659	19 0			
	22	26 b	1,871,078		
e Public support (line 26c minus line 26d total)					26e 2,092,689
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 48.39%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006)	(2005)	(2004)	(2003)	
c Add Amounts from column (e) for lines	15	16			
	17	20	21		
d Add Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

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

Additional Data

Software ID:

Software Version:

EIN: 36-3229794

Name: ZION DEVELOPMENT CORPORATION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	43a				
b FUND RAISING	43b	397			397
c CAPITOL FUNDS EXP	43c	104	68	36	
d MEALS & ENTERTAINMENT	43d	4,272	2,777	1,495	
e PROGRAM EXPENSE - WELLNESS	43e	86,772	56,402	30,370	
f OUTSIDE SERVICES	43f	13,303	8,647	4,656	
g PROFESSIONAL FEES	43g	55,823	36,285	19,538	
h AUTO EXPENSE	43h	8,234	5,352	2,882	
i ADVERTISING	43i	13,413	8,718	4,695	
j BANK / FINANCE CHARGES	43j	20,810	13,526	7,284	
k MISCELLANEOUS EXPENSE	43k	21,833	12,478	9,355	
l INSURANCE	43l	39,301	25,546	13,755	
m DUES AND SUBSCRIPTIONS	43m	4,959	3,223	1,736	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BRAD ROOS 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	EXEC DIR 40 00	64,355	0	0
LYNN TOWNSEND 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	DIR MKTING 40 00	55,000	0	0
REV DENVER BITNER 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	CHAIRMAN 2 00	0	0	0
NATHAN BRYANT 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	PRESIDENT 2 00	0	0	0
KOHNN E BIPPUS 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0
JOHN CRONE 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	LIFE EM BOD 2 00	0	0	0
MICHAEL GALLAGHER 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0
MARALYN JOHNSON 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	LIFE EM BOD 2 00	0	0	0
RICHARD JOHNSON 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	LIFE EM BOD 2 00	0	0	0
CURTIS REYNOLDS 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	ASST TREAS 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JUNE SALYER 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	SECRETARY 2 00	0	0	0
DON WEIR 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0
CHERYL DEBES 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0
REX ENTSMINGER 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	TREASURER 2 00	0	0	0
BRYAN SELANDER 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	VICE PRES 2 00	0	0	0
KENNETH BOARD 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0
REBECCA OLSON 910 5TH AVENUE SUITE 1E PO BOX 4387 ROCKFORD,IL 61110	BOD 2 00	0	0	0

TY 2007 Cash Grants Paid Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Class of Activity	Recipient's name	Address	Amount	Relationship
	RKFDAREA AFFORDABLE HOUSING COALITION	PO BOX 4387 ROCKFORD, IL 61110	500	UNRELATED
	RKRDCOSMOPOLITAN CHARITIES INC	PO BOX 4387 ROCKFORD, IL 61110	209	UNRELATED

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794**Gross Sales Price:** 10,832,725**Basis:** 10,784,708**Sales Expenses:****Total (net):** 48,017

TY 2007 General Explanation Attachment**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Identifier	Return Reference	Explanation
GENERAL RETURN INFORMATION		RE OTHER NOTES AND LOANS RECEIVABL LINES 3 AND 4 OF THE OTHER NOTES AN AN INTEREST RATE O F 1% ON THE LOANS E-FILING LIMITATIONS NECESSITATED E ACTUAL RATE OF INTEREST RECEIVABLE

Identifier

Return Reference

Explanation

GENERAL ELECTIONS

TY 2007 Investments - Land Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY HELD FOR RESALE	125,822		
RENTAL PROPERTIES	1,653,986	554,649	554,649

TY 2007 Land etc. Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	111,166	67,940	43,226
OFFICE BUILDINGS	201,101	103,827	97,274
CONSTRUCTION IN PROGRESS	3,688,470		3,688,470
BUILDING IMPROVEMENTS	184,180	19,526	164,654
VEHICLES (ASSET)	26,545	20,961	5,584
LAND	41,750		41,750

TY 2007 Mortgages and Notes Payable Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Total Mortgage Amount:

Item No.	1
Lender's Name	RIVERSIDE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	238574
Balance Due	209296
Date of Note	2004-01
Maturity Date	2009-01
Repayment Terms	MONTHLY PAYMENTS OF 1,800
Interest Rate	0.0650
Security Provided by Borrower	MORTGAGE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	ILLINOIS HOUSING DEVELOPMENT ILLINOIS HOUSING DEVELOPMENT
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	159589
Date of Note	
Maturity Date	2023-12
Repayment Terms	MONTHLY PAYMENTS OF 853
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	COMMUNITY FOUNDATION
Lender's Title	
Relationship to Insider	
Original Amount of Loan	1517500
Balance Due	1517500
Date of Note	2000-12
Maturity Date	2013-10
Repayment Terms	MONTHLY INTEREST
Interest Rate	0.0380
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	4
Lender's Name	ASSOCIATED BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	59000
Balance Due	
Date of Note	2003-09
Maturity Date	2007-09
Repayment Terms	DUE AT MATURITY
Interest Rate	0.0675
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	5
Lender's Name	RIVERSIDE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	67600
Balance Due	61332
Date of Note	2004-10
Maturity Date	2009-10
Repayment Terms	MONTHLY PAYMENTS OF 520
Interest Rate	0.0675
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	6
Lender's Name	AMCORE BANK NA
Lender's Title	
Relationship to Insider	
Original Amount of Loan	120000
Balance Due	111082
Date of Note	2002-02
Maturity Date	2011-11
Repayment Terms	MONTHLY INTEREST
Interest Rate	0.0754
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	7
Lender's Name	MISSION INVESTMENT FUND
Lender's Title	
Relationship to Insider	
Original Amount of Loan	358500
Balance Due	356822
Date of Note	2005-09
Maturity Date	2026-09
Repayment Terms	MONTHLY PAYMENTS OF 2,416
Interest Rate	0.0525
Security Provided by Borrower	
Purpose of Loan	LANTOW PROJECT
Description of Lender Consideration	
Consideration FMV	

Item No.	8
Lender's Name	MISSION INVESTMENT FUND MISSION INVESTMENT FUND
Lender's Title	
Relationship to Insider	
Original Amount of Loan	538300
Balance Due	538300
Date of Note	2005-09
Maturity Date	2028-06
Repayment Terms	MONTHLY PAYMENTS OF 4,013
Interest Rate	0.0525
Security Provided by Borrower	
Purpose of Loan	LANTOW PROJECT
Description of Lender Consideration	
Consideration FMV	

Item No.	9
Lender's Name	FRIENDS OF ZION
Lender's Title	
Relationship to Insider	
Original Amount of Loan	10000
Balance Due	10000
Date of Note	2004-12
Maturity Date	2008-12
Repayment Terms	ANNUAL INTEREST
Interest Rate	0.0650
Security Provided by Borrower	UNSECURED
Purpose of Loan	DEVELOP BUILDINGS
Description of Lender Consideration	
Consideration FMV	

Item No.	10
Lender's Name	FRIENDS OF ZION
Lender's Title	
Relationship to Insider	
Original Amount of Loan	15000
Balance Due	15000
Date of Note	2003-01
Maturity Date	2010-01
Repayment Terms	ANNUAL INTEREST
Interest Rate	0.0290
Security Provided by Borrower	UNSECURED
Purpose of Loan	DEVELOP BUILDINGS
Description of Lender Consideration	
Consideration FMV	

Item No.	11
Lender's Name	FEDERAL HOME LOAN BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	244800
Balance Due	244800
Date of Note	1999-09
Maturity Date	2029-09
Repayment Terms	NONE - USED FOR STATED PUR
Interest Rate	
Security Provided by Borrower	REAL ESTATE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	12
Lender's Name	ILLINOIS FACILITIES FUND
Lender's Title	
Relationship to Insider	
Original Amount of Loan	268636
Balance Due	255977
Date of Note	2007-05
Maturity Date	2010-05
Repayment Terms	MONTHLY PAYMENTS OF 2,303
Interest Rate	0.0625
Security Provided by Borrower	REAL ESTATE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	13
Lender's Name	AMCORE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	62762
Balance Due	60518
Date of Note	2006-11
Maturity Date	2011-11
Repayment Terms	MONTHLY PAYMENTS OF 511
Interest Rate	0.0754
Security Provided by Borrower	REAL ESTATE
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS	2,402	2,402
DUE FROM AFFILIATES	53,590	70,839
DEVELOPER FEE RECEIVABLE	96,687	96,687

TY 2007 Other Changes in Net Assets Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	-72,206
SPECIAL EVENTS EXPENSES	35,861
TRANSFER TO FOUNDATION	-4,237,086
SPECIAL EVENTS EXPENSES	-35,861

TY 2007 Other Expenses Included Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Description	Amount
TRANSFER TO FOUNDATION	4,237,086
SPECIAL EVENTS EXPENSES	35,861

TY 2007 Other Liabilities Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Description	Beginning of Year Amount	End of Year Amount
OTHER LIABILITIES	1,222	1,222
SECURITY DEPOSITS	12,588	13,152

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2007 Other Notes/Loans
Receivable Long Schedule**

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
LONGWOOD LLC	RELATED LLC	1,517,500	1,517,500	2001-04	2013-10	MONTHLY INTEREST PAYMENTS	3.80 %	REAL ESTATE	BUYING / RENOVATING BUILDING		
528 SEVENTH STREET LLC	RELATED LLC	50,256	60,136	1995-03	2011-09	AS CASH FLOW PERMITS	8.50 %		RENOVATE / DEVELOP BUILDING		
LONGWOOD PLAZA LLC	RELATED LLC	69,213	69,213	2008-03	2018-03	PAYMENT DUE AT MATURITY	1.00 %	MORTGAGE	DEVELOPMENT OF GARDEN		
LONGWOOD PLAZA LLC	RELATED LLC	45,000	45,000	2008-03	2018-03	PAYMENT DUE AT MATURITY	1.00 %	MORTGAGE	OPERATING EXPENSES		

TY 2007 Other Revenues Included Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Description	Amount
SPECIAL EVENTS EXPENSES	35,861

TY 2007 Special Events Schedule**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
DOORS OF ROCKFORD	51,353	44,190	7,163	13,191	-6,028
BANQUET	37,600	37,600		22,670	-22,670
TOTAL	88,953	81,790	7,163	35,861	-28,698

TY 2007 Other Income Schedule

Name: ZION DEVELOPMENT CORPORATION

EIN: 36-3229794

Description	2006	2005	2004	2003	Total
MISCELLANEOUS	5,272	15,609	42,712	25,462	89,055

TY 2007 Self Dealing Statement**Name:** ZION DEVELOPMENT CORPORATION**EIN:** 36-3229794

Line Number	Explanation
2b	NOTES PAYABLE TO FRIENDS OF ZION WITH VARIABLE INTERST RATES FROM 2.9% TO 6.5%