

Form **990**

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)

OMB No 15-55-0047

2004

Open to Public Inspection

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 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <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 REBIRTH OF ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION	D Employer identification number 36-4078159
		Number and street (or P.O. box if mail is not delivered to street address) 1912 WEST 63RD STREET	Room/suite CHICAGO, IL 60636

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

G Website: **WWW.ROECD.C.NET**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

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? **N/A** Yes No (If "No," attach a list.)

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

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **961,110.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	552,074.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	404,514.		
	d Total (add lines 1a through 1c) (cash \$ 956,588. noncash \$)			1d	956,588.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	4,522.
	5 Dividends and interest from securities			5	
	6 a 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		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		8b	
	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 \$ of contributions reported on line 1a)	9a			
		9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c		
10 a Gross sales of inventory, less returns and allowances	10a				
	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		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	961,110.	
Expenses	13 Program services (from line 44, column (B))			13	763,394.
	14 Management and general (from line 44, column (C))			14	172,304.
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	935,698.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	25,412.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	621,721.
	20 Other changes in net assets or fund balances (attach explanation)			20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	647,133.

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

Form 990 (2004) 7

**REBIRTH OF ENGLEWOOD
COMMUNITY DEVELOPMENT CORPORATION**

36-4078159

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. Page 2

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
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	83,333.	66,666.	16,667.	0.
26	Other salaries and wages	436,179.	348,943.	87,236.	
27	Pension plan contributions				
28	Other employee benefits	56,812.	45,450.	11,362.	
29	Payroll taxes	41,040.	32,832.	8,208.	
30	Professional fundraising fees				
31	Accounting fees	86,025.	73,121.	12,904.	
32	Legal fees				
33	Supplies	7,991.	6,393.	1,598.	
34	Telephone	8,653.	6,922.	1,731.	
35	Postage and shipping	4,162.	3,330.	832.	
36	Occupancy	8,473.	6,778.	1,695.	
37	Equipment rental and maintenance	14,736.	11,789.	2,947.	
38	Printing and publications				
39	Travel	6,565.	6,565.		
40	Conferences, conventions, and meetings	16,754.	13,403.	3,351.	
41	Interest	315.		315.	
42	Depreciation, depletion, etc. (attach schedule)	16,715.	13,372.	3,343.	
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	147,945.	127,830.	20,115.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	935,698.	763,394.	172,304.	0.

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

What is the organization's primary exempt purpose? SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a JOB TRAINING: PROVIDED JOB TRAINING AND PLACEMENT SERVICES TO THE RESIDENTS OF THE ENGLEWOOD AND WEST ENGLEWOOD COMMUNITIES (Grants and allocations \$ 165,384.)	146,426.
b TECHNOLOGY CENTER: BUILT A CENTER TO HELP ENGLEWOOD AND WEST ENGLEWOOD RESIDENTS DEVELOP TECHNOLOGY SKILLS TO BRIDGE THE TECHNOLOGICAL AND ECONOMIC DIVIDE. (Grants and allocations \$ 271,630.)	107,832.
c SOCIAL SERVICES: PROVIDED PROGRAMS AND SERVICES TO IMPROVE THE WELFARE AND WELL BEING OF RESIDENTS OF THE ENGLEWOOD AND WEST ENGLEWOOD COMMUNITIES (Grants and allocations \$ 140,200.)	115,108.
d HOUSING DEVELOPMENT: ASSISTED ENGLEWOOD AND WEST ENGLEWOOD RESIDENTS IN PURCHASING AND DEVELOPING PERMANENT HOUSING IN THE NEIGHBORHOOD. (Grants and allocations \$ 78,000.)	161,760.
e Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ 95,090.)	232,268.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	763,394.

Part IV Balance Sheets

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	578,513.	423,636.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	3,700.	
	b Less: allowance for doubtful accounts		3,700.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	3,066.	2,299.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	287,593.		
b Less: accumulated depreciation	43,890.		
58 Other assets (describe)	67,299.	243,703.	
59 Total assets (add lines 45 through 58) (must equal line 74)	648,878.	673,338.	
Liabilities	60 Accounts payable and accrued expenses	5,699.	4,747.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► ACCRUED EXPENSES)	21,458.	21,458.
66 Total liabilities (add lines 60 through 65)	27,157.	26,205.	
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	621,721.	647,133.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	621,721.	647,133.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	648,878.	673,338.

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.

REBIRTH OF ENGLEWOOD

COMMUNITY DEVELOPMENT CORPORATION

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 2 columns: Description and Amount. Rows include: Total revenue, gains, and other support per audited financial statements (961,110); Amounts included on line a but not on line 12, Form 990 (Net unrealized gains, Donated services and use of facilities, Recoveries of prior year grants, Other); Total revenue per line 12, Form 990 (961,110).

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

Table with 2 columns: Description and Amount. Rows include: Total expenses and losses per audited financial statements (935,698); Amounts included on line a but not on line 17, Form 990 (Donated services and use of facilities, Prior year adjustments, Losses reported on line 20, Form 990, Other); Total expenses per line 17, Form 990 (935,698).

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

Table with 5 columns: (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. Row 1: SEE STATEMENT 4, Compensation: 83,333.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No

REBIRTH OF ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION

Part VI Other Information. Table with columns: Question, Yes, No. Rows 76-92. Includes questions about IRS reporting, business income, political expenditures, lobbying, and tax-exempt status.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,522.
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	4,522.
105 Total (add line 104, columns (B), (D), and (E))					4,522.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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).
95	INTEREST INCOME EARNED ON BANK ACCOUNTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

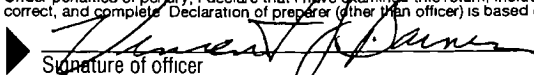
Part X Information Regarding Transfers Associated with

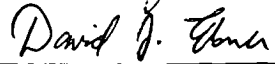
(a) Did the organization, during the year, receive any funds, directly or indirectly, to

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 furnished by preparer.

Please Sign Here:  Date: 11/11

Paid Preparer's Use Only: Preparer's signature:  Firm's name (or yours if self-employed), address, and ZIP + 4: JOHN R. WATERS & COMPANY, 123 N. WACKER DR., #1550, CHICAGO, IL 606061918

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **REBIRTH OF ENGLEWOOD
COMMUNITY DEVELOPMENT CORPORATION** Employer identification number **36 4078159**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<u>VERNELLE COLLINS</u> -----	DIR. OF TECH			
	40	64,523.		
<u>PATRICIA BOYD</u> -----				
	40	63,422.		
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

REBIRTH OF ENGLEWOOD

Part III Statements About Activities (See page 2 of the 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.) 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		X
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) SEE STATEMENT 5		
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)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

REBIRTH OF ENGLEWOOD

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	327,109.	535,841.	585,212.	80,633.	1,528,795.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,188.	8,460.	1,907.		17,555.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 6	472.	472.
23 Total of lines 15 through 22	334,297.	544,301.	587,119.	81,105.	1,546,822.
24 Line 23 minus line 17	334,297.	544,301.	587,119.	81,105.	1,546,822.
25 Enter 1% of line 23	3,343.	5,443.	5,871.	811.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	30,936.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	1,546,822.
d Add: Amounts from column (e) for lines: 18 <u>17,555.</u> 19 _____ 22 <u>472.</u> 26b _____	26d	18,027.
e Public support (line 26c minus line 26d total)	26e	1,528,795.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	98.8346%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM ACTIVITIES	103,808.	103,808.		
UTILITIES	3,095.	2,476.	619.	
MISCELLANEOUS EXPENSE	8,210.	6,000.	2,210.	
BANK CHARGES	1,202.		1,202.	
ADVERTISING	10,898.	8,718.	2,180.	
DUES & SUBSCRIPTIONS	3,795.	2,155.	1,640.	
REIMBURSEMENTS	2,074.	1,659.	415.	
REPAIRS & MAINTENANCE	3,767.	3,014.	753.	
REAL ESTATE TAXES	2,649.		2,649.	
INSURANCE	8,447.		8,447.	
TOTAL TO FM 990, LN 43	147,945.	127,830.	20,115.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

PROVIDE COMMUNITY & ECONOMIC DEVELOPMENT FOR ENGLEWOOD & WEST ENGLEWOOD COMMUNITIES.

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 3
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
BUSINESS DEVELOPMENT: TRAINED RESIDENTS TO START AND MAINTAIN SMALL BUSINESS	75,000.	159,272.	
SPECIAL PROJECTS	20,090.	72,996.	
TOTAL TO FORM 990, PART III, LINE E	95,090.	232,268.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIE BURKE 155 N. MICHIGAN AVENUE, SUITE 611 CHICAGO, IL 60601	CHAIRPERSON 8	0.	0.	0.
REVEREND LESLIE SANDERS 1354 WEST 61ST STREET CHICAGO, IL 60616	VICE-CHAIRPERSON 6	0.	0.	0.
STAN RAKESTRAW 8801 SOUTH GREENWOOD CHICAGO, IL 60619	TREASURER 6	0.	0.	0.
CAROLYN RUSH 100 WEST RANDOLPH STREET, SUITE 4-100 CHICAGO, IL 60653	SECRETARY 8	0.	0.	0.
REPRESENTATIVE DAN BURKE 2650 WEST 51ST STREET CHICAGO, IL 60632	DIRECTOR AT LARGE 0	0.	0.	0.
YUSUF HASAN 2872 WEST 83RD PLACE CHICAGO, IL 60652	DIRECTOR AT LARGE 5	0.	0.	0.
BOBBY L. RUSH 700 EAST 79TH STREET CHICAGO, IL 60619	DIRECTOR AT LARGE 7	0.	0.	0.
JOHNNY SMITH 7150 SOUTH HALSTED CHICAGO, IL 60626	DIRECTOR AT LARGE 5	0.	0.	0.
TIM WRIGHT 35 EAST WACKER, SUITE 500 CHICAGO, IL 60601	DIRECTOR AT LARGE 3	0.	0.	0.
VINCENT J. BARNES 1912 WEST 63RD STREET CHICAGO, IL 60636	EXECUTIVE DIRECTOR 55	83,333.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		83,333.	0.	0.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 5

VINCENT BARNES IS THE EXECUTIVE DIRECTOR OF REBIRTH OF ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION, COMPENSATION WAS \$83,333.

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
TELEPHONE DEPOSIT REFUND	0.	0.	0.	472.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	472.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization REBIRTH OF ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 36 4078159
	Number, street, and room or suite no. If a P.O. box, see instructions. 1912 WEST 63RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60636	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **CHARLES WALKER - REBIRTH OF ENGLEWOOD**

Telephone No ▶ (**773**) **778-2371** FAX No ▶ (**773**) **778-2410**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15**, 20**05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20__ or
 ▶ tax year beginning **APRIL 1**, 20**04**, and ending **MARCH 31**, 20**05**

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.