

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization

LOCAL DEVELOPMENT CORPORATION OF EAST NEW YORK

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

80 JAMAICA AVENUE

City, town or country

BROOKLYN

State ZIP code + 4

NY 11207

D Employer Identification Number

11-2556667

E Telephone number

(718) 385-6700

F Accounting method:

- Cash
- Accrual
- Other (specify) _____

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

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? ... Yes No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: N/A

J Organization type (check only one)

501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10c to line 12 784,469.

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

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds		1a		
b Direct public support (not included on line 1a)		1b	64,538.	
c Indirect public support (not included on line 1a)		1c		
d Government contributions (grants) (not included on line 1a)		1d	611,175.	
e Total (add lines 1a through 1d) (cash \$ 675,713. noncash \$ 0.)		1e		675,713.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		29,423.
3 Membership dues and assessments		3		
4 Interest on savings and temporary cash investments		4		1,195.
5 Dividends and interest from securities		5		
6a Gross rents		6a		
b Less: rental expenses		6b		
c Net rental income or (loss). Subtract line 6b from line 6a		6c		
7 Other investment income (describe _____)		7		
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
		8a		
b Less: cost or other basis and sales expenses		8b		
c Gain or (loss) (attach schedule)		8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 46,400. of contributions reported on line 1b)		9a	44,160.	
b Less: direct expenses other than fundraising expenses		9b	33,745.	
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		10,415.
				See L-9 Stmt
10a Gross sales of inventory, less returns and allowances		10a		
b Less: cost of goods sold		10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
11 Other revenue (from Part VII, line 103)		11		33,978.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		750,724.
13 Program services (from line 44, column (B))		13		693,560.
14 Management and general (from line 44, column (C))		14		46,021.
15 Fundraising (from line 44, column (D))		15		6,547.
16 Payments to affiliates (attach schedule)		16		
17 Total expenses. Add lines 16 and 44, column (A)		17		746,128.
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		4,596.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		181,761.
20 Other changes in net assets or fund balances (attach explanation)		20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		186,357.

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

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 *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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
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 See L-25a Stmt	25a	93,346.	87,746.	4,667.	933.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	359,509.	337,938.	17,975.	3,596.
27 Pension plan contributions not included on lines 25a, b, and c	27	32,869.	30,895.	1,645.	329.
28 Employee benefits not included on lines 25a - 27	28	29,018.	27,279.	1,449.	290.
29 Payroll taxes	29	33,790.	31,762.	1,690.	338.
30 Professional fundraising fees	30				
31 Accounting fees	31	12,800.	0.	12,800.	0.
32 Legal fees	32				
33 Supplies	33	15,473.	14,545.	774.	154.
34 Telephone	34	9,291.	8,734.	465.	92.
35 Postage and shipping	35				
36 Occupancy	36	5,761.	5,415.	289.	57.
37 Equipment rental and maintenance	37	7,100.	6,674.	355.	71.
38 Printing and publications	38				
39 Travel	39	12,462.	11,714.	623.	125.
40 Conferences, conventions, and meetings	40				
41 Interest	41	284.	0.	284.	0.
42 Depreciation, depletion, etc (attach schedule)	42	11,565.	10,871.	578.	116.
43 Other expenses not covered above (itemize):					
a CONSULTANTS	43a	39,845.	39,845.	0.	0.
b INSURANCE	43b	5,121.	4,814.	256.	51.
c OFFICE EXPENSE	43c	14,078.	13,233.	704.	141.
d CONTRACTOR EXPENSE	43d	29,656.	29,656.	0.	0.
e	43e				
f INTERNET EXPENSE	43f	1,861.	1,861.	0.	0.
g See Other Expenses Stmt	43g	32,299.	30,578.	1,467.	254.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	746,128.	693,560.	46,021.	6,547.

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? ECONOMIC DEVELOPMENT IN THE EAST NEW YORK AREA 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) organizations and 4947(a)(1) trusts; but optional for others.)
a ADMINISTERS VARIOUS CONTRACTS THAT PROVIDE ASSISTANCE TO BUSINESSES IN OBTAINING LOANS, OBTAINING INCENTIVES, UTILITY RATE REDUCTIONS, BUSINESS TRAINING TO MINORITIES AND WOMEN AND THE COMMERCIAL REVITALIZATION OF RETAIL AREAS. ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	693,560.
b ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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 (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)	693,560.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	92,392.	45	195,315.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	131,051.	49	50,000.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	6,796.		
	b Less: allowance for doubtful accounts		51c	6,796.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities		54a	
	b Investments — other securities (attach sch)		54b	
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	201,390.		
b Less: accumulated depreciation (attach schedule)	174,911.	57c	26,479.	
58 Other assets, including program-related investments (describe ▶ <u>See Line 58 Stmt</u>)	223,100.	58	218,157.	
59 Total assets (must equal line 74). Add lines 45 through 58	464,563.	59	496,747.	
LIABILITIES	60 Accounts payable and accrued expenses	52,181.	60	55,464.
	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)	32,978.	64b	56,909.
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u>)	197,643.	65	198,017.
	66 Total liabilities. Add lines 60 through 65	282,802.	66	310,390.
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	47,509.	67	97,048.
	68 Temporarily restricted	134,252.	68	89,309.
	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)	181,761.	73	186,357.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	464,563.	74	496,747.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	757,177.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	25,000.
	3 Recoveries of prior year grants	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	25,000.
c	Subtract line b from line a	c	732,177.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): EXTRAORDINARY ITEM-DEBT WRITEOFF	d2	18,547.
	Add lines d1 and d2	d	18,547.
e	Total revenue (Part I, line 12). Add lines c and d	e	750,724.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	771,128.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	25,000.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	25,000.
c	Subtract line b from line a	c	746,128.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	746,128.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
SHELDON BELLOVIN 234 Glenmore Ave. BROOKLYN, NY 11207	SECR/TREASURE 2.00	0.	0.	0.
STEPHEN GENOVESE 68 Snediker Ave. BROOKLYN, NY 11207	BOARD MEMBER 1.00	0.	0.	0.
VERMAN BEDESSEE 601 WORTMAN AVENUE BROOKLYN NY 11208	BOARD MEMBER 1.00	0.	0.	0.
PRISCILLA FREY-INCORVIA 1330 PENNSYLVANIA AVENUE BROOKLYN, NY 11207	CHAIRPERSON 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	25,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	N/A	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85 b			
c	Dues, assessments, and similar amounts from members	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
88 b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed <u>See States Filed In</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	13	
90 b			
91 a	The books are in care of <u>JUAN CARLOS SOTO</u> Telephone number <u>(718) 385-6700</u> Located at <u>80 JAMAICA AVE., BROOKLYN, NEW YORK NY</u> ZIP + 4 <u>11207</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
91 b			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c. At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c X
 If 'Yes,' enter the name of the foreign country ▶

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

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 MANAGEMENT FEE					21,206.
b PROGRAM FEES					6,017.
c TEACHING FEES					2,200.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,195.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	10,415.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE					15,431.
c DEBT RELEASE					18,547.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				11,610.	63,401.
105 Total (add line 104, columns (B), (D), and (E))					75,011.

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	FEES USED TO PROVIDE DIRECTION TO YOUNG MEN AND WOMEN WHO ARE ASSISTING BUSINESSES IN THE BUSINEDD IMPROVEMENT AREA
93a&b	FEES PAID BY PARTICIPANTS THAT WILL BE USED TO ENHANCE THE See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

(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).

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

				N/A	
				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

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

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

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

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature: Ivan Harper
 Date: 04/21/09
 Check if self-employed:
 Preparer's SSN or PTIN (See General Instruction X): P00845066

Firm's name (or yours if self-employed), address, and ZIP + 4: IVAN W HARPER, C.P.A.
1322 CARROLL ST
Brooklyn NY 11213-4208
 EIN: _____
 Phone no.: (718) 467-3296

Part III Statements About Activities (See instructions.)

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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 instructions.)

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

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
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?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			

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

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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	
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.)

	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 instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h .)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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

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

Table with 2 columns: Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization: LOCAL DEVELOPMENT CORPORATION OF EAST NEW YORK
Employer identification number: 11-2556667

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

LOCAL DEVELOPMENT CORPORATION OF EAST NEW YORK

11-2556667

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITI FOUNDATION ----- 850 THIRD AVENUE ----- NEW YORK NY 10022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	JACKSON DEVELOPMENT ----- 15 VERBENA AVENUE ----- FLORAL PARK NY 11001	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	CITIBANK ----- 885 FLATBUSH AVENUE ----- BROOKLYN NY 11226	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	CLARENDON HOLDING COMPANY, INC. ----- 36 SNEDIKER ----- BROOKLYN NY 11207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	EAST BROOKLYN DEVELOPMENT MANAGEMENT ASSOC. ----- 80 JAMAICA AVENUE ----- BROOKLYN NY 11207	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name as Shown on Return LOCAL DEVELOPMENT CORPORATION OF EAST NEW YORK	Employer Identification No. 11-2556667
--	--

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SHELDON BELLOVIN	<input type="checkbox"/>	0.			
STEPHEN GENOVESE	<input type="checkbox"/>	0.			
VERMAN BEDESSEE	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		93,346.	87,746.	4,667.	933.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SHELDON BELLOVIN	<input type="checkbox"/>	0.			
STEPHEN GENOVESE	<input type="checkbox"/>	0.			
VERMAN BEDESSEE	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SHELDON BELLOVIN	<input type="checkbox"/>	0.			
STEPHEN GENOVESE	<input type="checkbox"/>	0.			
VERMAN BEDESSEE	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ... ▶		93,346.	87,746.	4,667.	933.

Form 990, Part II, Line 25a

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PRISCILLA FREY-INCORVIA	<input type="checkbox"/>	0.			
GUTTI MODI	<input type="checkbox"/>	0.			
TED HENNING	<input type="checkbox"/>	0.			
SHERRY ROBERTS	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
EQUIPMENT	190,642.	164,163.	26,479.
FURNITURE	10,748.	10,748.	0.
Total	<u>201,390.</u>	<u>174,911.</u>	<u>26,479.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
OTHER ASSETS	9,720.	50,747.
DUE FROM AGENCY	171,369.	79,850.
IDA DEPOSITS	42,011.	87,560.
Total	<u>223,100.</u>	<u>218,157.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
DUE TO AFFILIATES	11,346.	7,076.
REFUNDABLE ADVANCES	92,085.	61,231.
OTHER LIABILITIES	52,201.	41,500.
IDA DEPOSITS PAYABLE	42,011.	88,210.
Total	<u>197,643.</u>	<u>198,017.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
REIMBURSEMENT					
FROM NYS PENALTY					
ABATEMENT					
ADJUSTMENTS			3,351.		3,351.
OTH SERVICE INCOME		8,098.			8,098.
FEES		4,164.			4,164.
MISCELLANEOUS	3,653.	3,427.			7,080.
Total	<u>3,653.</u>	<u>15,689.</u>	<u>3,351.</u>		<u>22,693.</u>

Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
CITI FOUNDATION	15,000.
CITICORP FOUNDATION - IDA	3,138.
JACKSON DEVELOPMENT GROUP	5,000.
EAST BROOKLYN DISTRICT MANAGEMENT	10,000.
OTHER	2,400.
CHLOE FOODS CORPORATION	2,500.
AMERICAN EXPRESS	2,500.
CITIBANK	5,000.
LEGION LIGHTING	2,500.
JACKSON DEVELOPMENT COMPANY	5,000.
BELMONT METALS	2,500.
CITY NATIONAL BANK	1,500.
HUGO SUBOTO	2,500.
CLARENDON HOLDING CO., INC.	5,000.
Total	<u>64,538.</u>

Supporting Statement of:

Form 990 p 1/Line 1d

Description	Amount
NYC DEPT. OF YOUTH & COMMUNITY DEVELOPMENT	86,646.
EMPIRE STATE DEVELOPMENT CORP.	80,000.
NYS DEPT OFECONOMIC DEVELOPMENT	28,500.
U.S SMALL BUSINESS ADMIN.	197,084.
NYC DEPT. OF SMALL BUSINESS SERVICES	131,780.
U.S. DEPARTMENT OF JUSTICE	86,728.
NYS DEPT. OF STATE- DIVIAION OF COSTAL RESOURCES	437.
Total	<u>611,175.</u>

Supporting Statement of:

Form 990 p 8/Line 103(E)-1

Description	Amount
WRITEOFF OF 401K LIABILITY EXPENSED PREVIOUSLY	12,968.
OTHER	2,463.
Total	<u>15,431.</u>

Supporting Statement of:

Sch. A, 990 p 4/Line 15-c

Description	Amount
GRANTS	731,786.
CONTRIBUTIONS	28,830.
DUE FROM AGENCIES - BEG	177,935.
DUE FROM AGENCIES - END	-219,767.
REFUNDABLE ADVANCES - BEG	-71,079.
REFUNDABLE - ADVANCES - END	110,614.
Total	<u>758,319.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-2

Description	Amount
EQUIPMENT	190,642.
Total	<u>190,642.</u>