

# 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)

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

OMB No 1545-0047

**2001**

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

**C** Name of organization: **THE RENAISSANCE COLLABORATIVE, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **3757 S. WABASH AVE.**  
 City or town, state or country, and ZIP + 4: **CHICAGO, IL 60653**

**D** Employer identification number: **36-3843379**

**E** Telephone number: **(773) 924-9270**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Please use IRS label or print or type See Specific Instructions

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

**G** Web site: **N/A**

**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

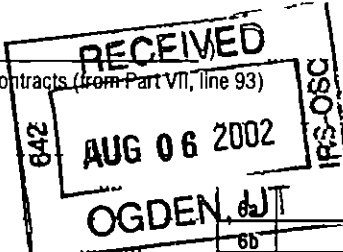
**I** Enter 4-digit GEN: \_\_\_\_\_

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **486,810.**

**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	101,730.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	139,213.		
	d	Total (add lines 1a through 1c) (cash \$ <b>240,943.</b> noncash \$ _____)	1d	240,943.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	214,191.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	2,702.		
	6a	Gross rents				
b	Less rental expenses	6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe _____)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	28,974.			
b	Less direct expenses other than fundraising expenses	9b	10,353.			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	18,621.			
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	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	476,457.			
Expenses	13	Program services (from line 44, column (B))	13	337,617.		
	14	Management and general (from line 44, column (C))	14	123,985.		
	15	Fundraising (from line 44, column (D))	15	37,478.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	499,080.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-22,623.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,270,029.		
	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	2,247,406.		



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**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

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	0.	0.	0.	0.
26	Other salaries and wages	347,620.	266,242.	52,896.	28,482.
27	Pension plan contributions				
28	Other employee benefits	25,148.	16,597.	5,558.	2,993.
29	Payroll taxes	32,892.	24,660.	5,351.	2,881.
30	Professional fundraising fees				
31	Accounting fees	9,039.		9,039.	
32	Legal fees				
33	Supplies				
34	Telephone	11,097.		11,097.	
35	Postage and shipping	8,941.	3,747.	3,929.	1,265.
36	Occupancy				
37	Equipment rental and maintenance	3,625.		3,625.	
38	Printing and publications	2,265.	453.	453.	1,359.
39	Travel	6,908.	768.	6,140.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	11,241.	9,784.	959.	498.
43	Other expenses not covered above (itemize)				
43a	<b>MISCELLANEOUS</b>	9,237.	3,119.	6,118.	
43b	<b>PROFESSIONAL SERVICES</b>	24,870.	7,142.	17,728.	
43c	<b>INSURANCE</b>	1,092.		1,092.	
43d	<b>CLIENT COSTS</b>	5,105.	5,105.		
43e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	499,080.	337,617.	123,985.	37,478.

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?

**PROVIDE AFFORDABLE HOUSING AND A SUITABLE LIVING ENVIRONMENT**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)

a	<b>PROVIDE AFFORDABLE HOUSING AND A SUITABLE LIVING ENVIRONMENT</b>				
	(Grants and allocations \$ _____)				337,617.
b					
	(Grants and allocations \$ _____)				
c					
	(Grants and allocations \$ _____)				
d					
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule)				
	(Grants and allocations \$ _____)				
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				<b>337,617.</b>

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	109,082.	46	129,485.
	47 a	Accounts receivable	47a 24,451.		
	b	Less allowance for doubtful accounts	47b	102,999.	47c 24,451.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	4,348.	48c
	49	Grants receivable	110,500.	49	40,198.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,786.	53	3,035.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b		55c
56	Investments - other <b>SEE STATEMENT 2</b>	1,884,992.	56	1,884,967.	
57 a	Land, buildings, and equipment basis	57a 148,129.			
b	Less accumulated depreciation <b>STMT 3</b>	57b 17,084.	97,902.	57c 131,045.	
58	Other assets (describe <b>▶ SEE STATEMENT 4</b> )	198,554.	58	280,456.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,510,163.	59	2,493,637.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	12,667.	60	18,488.
	61	Grants payable		61	
	62	Deferred revenue	98,467.	62	98,743.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <b>▶ SHORT-TERM LOAN</b> )	129,000.	65	129,000.
66	<b>Total liabilities</b> (add lines 60 through 65)	240,134.	66	246,231.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted	2,209,112.	67	2,200,056.
	68	Temporarily restricted	60,917.	68	47,350.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,270,029.	73	2,247,406.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,510,163.	74	2,493,637.	

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.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <u>SEE STATEMENT 5</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <u>ILLINOIS</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 <span style="float:right">90b 17</span>		
91	The books are in care of <u>PATRICIA ABRAMS</u> Telephone no <u>(773) 924-9270</u> Located at <u>3757 S. WABASH AVE., CHICAGO, IL</u> ZIP + 4 <u>60653</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <span style="float:right">92 N/A</span>		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	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	
<b>93</b> Program service revenue					
<b>a</b> <b>MANAGEMENT FEES</b>					38,976.
<b>b</b> <b>REIMBURSABLE EXPENSES</b>					175,215.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	2,702.	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	18,621.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		21,323.	214,191.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					235,514.

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 Specific Instructions on page 32)

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)
93A	MANAGEMENT OF AFFORDABLE HOUSING
93B	MANAGEMENT OF AFFORDABLE HOUSING

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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
SEE STATEMENT 6	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Accompanying schedules and statements, and to the best of my knowledge and belief it is true information of which preparer has any knowledge

PATRICIA ABRAMS, EXECUTIVE DIRECTOR



**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 1 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 )		
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)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4	Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

**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 6 of the instructions )

**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	384,023.	468,296.	1,867,865.	50,631.	2,770,815.
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	57,136.	160,091.			217,227.
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	3,644.	3,472.	694.	326.	8,136.
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	47,839.		SEE STATEMENT 7 2.	1,484.	49,325.
23 Total of lines 15 through 22	492,642.	631,859.	1,868,561.	52,441.	3,045,503.
24 Line 23 minus line 17	435,506.	471,768.	1,868,561.	52,441.	2,828,276.
25 Enter 1% of line 23	4,926.	6,319.	18,686.	524.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 56,566.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 191,892.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,828,276.
d Add: Amounts from column (e) for lines 18 <u>8,136.</u> 19 _____ 22 <u>49,325.</u> 26b <u>191,892.</u>					26d 249,353.
e Public support (line 26c minus line 26d total)					26e 2,578,923.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.1836%
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	(2000)	(1999)	(1998)	(1997)	
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	(2000)	(1999)	(1998)	(1997)	
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 1997 through 2000, 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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) **N/A**  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500 000		20% of the amount on line 40
	Over \$500 000 but not over \$1 000 000		\$100 000 plus 15% of the excess over \$500 000
	Over \$1 000 000 but not over \$1 500 000		\$175 000 plus 10% of the excess over \$1 000 000
	Over \$1 500 000 but not over \$17 000 000		\$225,000 plus 5% of the excess over \$1 500 000
	Over \$17 000 000		\$1 000 000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**THE RENAISSANCE COLLABORATIVE, INC.**

**36-3843379**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

**THE RENAISSANCE COLLABORATIVE, INC.**

**36-3843379**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER EQUIPMENT	063098SL		5.00	16	1,708.			1,708.	625.		342.
2	FURNITURE & FIXTURES	063099SL		5.00	16	780.			780.	155.		156.
3	BEDROOM FURNITURE (101 BRMS)	063000SL		10.00	16	69,626.			69,626.	3,481.		6,963.
4	DAYROOM FURNITURE	063000SL		10.00	16	7,253.			7,253.	363.		725.
5	PHONE SYSTEM	063000SL		10.00	16	6,716.			6,716.	336.		672.
6	CONFERENCE ROOM CHAIRS	063000SL		10.00	16	2,720.			2,720.	136.		272.
7	OTHER EQUIP. & FURN	063000SL		10.00	16	14,942.			14,942.	747.		1,494.
8	MURAL	063001		.000	16	41,000.			41,000.			0.
9	COMPUTER EQUIPMENT	063001SL		5.00	16	2,680.			2,680.			268.
10	FURNITURE	063001SL		10.00	16	704.			704.			349.
	* TOTAL 990 PAGE 2 DEPR					148,129.		0.	148,129.	5,843.	0.	11,241.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL EVENT	28,974.		28,974.	10,353.	18,621.
TO FM 990, PART I, LINE 9	28,974.		28,974.	10,353.	18,621.

FORM 990 OTHER INVESTMENTS STATEMENT 2

DESCRIPTION	VALUATION METHOD	AMOUNT
RENAISSANCE PARTNERS LIMITED PTS	COST	1,884,967.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,884,967.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	1,708.	967.	741.
FURNITURE & FIXTURES	780.	311.	469.
BEDROOM FURNITURE (101 RMS)	69,626.	10,444.	59,182.
DAYROOM FURNITURE	7,253.	1,088.	6,165.
PHONE SYSTEM	6,716.	1,008.	5,708.
CONFERENCE ROOM CHAIRS	2,720.	408.	2,312.
OTHER EQUIP. & FURN	14,942.	2,241.	12,701.
MURAL	41,000.	0.	41,000.
COMPUTER EQUIPMENT	2,680.	268.	2,412.
FURNITURE	704.	349.	355.
TOTAL TO FORM 990, PART IV, LN 57	148,129.	17,084.	131,045.

FORM 990	OTHER ASSETS	STATEMENT	4
DESCRIPTION		AMOUNT	
ADVANCE TO RENAISSANCE PTS LTD PTS		280,456.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		280,456.	

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	5
NAME OF ORGANIZATION		EXEMPT	NONEXEMPT
RENAISSANCE PARTNERS LIMITED PARTNERSHIP			X
RENAISSANCE PARTNERS CORPORATION			X

FORM 990	PART IX INFORMATION REGARDING TAXABLE SUBSIDIARIES			STATEMENT	6
NAME, ADDRESS & ID NUMBER OF CORP OR PARTNERSHIP	PCT OWN	NATURE OF BUSINESS	TOTAL INCOME	END-OF-YEAR ASSETS	
RENAISSANCE PARTNERS LIMITED PARTNERSHIP, CHICAGO, IL	.01%	DEVELOPMENT OF AFFORDABLE HOUSING	-252,163.	10,460,723.	
RENAISSANCE PARTNERS CORPORATION, CHICAGO, IL	100.00%	DEVELOPMENT OF AFFORDABLE HOUSING	-25.	1,884,967.	

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
MISCELLANEOUS	22,447.	0.	2.	1,484.	
SPECIAL EVENT	25,392.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	47,839.	0.	2.	1,484.	

**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

**2001**

Attachment  
Sequence No. **67**

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return <b>THE RENAISSANCE COLLABORATIVE, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>36-3843379</b>
---	---	---

**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	<b>1</b>	<b>24,000.</b>
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	<b>\$200,000</b>
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	<b>13</b>	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election (see instructions)	<b>15</b>	
16 Other depreciation (including ACRS) (see instructions)	<b>16</b>	<b>11,241.</b>

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2001	<b>17</b>	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10-year property						
e 15 year property						
f 20-year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr	<b>22</b>	<b>11,241.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

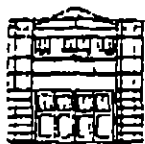
**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2001 tax year					
<b>43</b> Amortization of costs that began before your 2001 tax year					<b>43</b>
<b>44</b> Total Add amounts in column (f) See instructions for where to report					<b>44</b>



THE  
RENAISSANCE  
COLLABORATIVE, INC.

All Board members can be contacted through the Organization's  
general telephone number

3757 S. WABASH AVENUE  
CHICAGO, ILLINOIS 60653

773/924-9270  
(FAX) 773/924-9271

BOARD OF DIRECTORS

THE REV. FR. MARTIN SHAW  
PRESIDENT

THE REV. DR. HORACE SMITH  
VICE PRESIDENT

MARY T. GREER  
TREASURER

MARGUERITE J. STAMS  
SECRETARY

VICKY ALLEN

ANTHONY ANDREWS

THE REV. FR. RICHARD ANDRES

MARSHA BROCK

THE REV. FR. DONALD EHR

DOROTHY FOSTER

STEPHANIE S. GREEN

THE REV. THOMAS M. HIGGINBOTHAM

FLOYD VIVOR

ARGENTRY MITCHELL

WILEY MOORE

DEE DEE OSBOR

C. EDWARD WATSON, II

JOAN WOOD

PATRICIA ABRAMS  
EXECUTIVE DIRECTOR

# 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)
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

<b>Part I Automatic 3-Month Extension of Time</b> - Only submit original (no copies needed)		
<b>Note.</b> Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only <span style="float: right;"><input type="checkbox"/></span> 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		
<b>Type or print</b>	Name of Exempt Organization <b>THE RENAISSANCE COLLABORATIVE, INC.</b>	Employer Identification number <b>36-3843379</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>3757 S. WABASH AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CHICAGO, IL 60653</b>	

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 |

- 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-month, for **990-T corporation**) extension of time until **AUGUST 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year **2001** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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. \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Carl A. ...* Title ▶ CPA-AGENT Date ▶ 5/14/02

LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

# BOARD OF DIRECTORS

## *The Renaissance Collaborative, Inc.*

### Board Members

### Phone Numbers

<p>Joan Woods, <i>Member, President</i>  Miller Wood Associates, Independent Consultant  3217 South Calumet Avenue (Work)  Chicago, IL 60616  <i>Independent Consultant</i></p>	<p>(Work) (312) 326-1527 <i>Resource Dev (Chair)</i>  (Fax) (312) 326-7536  E-mail <a href="mailto:millerwood@aol.com">millerwood@aol.com</a></p>
<p>Stephanie S Green, <i>Vice President</i>  714 East 51<sup>st</sup> Street  Chicago, IL 60615  <i>Private Practice Attorney</i></p>	<p>(Home) (773) 268-4784 <i>Program Committee Chair</i>  (Fax) (773) 268-8249  E-mail <a href="mailto:hepzib@netzero.net">hepzib@netzero.net</a></p>
<p>Mary T. Greer, <i>Treasurer</i>  Board of Education, Teacher  7034 South Chappel (Home)  Chicago, IL 60619  <i>Teacher/Administrator</i></p>	<p>(Home) (773) 643-6534 <i>Finance Committee</i>  (Work) (773) 535-5430 or 535-3919 (direct)  (Fax) (773) 535-5444  E-mail <a href="mailto:mgreer@enc.k12.il.us">mgreer@enc.k12.il.us</a></p>
<p>C Edward Watson, II, <i>Secretary</i>  AT&amp;T  3422 South Prairie  Chicago, IL 60616  <i>Attorney</i></p>	<p>(Home) (312) 225-0892 <i>Resource Development Committee</i>  (Work) (312) 230-2643  (Fax) (312) 977-9536  E-mail <a href="mailto:Watson@lga.att.com">Watson@lga.att.com</a></p>
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<p>The Rev Richard Andrus, <i>Member</i>  St Elizabeth Catholic Church  50 E 41<sup>st</sup> Street (Work)  Chicago, IL 60653  <i>Catholic Priest</i></p>	<p>(Home) (773) 373-8632 <i>Program Committee</i>  (Work) (773) 268-1518  (Work Fax) (773) 373-8632  E-mail <a href="mailto:ricksvd@aol.com">ricksvd@aol.com</a></p>
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<p>Martha Brock, <i>Member</i>  Brock Photography, Independent Photographer  40 Harrison St Suite 5 (Work)  Oak Park, IL 60304  <i>Photographer</i></p>	<p>(Voice Mail) (630) 612-5300 <i>Resource Committee</i>  (Home/Work) (708) 848-9372  (Fax) (708) 848-9373 (Pager) (630) 612-5300  E-mail <a href="mailto:martha10680@aol.com">martha10680@aol.com</a></p>
<p>Daniel Duster, <i>Member</i>  9046 South Blackstone Avenue  Chicago, IL 60619  <i>Human Resource Trainer/Motivational Speaker</i></p>	<p>(Home) (773) 768-4051  (Fax) (773) 731-4582  (Cellular) (773) 456-1064  E-mail <a href="mailto:CoachDuster@aol.com">CoachDuster@aol.com</a></p>

<p>Dorothy Foster, <i>Member</i>          Nicor Gas, Community Affairs Director          18577 Meadow Lane          Hazel Crest, IL 60429  <i>Regional Community Affairs Director</i></p>	<p>(Home) (708) 957-3788 <i>Resource Development</i>          (Work) (708) 756-0450 ext 293          (Fax) (708) 756-7437          E-mail <a href="mailto:Dynamic_5@excite.com">Dynamic_5@excite.com</a></p>
<p>George H Foster, Jr, <i>Member</i>          The McFoster Company, Inc          3551 South Prairie Avenue          Chicago, IL 60653  <i>President</i></p>	<p>(Home) (312) 842-4501</p>
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<p>Merrill (Mell) Monroe, <i>Member</i>          Execu Search &amp; Associates          3657 South Michigan Avenue          Chicago, IL 60653  <i>Senior Partner/Principal</i></p>	<p>(Home) (312) 427-0899          (Work) (312) 935-1100          (Cellular) (312) 493-2953          E-mail <a href="mailto:execuserch@aol.com">execuserch@aol.com</a></p>
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<p>The Rev. Fr Martin Shaw, <i>Member</i>          St Thomas Episcopal Church          3801 South Wabash Avenue          Chicago, IL 60653  <i>Episcopalian Priest</i></p>	<p>(Work) (773) 268-1900          (Fax) (773) 285-7613          E-mail <a href="mailto:fmartinshaw@aol.com">fmartinshaw@aol.com</a></p>
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