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Amended Short Form

OMB No 1545-1150

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)

2007

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: RENAISSANCE COMMUNITY REBUILDERS. D Employer identification number: 01-0650529. E Telephone number: (313) 538-1787. F Group Exemption Number: . . .

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

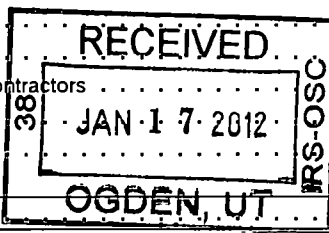
Website: WWW.rcrdetroit.org. Organization type (check only one) - [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527. G Accounting method [X] Cash [] Accrual. Other (specify) . . .

Check [X] if the organization is not a section 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.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 20

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for 5a-5c, 6a-6c, 7a-7c. Total revenue on line 9 is 20. Total expenses on line 17 is 20. Net assets on line 21 is 20.



Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table for Balance Sheets with columns (A) Beginning of year and (B) End of year. Rows 22-27. Total assets on line 25 is 0. Total liabilities on line 26 is 0. Net assets on line 27 is 0.

POSTMARK MISSING

SCANNED JAN 27 2012

RECEIVED

EXPENSES

ASSETS

1

Part III	Statement of Program Service Accomplishments (See page 60 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Housing</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28		
	(Grants \$) If this amount includes foreign grants, check here	28a
29		
	(Grants \$) If this amount includes foreign grants, check here	29a
30		
	(Grants \$) If this amount includes foreign grants, check here	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here	31a
32	Total program service expenses. Add lines 28a through 31a	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of 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 & deferred compensation	(E) Expense account and other allowances	
Vivian Dyer 19511 Annchester Detroit MI 48219	Director 1	0	0	0	
Therone Richardson 18701 Grand Rive Detroit MI 48223	Board Member 0	0	0	0	
Dorothy Perryman 18701 Grand Rive Detroit MI 48223	Board Member 0	0	0	0	
Keith Jackson 18701 Grand Rive Detroit MI 48223	Board Member 0	0	0	0	

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

- 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____
- b 501(c)(3) and (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 an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization ▶ _____
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b	N/A	
40e	N/A	

41 List the states with which a copy of this return is filed ▶ _____

42 a The books are in care of ▶ Ms Vivian Dyer Telephone no ▶ 313-538-1787
 Located at ▶ 19511 Annchester Detroit MI ZIP + 4 ▶ 48219-2190

- 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 ▶ _____
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country ▶ _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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 Vivian Dyer Date 1-9-12
 Type or print name and title Vivian Dyer, Director

Paid Preparer's Use Only

Preparer's signature Vivian Dyer Date 01-03-2012 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 Dyers Tax Service EIN ▶ _____
19511 Annchester
Detroit MI 48219 Phone no ▶ 3135381787