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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Buy the form at the Treasury Department Revenue Service

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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): 7734 N Eastlake Terrace Room/suite: _____

City or town: Chicago state or country: IL ZIP + 4: 60626

D Employer identification number: 36-3954268

E Telephone number: (773)262-4285

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: http://rpb.org/

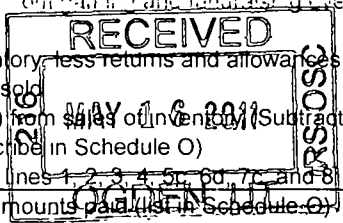
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (b) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 23,304

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount	
Revenue	1	Contributions, gifts, grants, and similar amounts received	2,750	
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	20,446	
	4	Investment income	108	
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c	Less: direct expenses from gaming and fundraising events			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	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 in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	23,304	
Expenses	10	Grants and similar amounts paid (attach Schedule O)	250	
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits	5,040	
	13	Professional fees and other payments to independent contractors	250	
	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping	1,211	
	16	Other expenses (describe in Schedule O)	17,793	
	17	Total expenses. Add lines 10 through 16	24,544	
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,240
	Net Assets	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)	32,194
20		Other changes in net assets or fund balances (explain in Schedule O)		
21		Net assets or fund balances at end of year. Combine lines 18 through 20	30,954	



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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	32,194	22	30,954
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	32,194	25	30,954
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,194	27	30,954

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? 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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 RPBG 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. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 24,544
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)	32 24,544

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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 1642 West Lunt Ave Chicago IL 60626	Title President Hr/WK 00	0		
Ken Sproul 2610 W Division Str Chicago IL 60622	Title Public Relations Hr/WK 00	0		
Carla Price 814 Sheridan Rd Evanston IL 60202	Title Vice President Hr/WK 00	0		
Tom Heineman 7734 N Eastlake Terrace Chicago IL 60626	Title Treasurer Hr/WK 00	0		
Mark T. Neil 135 S LaSalle Str Suite 2810 Chicago IL 60603	Title Secretary Hr/WK 00	0		
Mike Glasser 1233 W Jarvis Ave #1 Chicago IL 60626	Title Membership Chair Hr/WK 00	0		
Dan Sullivan 7408 N Greenview Ave Chicago IL 60659	Title Planning & Devlpmt C Hr/WK 00	0		
Dan Dooley 1515 W Touhy Chicago IL 60626	Title Planning & Devlpmt A Hr/WK 00	0		
Alan Goldberg Hallmark & Johnson, 7101 N Cicero Lincolnwood IL 6	Title Art Chair Hr/WK 00	0		
Mary Boa Boa JV 1122 West Pratt Chicago IL 60626	Title Outreach Chair Hr/WK 00	0		
Estella Kiser 1628 W Montrose Chicago IL 60613	Title Govt Relations Chair Hr/WK 00	0		
Angela Maurello Comm Investm 222 S Riverside S# 2200 Chicago IL 6	Title Director Hr/WK 00	0		
Connie Abels 1225 W Morse Ave Chicago IL 60626	Title Director Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)
 Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		X
41	List the states with which a copy of this return is filed ▶ _____		
42a	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		
42b	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.	Yes	No
42c	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 ▶ _____		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		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

- 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?

	Yes	No
47		
48		
49a		
49b		

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			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over \$100,000

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Phil Dodson
Signature of officer

5/13/2011
Date

Tom Heineman, Treasurer
Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name: Phil Dodson
Preparer's signature: *Phil Dodson*
Date: 5/13/2011
Check if self-employed:
PTIN: P00174949

Firm's name: Phil Dodson
Firm's EIN:
Firm's address: 815 Linden Ave, Wilmette, IL 60091
Phone no: (847) 256-6962

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Rogers Park Builders Group, c/o Tom Heineman

36-3954268

Form 990-EZ, Part I, Line 16, Other Expenses Advertising and newsletter 9,466

Form 990-EZ, Part I, Line 16, Other Expenses Community programs and events 1,400

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 500

Form 990-EZ, Part I, Line 16, Other Expenses Meeting expenses 3,948

Form 990-EZ, Part I, Line 16, Other Expenses Web site 2,379

Form 990-EZ, Part I, Line 16, Other Expenses Membership dues 100

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Paul Abraham 7729 N Eastlake Terrace Chicago IL 60626	Title Director Hr/WK 00	0	0	0
Kimberly Bares RP Bus Alliance 1448 W Morse Ave Chicago IL 60626	Title Director Hr/WK 00	0	0	0
Bryan Cagan Cagan Mngt 3856 W Oakton Ave Skokie IL 60076	Title Director Hr/WK 00	0	0	0
Steve Cain Verdian Realty 2550 Waukegan Rd Suite 220 Glenview IL 60025	Title Director Hr/WK 00	0	0	0
Tim Flentye SheridanShores 7720 N Eastlake Terrace Chicago IL 60626	Title Director Hr/WK 00	0	0	0
David Gassman DLG Mngt 802 W Belmont #2W Chicago IL 60657	Title Director Hr/WK 00	0	0	0
Mary Laura Jone Jones & Otto 1454 W Fargo Chicago IL 60626	Title Director Hr/WK 00	0	0	0
K. Nicholas Kopley Kopley Group 5206 N Sheridan Rd Chicago IL 60640	Title Director Hr/WK 00	0	0	0
Irv Loundy Devon Bk 6445 N Western Ave Chicago IL 60645	Title Director Hr/WK 00	0	0	0
Wayne Madziarz Loyola Unv 820 N Michigan Ave # 1408 Chicago IL 60611	Title Director 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
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0