



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2009

Open to Public Inspection

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____		D Employer identification number 36-3954268	
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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Rogers Park Builders Group, c/o Tom Heineman	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
		7734 N Eastlake Terrace	
		City, town, or country	State ZIP + 4
Chicago IL 60626		E Telephone number (773)262-4285	
		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).

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶ <http://rpbg.org/>

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

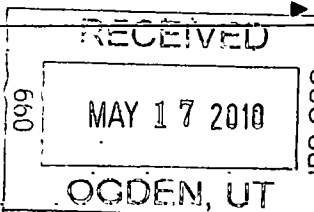
J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 27,758

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1,650
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	26,025
	4 Investment income	83
	5a Gross amount from sale of assets other than inventory	0
	5b Less cost or other basis and sales expenses	0
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a Gross revenue (not including \$ 0 of contributions reported on line 1)	0
6b Less direct expenses other than fundraising expenses	0	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0	
7a Gross sales of inventory, less returns and allowances		
7b Less cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	
8 Other revenue (describe ▶ _____)	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	27,758	
Expenses	10 Grants and similar amounts paid (attach schedule)	575
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	7,100
	13 Professional fees and other payments to independent contractors	900
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	1,162
	16 Other expenses (describe ▶ See Attached Statement)	19,646
	17 Total expenses. Add lines 10 through 16	29,383
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,625
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	33,819
	20 Other changes in net assets or fund balances (attach explanation)	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	32,194



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,819	32,194
23 Land and buildings		
24 Other assets (describe ▶ _____)	0	0
25 Total assets	33,819	32,194
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,819	32,194

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

SCANNED JUN 29 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? <u>Support property invsmt, devlmt, ownrshp in Rogers Park</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, and other relevant information for each program title.		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	RFBG annually produces events that highlight successful efforts within the community and that encourage newcomers to participate in the continuing rejuvenation of Rogers Park. These events bring together investors, bankers, business owners, community organizations and government officials. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29,383
29 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	29,383

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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
Marty Max MCL Properties PO Box 1601 Highland Park IL 60035	Title President Hr/WK 00	0	0	0
Mike Glasser 1227 W Jarvis Chicago IL 60626	Title WebSite Devlpment Hr/WK 00	0	0	0
Carla Price 814 Sheridan Rd Evanston IL 60202	Title Vice President Hr/WK 00	0	0	0
Tom Heineman 7734 N Eastlake Terrace Chicago IL 60626	Title Treasurer Hr/WK 00	0	0	0
Mark T. Neil 55 West Monroe Chicago IL 60603	Title Secretary Hr/WK 00	0	0	0
Rich Aronson 2943 W Farwell Chicago IL 60626	Title Membership Chair Hr/WK 00	0	0	0
John Brauc PO Box 5433221 Chicago IL 60659	Title Fundraising Chair Hr/WK 00	0	0	0
Dan Dooley 1515 W Touhy Chicago IL 60626	Title Planning & Devlpmt A Hr/WK 00	0	0	0
Alan Goldberg Hallmark & Johnson, 7101 N Cicero Lincolnwood IL	Title Art Chair Hr/WK 00	0	0	0
Laurene Huffman Devon Bk, 6445 N Western Ave Chicago IL 60645	Title Outreach Chair Hr/WK 00	0	0	0
Estella Kiser 1628 W Montrose Chicago IL 60613	Title Govt Relations Chair Hr/WK .00	0	0	0
Ken Sproul 2610 W Division Str Chicago IL 60622	Title Public Relations Chai Hr/WK 00	0	0	0
Dan Sullivan 7408 N Greenview Ave Chicago IL 60626	Title Planning & Devlpmt C Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 outstanding at the end of the period covered by this return?		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The organization's books are in care of ▶ Tom Heineman Telephone no ▶ (773)262-4285 Located at ▶ 7734 N Eastlake Terrace City Chicago ST IL ZIP + 4 ▶ 60626		
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, Report of Foreign Bank and Financial Accounts.	42b	X
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 ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | X |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
f Total number of other employees paid over \$100,000		0		

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000		0

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: *Thomas M. Heineman* Date: 5/9/2010

Type or print name and title: Tom Heineman, Treasurer Date: 5/9/2010

Paid Preparer's Use Only

Preparer's signature: *Phil Dodson* Date: 5/8/2010

Check if self-employed: Preparer's identifying number (See instructions): P00174949

Firm's name (or yours if self-employed), address, and ZIP + 4: Phil Dodson, 815 Linden Ave, Wilmette, IL 60091

EIN: Phone no: (847)256-6962

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

Part I, Line 16 (990-EZ) - Other Expenses

19,646

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	150
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Advertising and newsletter	13	10,309
14	Community programs and events	14	1,400
15	Insurance	15	537
16	Meeting expenses	16	4,295
17	Web site	17	2,955
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	