

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fuller Park Community Develop		D Employer identification number 36-3890176
	Doing Business As		E Telephone number 773-624-8686
	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite 4417 South Stewart Avenue		G Gross receipts \$ 409275.
	City or town, state or country, and ZIP + 4 CHICAGO IL 60609		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: Michael Howard 4417 South Ste CHICAGO IL 60609			H(b) Are all affiliates included? If "No", attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.fullerpark.com			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation:
			M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FPCD WORK TO EQUIP OUR RESIDENTS WITH INFORMATION, RESOURCES, AND EDUCATION THAT PROVIDES THEM WITH THE TOOLS NECESSARY TO HELP THEM MOVE OUT OF POVERTY AND LIVE A BETTER QUALITY OF LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	403205.	409275.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	403205.	409275.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	230658.	234948.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses, (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	139714.	139316.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	370372.	374264.
19 Revenue less expenses. Subtract line 18 from line 12	32833.	35011.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	137382.	131669.
	22 Net assets or fund balances. Subtract line 21 from line 20	62432.	58125.
		74950.	73544.

Part II Signature Block

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

Sign Here	Signature of officer Michael Howard	Date 01/07/2013			
	Type or print name and title Executive Director				
Paid Preparer Use Only	Print /Type preparer's name Quentin Land	Preparer's signature	Date 01/07/2013	Check <input type="checkbox"/> if self-employed	PTIN P00441393
	Firm's name ▶ Land Financial Services	Firm's EIN ▶ 84-1721826	Firm's address ▶ 4001 West 95th Street Suite 20 OAK LAWN IL 60453	Phone no. 708-636-3800	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No