

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)

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 7/01/04, and ending 6/30/05**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**NEIGHBORHOODS RESOURCE CENTER**

Number and street (or P.O. box if mail is not delivered to street address)

14 ACADEMY PLACE P.O. BOX 100941

Room/suite

2

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37224****D** Employer identification no.**62-1817514****E** Telephone number**F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

● 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.TNRC.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 ▶ ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att. a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **201,419****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	35,957		
	b	Indirect public support	1b	142,399		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 178,356 noncash \$)	1d	178,356		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	20,150		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	872		
	5	Dividends and interest from securities	5			
	6a	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				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	Less: cost or other basis and sales expenses	8a				
	Gain or (loss) (attach schedule)	8b				
	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
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				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
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	2,041			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	201,419			
E x p e n s e s	13	Program services (from line 44, column (B))	13	237,795		
	14	Management and general (from line 44, column (C))	14	22,747		
	15	Fundraising (from line 44, column (D))	15	1,692		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	262,234		
A s s e t s	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-60,815		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	157,063		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	96,248		

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

Part II Statement of

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. (See page 22 of the instructions.)

Functional Expenses

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 \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 36,111	32,993	3,118	
26 Other salaries and wages	26 120,085	109,718	10,367	
27 Pension plan contributions	27 4,542	4,150	392	
28 Other employee benefits	28 8,241	7,529	712	
29 Payroll taxes	29 18,788	17,167	1,621	
30 Professional fundraising fees	30			
31 Accounting fees	31 3,700		3,700	
32 Legal fees	32			
33 Supplies	33 1,850	1,616	234	
34 Telephone	34 3,206	3,138	68	
35 Postage and shipping	35 2,295	542	111	1,642
36 Occupancy	36 100		100	
37 Equipment rental and maintenance	37 468		468	
38 Printing and publications	38 3,942	3,482	410	50
39 Travel	39 3,319	3,076	243	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 45,066	44,979	87	
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 1	43b 10,521	9,405	1,116	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 262,234	237,795	22,747	1,692

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

HUMAN AND COMMUNITY SERVICES

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 2	(Grants and allocations \$ _____)	90,492
b SEE STATEMENT 3	(Grants and allocations \$ _____)	100,860
c SEE STATEMENT 4	(Grants and allocations \$ _____)	46,403
d OTHER PROGRAMS INCLUDE MISCELLANEOUS GRANT CONTRACTS.	(Grants and allocations \$ _____)	40
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		237,795

Part IV Balance Sheets (See page 25 of the instructions.)

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
45	Cash-non-interest-bearing	88,593	45	82,690
46	Savings and temporary cash investments		46	
47a	Accounts receivable	3,598		
b	Less: allowance for doubtful accounts		47c	3,598
48a	Pledges receivable		48c	
b	Less: allowance for doubtful accounts		48b	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities		54	
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	205,169		
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 5		57c	40,686
58	Other assets (describe SEE STATEMENT 6)		58	50
59	Total assets (add lines 45 through 58) (must equal line 74)	175,184	59	127,024
60	Accounts payable and accrued expenses	13,329	60	7,808
61	Grants payable		61	
62	Deferred revenue	4,792	62	22,968
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe SEE STATEMENT 6)		65	
66	Total liabilities (add lines 60 through 65)	18,121	66	30,776
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	72,724	67	55,362
68	Temporarily restricted	84,339	68	40,886
69	Permanently restricted		69	
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		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	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)	157,063	73	96,248
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	175,184	74	127,024

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.

**Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 27 of the instructions.)**

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Part I		Part II	
a	Total revenue, gains, and other support per audited financial statements	a	Total expenses and losses per audited financial statements
b	Amounts included on line a but not on line 12, Form 990:	b	Amounts included on line a but not on line 17, Form 990:
(1)	Net unrealized gains on investments \$	(1)	Donated services and use of facilities \$
(2)	Donated services and use of facilities \$	(2)	Prior year adjustments reported on line 20, Form 990 \$
(3)	Recoveries of prior year grants \$	(3)	Losses reported on line 20, Form 990 \$
(4)	Other (specify):	(4)	Other (specify):
	\$		\$
	Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)
c	Line a minus line b	c	Line a minus line b
d	Amounts included on line 12, Form 990 but not on line a :	d	Amounts included on line 17, Form 990 but not on line a :
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	Investment expenses not included on line 6b, Form 990 \$
(2)	Other (specify):	(2)	Other (specify):
	\$		\$
	Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)
e	Total revenue per line 12, Form 990 (line c plus line d)	e	Total expenses per line 17, Form 990 (line c plus line d)

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

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-see page 28 of the instructions.

► ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

		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	76	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.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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?	82a	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.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. 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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	4
91	The books are in care of ▶ JOHN STERN Located at ▶ NASHVILLE, TN	Telephone no. ▶ 615-782-8212 ZIP + 4 ▶ 37224	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year	92	

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

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					20,150
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					872
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 MISCELLANEOUS REVENUE					2,041
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	23,063
105 Total (add line 104, columns (B), (D), and (E))					23,063

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).
93A	PROGRAM REVENUE IS USED TO FINANCE VARIOUS GRANT PROGRAMS.
95	INTEREST INCOME IS USED TO FINANCE VARIOUS GRANT PROGRAMS.
103B	MISCELLANEOUS INCOME IS USED TO FINANCE VARIOUS PROGRAMS.

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 Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>John Stern</i> Type or print name and title.	Date <i>12/29/05</i>

Paid Preparer's Use Only	Preparer's signature <i>Jeffrey A. Betts</i>	Date <i>12/28/05</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) P00156471
	Firm's name (or yours if self-employed), address, and ZIP + 4 BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032	EIN 45-0491842	Phone no. 615-373-3771	

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.)	1		X
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.				
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	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.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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.)

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.)	272,758	427,354	349,497	140,028	1,189,637
16 Membership fees received					0
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					0
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	657	1,459	1,897	974	4,987
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 8	17,088	4,077			21,165
23 Total of lines 15 through 22	290,503	432,890	351,394	141,002	1,215,789
24 Line 23 minus line 17	290,503	432,890	351,394	141,002	1,215,789
25 Enter 1% of line 23	2,905	4,329	3,514	1,410	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 24,316
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 84,703
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,215,789
d Add: Amounts from column (e) for lines:					
18 4,987 19					
22 21,165 26b 84,703					
e Public support (line 26c minus line 26d total)					26d 110,855
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 1,104,934
					26f 90.8821%
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					
d Add: Line 27a total. and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g
					27h
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.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	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?	29		
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?	30		
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.)	31		
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?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
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?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a 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.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**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
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-			
If the amount on line 40 is-			
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		

Caution: 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				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 11 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.)			

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

2004

Name of organization

Employer identification number

NEIGHBORHOODS RESOURCE CENTER**62-1817514**

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 foundationCheck 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 boxes 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 2 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).For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

NEIGHBORHOODS RESOURCE CENTER

Employer identification number

62-1817514**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	UNITED WAY OF METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE TN 37228	\$ 142,399	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

FYE: 6/30/2005

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
UTILITIES	5,194	5,084	110	
TECHNOLOGY	2,312	2,134	178	
MISCELLANEOUS	1,992	1,164	828	
OTHER PROFESSIONAL FEES	1,023	1,023		
TOTAL	<u>\$ 10,521</u>	<u>\$ 9,405</u>	<u>\$ 1,116</u>	<u>\$ 0</u>

Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

INFORMATION AND TECHNOLOGY SERVICES PROVIDE NEIGHBORHOOD-LEVEL COMMUNITY ASSET AND LIABILITY INFORMATION TO NEIGHBORHOOD ORGANIZATIONS AND THE GOVERNMENT AND NONPROFIT AGENCIES THAT SERVE NEIGHBORHOODS, IN BOTH TABULAR AND GRAPHICAL FORMATS BY USING THE GEOGRAPHIC INFORMATION SYSTEM. THESE SERVICES ALSO INCLUDE THE DEPLOYMENT OF COMPUTER SYSTEMS AND TRAINING TO NEIGHBORHOOD AND ETHNIC COMMUNITY GROUPS FOR USE IN THEIR COMMUNITY DEVELOPMENT ACTIVITIES.

Statement 3 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

ORGANIZATION AND SUPPORT SERVICES PROVIDE NEIGHBORHOOD RESIDENTS AND GROUPS WITH HANDS ON ORGANIZATIONAL DEVELOPMENT ASSISTANCE. THIS SUPPORT IS DESIGNED TO ENGAGE NEIGHBORHOOD RESIDENTS IN THE DEVELOPMENT OF A NEIGHBORHOOD ORGANIZATION THAT IDENTIFIES ITS COMMUNITY GOALS, TAKES FOCUSED ACTION TO ACHIEVE ITS GOALS, AND PRODUCES A GROUP OF NEIGHBORHOOD LEADERS WITH THE CAPACITY TO CARRY ON THEIR COMMUNITY DEVELOPMENT WORK. THIS AREA ALSO INCLUDES THE STRATEGIC PARTNERSHIP SERVICES WHICH PROVIDE GOVERNMENT AND SOCIAL SERVICE AGENCIES WITH A NONPROFIT PARTNER THAT BRINGS A NEIGHBORHOOD PERSPECTIVE TO SPECIFIC COMMUNITY DEVELOPMENT PROJECTS THAT ARE CITY-WIDE OR MULTI-NEIGHBORHOOD IN NATURE.

Statement 4 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

TRAINING AND CAPACITY BUILDING SERVICES CONSISTS OF THE NEIGHBORHOOD LEADERSHIP TRAINING INSTITUTE AND CUSTOMIZED CAPACITY BUILDING WORKSHOPS. THESE PROGRAMS ARE DESIGNED TO PROVIDE RESIDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY TO TAKE THE LEADING ROLE IN IDENTIFYING AND ADDRESSING THE NEEDS OF THEIR NEIGHBORHOOD.

Federal Statements**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDINGS AND EQUIPMENT	\$ 205,169	\$ 119,417	\$ 205,169	\$ 164,483
TOTAL	\$ 205,169	\$ 119,417	\$ 205,169	\$ 164,483

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 50	\$ 50
TOTAL	\$ 50	\$ 50

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address				
	Title	Average Hours	Compensation	Benefits	Expenses
JOHN STERN		P.O. BOX 100941			NASHVILLE TN
	EXECUTIVE	DI 30	36,111	1,083	0
BILLY FIELDS		902 BOSCOBEL STREET			NASHVILLE TN
	PRESIDENT		0	0	0
BILL BAILEY		8340 RIVER ROAD PIKE			NASHVILLE TN
	MEMBER		0	0	0
PATRICK J. NOLAN III		5648 KENDALL DRIVE			NASHVILLE TN
	MEMBER		0	0	0
REV. WILLIAM L. BARNES		1023 BATTLEFIELD DRIVE			NASHVILLE TN
	MEMBER		0	0	0
THOMAS EPPERSON		P.O. BOX 280663			NASHVILLE TN
	MEMBER		0	0	0
DR. EUGENE TESELLE		2007 LINDEN AVENUE			NASHVILLE TN
	CHAIR-ELECT		0	0	0
ELEANOR GRIER		P.O. BOX 160153			NASHVILLE TN
	MEMBER		0	0	0
ANN TOPLOVICH		2715 WESTWOOD AVENUE			NASHVILLE TN
	SECRETARY/TR		0	0	0
PATRICIA TOTTY		1021-31ST AVENUE, NORTH			NASHVILLE TN
	MEMBER		0	0	0
KING HOLLANDS		911-14TH AVENUE SOUTH			NASHVILLE TN
	MEMBER		0	0	0
JAMES C. MIDGETT, JR., ESQ.		6240 EATONS CREEK ROAD			JOELTON TN 3
	MEMBER		0	0	0

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
	\$ <u>17,088</u>	\$ <u>4,077</u>	\$ <u> </u>	\$ <u> </u>
TOTAL	\$ <u><u>17,088</u></u>	\$ <u><u>4,077</u></u>	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>