#### NEIGHRECEN 01/25/2011 9:25 AM

## **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)

Form **990** (2009)

Inter	nal Revenue Serv	rice	► The organization may have to use a copy of this return to satisfy sta		irements	inspection
A	For the 2009 ca	lendar y	ear, or tax year beginning $07/01/09$ , and ending $06/30/3$	LO		
В	Check if applicable:	Please	C Name of organization		D Em	nployer identification number
	Address change	use iRS label or	Neighborhoods Resource Center		۔ ا	
一	Name change	print or	Doing Business As	<del>.,</del>	6:	2-1817514
	-	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	lephone number
	nitial return	See	1312 Third Avenue North	<u> </u>	6:	15-782-8212
	Termination	Specific instruc-	City or town, state or country, and ZiP + 4		G Gross	receipts \$ 328,282
	Amended return	tions.	Nashville TN 37208			
<u> </u>	Application pending	F Nam	e and address of principal officer:		H(a) is	this a group return for
ا لـــا	Application pending					ffiliates? Yes X No
				•	H(b) A	re all affiliates Yes No
					lf lf	"No," attach a list. (see instructions)
1	Tax-exempt state	Is. X	501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527		7	
			tnrc.net		H(c) G	Group exemption number
	Type of organization			Year of formation:		M State of legal domicile: T1
	COLUMN TO STATE OF THE PARTY OF	umma				
			the organization's mission or most significant activities:			
			3 Garage i has Garagei and			
Č		a a				
nan						
Governance			if the approximation discontinued its energians or disposed of more than			• • • • • • • • • • • • • • • • • • • •
Ó			if the organization discontinued its operations or disposed of more than			3   12
•ర	1		g members of the governing body (Part VI, line 1a)			3 12 4 11
Activities	4 Number		pendent voting members of the governing body (Part VI, line 1b)		… ⊢	
ĭ.	5 Total nu		employees (Part V, line 2a)		···· <del> </del>	<u> </u>
Act	6 Total nu		volunteers (estimate if necessary)			6
_	7a Total gr	oss unr	elated business revenue from Part VIII, column (C), line 12		• • • • • • • • • • • • • • • • • • • •	7a
	<b>b</b> Net unr	elated b	usiness taxable income from Form 990-T, line 34	<del> </del>	<del> </del>	7b
				Prior	37,5	97 Current Year 294 , 66
<u> </u>	8 Contrib		nd grants (Part VIII, line 1h)			
Revenue	9 Program	m servic	e revenue (Part VIII, line 2g)	· ·	44,2	
e v	10 Investn	nent inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		2,1	
DZ.	11 Others		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,7	
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,8	30 328,28
1	13 Grants	and sim	ilar amounts paid (Part IX, column (A), lines 1–3)			
1	14 Benefit	ts paid to	o or for members (Part IX, column (A), line 4)			
) '	15 Salarie	s, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	3	25,1	.86 293,84
9	de Destan		ndraising fees (Part IX, column (A), line 11e)			
Fynon	b Total fi		ng expenses (Part IX, column (D), line 25) ▶ 47,484			
Ľ	17 Other		s (Part IX, column (A), lines 11a–11d, 11f–24f)		77,3	90,64
•			s. Add lines 13–17 (must equal Part IX, column (A), line 25)		102,5	384,49
1	ŧ	•	expenses. Subtract line 18 from line 12		-16,7	
-		uc 1033	SAPORISCS. Cubit dot into 10 from into 12	Beginning o	f Current Y	ear End of Year
5	20 Total a	assets (F	Part X, line 16)	(	516,3	360 515,07
Δes			(Part X, line 26)		223,2	200 178,12
N to N			und balances. Subtract line 21 from line 20		393,1	L60 336,94
	A. A. A.L. S. A. A. C. C. C. C. C. A.		ure Block			
				dules and stateme	nts, and to	the best of my knowledge
1		and belie	tatles of perjury, I declare that have examined this return, including accompanying sche , iyis true, porrect, and complete. Declaration of preparer (other than officer) is based on	all information of w	nich prepa	arer has any knowledge.
0	lan l	/			1	1/27/1/
3	ign					Date
T	lere	Sign	Holanda C. Naughn Interim S	11/1/2		Se the
FOLIA		<del>- /</del>		KEWING	-0	mar.
-		Type	dr print name and title	<del></del>		Preparer's identifying num
; 	Doid	Preparer	s Men M Rette	S	heck if elf-	(see instructions)
	Paid	signature		./25/11 e	mployed	
1	reparer's	Eigenla	Edmondson Betzler & Montgomer	y PLLC		EIN ▶ 26-24519
1	Jse Only	if self-en	me (or yours 12 Cadillac Dr Ste 210			Phone
			and ZIP + 4 Brentwood, TN 37027			no. ▶ 615-916-31
1 7	Any the IDC die	cues th	s return with the preparer shown above? (see instructions)			Yes

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

Let III Chatamant of Decrease Comics Assessed		Page <b>2</b>		
Statement of Program Service Accomplis	hments			
Human and Community Services				
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· · · · · · · · · · · · · · · · · · ·				
Did the organization undertake any significant program services	during the year which were n	ot listed on		
the prior Form 990 or 990-EZ?			Yes X No	
If "Yes," describe these new services on Schedule O.				
Did the organization cease conducting, or make significant char	ges in how it conducts, any p	rogram		
services?			Yes X No	
If "Yes," describe these changes on Schedule O.				
Describe the exempt purpose achievements for each of the orga	inization's three largest progra	am services by expenses.		
Section 501(c)(3) and 501(c)(4) organizations and section 4947	a)(1) trusts are required to re	port the amount of grants and		
allocations to others, the total expenses, and revenue, if any, fo	each program service report	ed.		
(Code: ) (Expenses \$ inc	luding grants of \$			
nformation and Technology Servi	ces provide ne:	Lghborhood-		
evel community asset and liabil	ity information	n to		
eighborhood organizations and t	he government a	and		
onprofit agencies that serve ne	ighborhoods, in	n both		
abular and graphical formats by	using the Geo	graphic		
information System. These servi	ces also includ	de the		
deployment of computer systems a	nd training to			
neighborhood and ethnic communit	v groups for u	se in their	• • • • • • • • • • • • • • • • • • • •	
community development activities				
If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant chan services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization sources and section 4947 (allocations to others, the total expenses, and revenue, if any, for Information and Technology Service level community asset and liabil neighborhood organizations and the nonprofit agencies that serve netabular and graphical formats by Information System. These service deployment of computer systems a neighborhood and ethnic community community development activities				
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Pa	int IV Checklist of Required Schedules	<del></del>		
	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		į	
	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1	1	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1	1	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	▶ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses</li> </ul>			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
l	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
ž	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
1	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	990 (2009) Neighborhoods Resource Center 62-181/514		P:	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1 _ 1		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ŀ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	-		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
•	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	Ì		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-0	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		<del> </del>	+**
b	Schedule L, Part IV	28b		X
_	•••••••••••••••••••••••••••••••••••••••	200	+	1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		x
	Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
	conservation contributions? If "Yes," complete Schedule M	30		<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		Ì	3,7
	Part I	31	+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
38	bid the digamization complete deficable of and provide explanations in confedure of for fair vi, lines in and			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance						
			_	ſ		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1.					
l.	U.S. Information Returns. Enter -0- if not applicable	1a 1b					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and re		<u> </u>				
C	to describe the sharp to the state of the st	portac	и <del>с</del>		1c	x	
2a	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	T	Ţ		10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		-1		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by					
	this return?				3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin						X
b	account)?  If "Yes," enter the name of the foreign country: ▶				4a		Λ
n	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign						
	and Financial Accounts.	Dank					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg						
	Prohibited Tax Shelter Transaction?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the					
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of the contribution of the contributio	ions o	r				
7	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	- acode	•				
а	and convices provided to the payor?	-			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	<del> </del>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			• • • • • • • • • • • • • • • • • • • •			
	required to file Form 8282?				7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal				
_	benefit contract?				7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?			7f	-	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098				7g	1	X
h	and the dO				7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	• • • • • • • • • • • • • • • • • • • •	.,		111		
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	g					
	organization, have excess business holdings at any time during the year?				8		X
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter:	ı	ı				
a	Initiation fees and capital contributions included on Part VIII, line 12	10			-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	ן מי				
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11	اءا				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	-11	d _		$\exists$		
~	amounts due or received from them.)	11	b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For				12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	2b				

Form 990 (2009) Neighborhoods Resource Center 62-1817514 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? X If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | X | Another's website | X | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

Nashville

policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 

Amy Maden

1312 Third Avenue North

TN 37208

615-782-8212

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization	•	nsate	anv	cur	rent	office	er, di	irector, or trustee.		
(A) Name and Title	(B) Average			(C check	c) call t	hat ap	ply)	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Yolanda Vaugh Interim Executive Di		x		х				50,000	0	0
Thomas Epperson Member		x						0	0	0
Rev. William L. B		X						0	0	0
Patrick J. Nolan Member	III	x						0	0	0
Patricia Totty Treasurer		x		x				0	0	0
Mr. A. Russell Wi	llis, E	sq. X						0	0	0
King Hollands Vice Chaiman		x		X				0	0	. 0
Janice T.G. Danie Secretary		x		x				. 0	0	0
Eleanor Chippey (		x						0	0	0
Dr. Eugene TeSell Chairman		x		x				0	0	0
Charlie J. Willia Member	ims	x						0	0	C
Billy Fields Member		x						0	0	C
		_			_		_			
					_					
-										

Part VII Section A. Officers (A)	(B)			(0				nd Highest Compensated I (D)	(E)	(F)
Name and Title	Average hours per week	individual trustee or director	_			Highest co			Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		rustee	il trustee		yee	Highest compensated employee				and related organizations
										·
										-
										4
1b Total		,					<b>&gt;</b>	50,000		
<ul> <li>Total number of individuals (i reportable compensation from</li> <li>Did the organization list any f</li> </ul>	n the organizatio	n <b>▶</b>	0							Yes
employee on line 1a? If "Yes  For any individual listed on lir the organization and related or	," complete Sche ne 1a, is the sum organizations gre	edule of reater	J fo epor than	r suc table 1 \$18	ch in cor 50,0	nper 00? I	lual nsat If "Y	ion and other compensation es," complete Schedule J f	n from for such	3
individual  Did any person listed on line services rendered to the organization	1a receive or ac	crue	com	pen ete S	satio Sche	on fro	om a	any unrelated organization to such person	for	
Section B. Independent Contrac	tors									
Complete this table for your to compensation from the organ	nization.	pens	ated	mae		uent	COI			
Name ar	(A) nd business address					<del></del>	+	Desc	(B) ription of services	(C) Compensatio
		<del></del>	<del></del>		<u> </u>		+			
				•			+			
<del></del>							+			
<del></del>							+			

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in companisation from the organization

Pa	ırt V	III Statement of Revenue						
		200 AND			(A)	(B) Related or	(C) Unrelated	(D) Revenue
					Total revenue	exempt	business	excluded from tax under sections
						function revenue	revenue	512, 513, or 514
nts nts	1a	Federated campaigns 1a						
Jrar our	b	Membership dues 1b						
is, ç am	С	Fundraising events 1c						
Contributions, gifts, grants and other similar amounts	d	Related organizations 1d						
ns,	е	Government grants (contributions) 1e	14,	124				
rtio er s	f	All other contributions, gifts, grants,						
E E		and similar amounts not included above 1f	280,	536				
on or	g	Noncash contributions included in lines 1a-1f:						
	h	Total. Add lines 1a–1f		<b>&gt;</b>	294,660			
une.			Busn.	Code	20 526	00 506		
eve	2a	Program Service Revenue			32,536	32,536		· · · · · · · · · · · · · · · · · · ·
9. R	b	• • • • • • • • • • • • • • • • • • • •						
ž	C							
l Se	a			- 1				
Jran	e	All other program service revenue						
Program Service Revenue	1	Total. Add lines 2a–2f			32,536			
	3	Investment income (including dividen			32,330			
	"	- (1			22	22		
3	4	Income from investment of tax-exem	nt hand proceed					
ŝ	5	Royalties		<b>"</b>				
		(i) Real	(ii) Personal					
ì	6a							
,	1	Less: rental exps.						
-	c							
	d	Net rental income or (loss)		<b>•</b>				
	7a	Gross amount from (i) Securities	(ii) Other					
		sales of assets other than inventory						
To the second	b	Less: cost or other						
		basis & sales exps.		0				
America	1	Gain or (loss)	<u> </u>					
1		Net gain or (loss)		<b>&gt;</b>	C	0		
<u>e</u>		Gross income from fundraising events						
ent		(not including \$						
Se V	1	of contributions reported on line 1c).						
Other Revenue	.	See Part IV, line 18 a						4.24
, <del>5</del> 0	þ	Less: direct expenses b	L					
	1	<ul> <li>Net income or (loss) from fundraising</li> <li>Gross income from gaming activities.</li> </ul>	g everils					
Ì	98	See Part IV, line 19						
	Į.	Less: direct expenses b	<del></del>					
-		Net income or (loss) from gaming ac	ctivities	<u> </u>				
Repayment		Gross sales of inventory, less						
	'"	returns and allowances a						
	ŀ	Less: cost of goods sold b						
and Company		Net income or (loss) from sales of ir	ventory					
		Miscellaneous Revenue		. Code				
l	11:	a MISCELLANEOUS REVENUE			1,064	1,06	4	
No.	k		=					
-	0	· · · · · · · · · · · · · · · · · · ·						
1		All other revenue						
	•	Total. Add lines 11a-11d			1,06			
5	12	Total Revenue. See instructions		. •	328,28	33,62	2	0 0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising								
	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses								
1	Grants and other assistance to governments and												
	organizations in the U.S. See Part IV, line 21												
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	·											
	trustees, and key employees		· · · · · · · · · · · · · · · · · · ·										
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
_	persons described in section 4958(c)(3)(B)	0.41 0.22	101 100	16 025	22 070								
7	Other salaries and wages	241,933	191,128	16,935	33,870								
8	Pension plan contributions (include section 401(k)	20 620	00 400	0.054	4 4 4 4								
•	and section 403(b) employer contributions)	29,628	23,406	2,074	4,148								
9	Other employee benefits	22 205	17 605	1 5/0	2 100								
10	Payroli taxes	22,285	17,605	1,560	3,120								
11	Fees for services (non-employees):												
	Management												
b	Legal												
	Accounting												
d	Lobbying Professional fundraising services. See Part IV, line 17												
e f	Investment management fees												
g 12	Other Advertising and promotion												
13	Office expenses	10,501	8,297	1,469	735								
14	Information technology	20,301	0,237	1,203	133								
15	Royalties												
16	Occupancy	2,885	2,279	404	202								
17	Travel												
18	Payments of travel or entertainment expenses	<del> </del>											
	for any federal, state, or local public officials	4,548	3,593	637	318								
19	Conferences, conventions, and meetings												
20	Interest	10,148	8,017	1,421	710								
21	Payments to affiliates		- ,										
22	Depreciation, depletion, and amortization	12,685	10,021	1,776	888								
23	Insurance	3,561	2,813										
:	•••••												
24	Other expenses. Itemize expenses not												
ļ	covered above. (Expenses grouped together												
	and labeled miscellaneous may not exceed	Section 1											
	5% of total expenses shown on line 25 below.												
а	Other professional fees	27,672	· · · · · · · · · · · · · · · · · · ·										
b	Utilities	5,409	<del></del>										
C	Miscellaneous	5,030											
d	Technology	3,119											
e	Repairs and Maintenance	2,722	·										
, f	All other expenses	2,369											
25	Total functional expenses. Add lines 1 through 24f	384,495	303,751	33,260	47,484								
<sup>1</sup> 26	Joint costs. Check here   if following  SOP 98-2. Complete this line only if the			·									
) )	organization reported in column (B) joint costs from a combined educational campaign and												
1	fundraising solicitation	1	1		1								

Form 990 (2009) Neighborhoods Resource Center 62-1817514

Page 11

Pa	art X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			280,415		62,834
l	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,373	4	5,583
	5	Receivables from current and former officers, directors, t	rustees,	key			
		employees, and highest compensated employees. Comp	olete Par	t II of			
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined	under se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(8					
S		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		6	
Assets	7	Notes and loans receivable, net				7	
Si	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges	9	****************	439	9	434
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	530,716			
	b	Less: accumulated depreciation	10b	84,491			446,225
	11	Investments—publicly traded securities		*****	200	11	
	12	Investments—other securities. See Part IV, line 11		******		12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34		616,360			
	17	Accounts payable and accrued expenses	34,300	17	15,638		
	18	Grants payable	***************************************		18		
	19	Deferred revenue			38,133	19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part IV o		ule D		21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key				
abi		employees, highest compensated employees, and disqu	ualified				
						22	
	23	Secured mortgages and notes payable to unrelated third			150,767	23	143,811
	24	Unsecured notes and loans payable to unrelated third pa	arties .			24	
	25					25	
	26	Total liabilities. Add lines 17 through 25			223,200	26	178,129
Ses		Organizations that follow SFAS 117, check here ▶ 🔀	and				
ŭ		complete lines 27 through 29, and lines 33 and 34.			202 166		000 100
ä	27	Unrestricted net assets			393,160		
E E	28					28	<u> </u>
Ž	29	Permanently restricted net assets		j		29	
Ē		Organizations that do not follow SFAS 117, check he	re 🚩 📗	J			
<b>Assets or Fund Balances</b>	20	and complete lines 30 through 34.				-	
ets	30	Capital stock or trust principal, or current funds		•••••		30	<del></del>
SS	31	Paid-in or capital surplus, or land, building, or equipmen		· · · · · · · · · · · · · · · · · · ·		31	<del></del>
ΙA	32	Retained earnings, endowment, accumulated income, or	000000	32			
Net	33	Total liabilities and not assets/fund helphage	• • • • • • • •		393,160 616,360		
_	1 34	Total liabilities and net assets/fund balances			1 010,300	J 34	513,076

Form **990** (2009)

Forn	1 990 (2009) Neighborhoods Resource Center 62-1817514		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	- [		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ì	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Ear	" aan	/2000

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047 **2009** 

Open to Public Inspection

Name of the organization

Neighborhoods Resource Center

Employer identification number 62-1817514

Pa	rt 1	Posse		Status (All organizations		mnlete	this n	art I C		truction				
	******							art.j O	oo ii k	, a acti	UI IO.			
	⊓gal			it is: (For lines 1 through 11, cl	-	•								
1	H			ciation of churches described in	section	170(0)(1)	(A)(i).							
2	$\vdash$		cribed in section 170(b)(1)(A		4: 470//	.\/4\/ &\/::	:\							
3	H			e organization described in sec				4\/ <b>4</b> \/::::		tha haa	مالمئام			
4	Ш			in conjunction with a hospital d	escribed i	n section	)(α)υτει	1)(A)(III)	. Enter	uie nos	spitais	name,		
_		city, and state									· • • • • •			
5	Ш	- ·		f a college or university owned o	or operate	d by a go	vernmer	itai unit	aescrib	ea in				
	$\overline{}$		o)(1)(A)(iv). (Complete Part I											
6				vernmental unit described in se										
7	X	-	·	substantial part of its support fro	m a gove	rnmental	unit or fr	om the	general	public				
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II.)										
8		A community	trust described in section 13	70(b)(1)(A)(vi). (Complete Part	II.)									
9	Ш			) more than 33 1/3 % of its sup							SS			
		receipts from	activities related to its exem	pt functions—subject to certain	exception	is, and (2	) no mor	e than 3	3 1/3 %	of its				
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax)	from bu	usiness	es				
		acquired by the	ne organization after June 30	), 1975. See <b>section 509(a)(2).</b>	(Complet	e Part III.	)							
10		An organizati	on organized and operated e	exclusively to test for public safe	ety. See <b>s</b> e	ection 50	9(a)(4).							
11	Ш	-		exclusively for the benefit of, to										
		purposes of c	ne or more publicly supporte	ed organizations described in se	ection 509	(a)(1) or s	section 5	509(a)(2)	). See <b>s</b>	ection				
		<b>509(a)(3).</b> Ch	eck the box that describes the	ne type of supporting organization	on and co	mplete lir	es 11e <u>f</u>	hrough	11h.					
		a Type	I <b>b</b> Type II	c Type III-Functions	ally integra	ated	d	Туре	: III–Otl	ner				
е		By checking t	his box, I certify that the orga	anization is not controlled direct	tly or indire	ectly by o	ne or mo	ore disqu	ualified					
		persons other	than foundation managers	and other than one or more put	olicly supp	orted org	anizatior	ns descr	ibed in	section				
		509(a)(1) or s	ection 509(a)(2).											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	rting					
		organization,	check this box											
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contrib	ution from	any of th	ie							
		following per	sons?											
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together	with perso	ns descr	ibed in (i	i)					Yes	No
		and (iii) I	pelow, the governing body of	the supported organization?								11g(i)		
			member of a person describ									11g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?								11g(iii)		
<u>h</u>		Provide the	following information about t	ne supported organization(s).										
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did y	ou notify	(vi)	s the		(vii) Amo	ount of	
	org	ganization		(described on lines 1–9	1 ''	sted in your	the organ col. (i)		organizat	ion in col. zed in the		supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		S.?				
				(000	Yes	No	Yes	No	Yes	No				
							<u> </u>		<u> </u>					
								1						
					1	<u> </u>								
Tota	al													

more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you che	cked the box	on line 9 of Pa	rt 1.)			····
	ion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				5.5		
	tion B. Total Support endar year (or fiscal year beginning in) ▶		T (1) 2000	1 ()0007	1.0000	(-) 0000	(O Tatal
9	Amounts from line 6	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		ļ <del></del>	<u> </u>	<u> </u>		<u> </u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
_	payments received on securities loans, rents, royalties and income from similar sources		·				
10a b	payments received on securities loans, rents, royalties and income from similar sources						
10a b	payments received on securities loans, rents, royalties and income from similar sources						
10a b	payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
10a b c 11	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11,						
10a b c 11	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)						
10a b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop her	organization's firs		•		11(c)(3)	
10a b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S	e organization's fire	ntage				
10a b c 11 12 13 14 Sec 15	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop herition C. Computation of Public S  Public support percentage for 2009 (line)	organization's first re upport Percer 8, column (f) divide	ntage ed by line 13, colu	mn (f))		15	%
10a b c 11 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S  Public support percentage for 2009 (line and public support percentage from 2008 Sch	e organization's first re upport Percer 8, column (f) divide nedule A, Part III, I	ntage ed by line 13, colui ine 15	mn (f))		15	%
10a b c 11 12 13 14 Sec 15 16 Sec	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S  Public support percentage for 2009 (line of Public Support percentage from 2008 Sctetion D. Computation of Investments	organization's first re upport Percer 8, column (f) divide nedule A, Part III, I	ntage ed by line 13, colui ine 15 ercentage	mn (f))		15 16	%
10a b c 11 12 13 14 Sec 15 16 Sec 17	payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S  Public support percentage for 2009 (line and public support percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for 2009 (section D. Computation of Investment income percentage for	e organization's fire re upport Percer 8, column (f) divide nedule A, Part III, I ent Income Per (line 10c, column (	ntage ed by line 13, columine 15 ercentage f) divided by line 1	mn (f)) 3, column (f))		15 16	% %
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop hereiton C. Computation of Public S  Public support percentage for 2009 (line Public support percentage for 2009 (Investment income percentage from 2008 Sch	e organization's fire re upport Percer 8, column (f) divide nedule A, Part III, 1 ent Income Per (line 10c, column (8) Schedule A, Par	ntage ed by line 13, coluine 15 ercentage f) divided by line 1 t III, line 17	mn (f)) 3, column (f))		15 16 17 18	% %
10a b c 11 12 13 14 Sec 15 16 Sec 17	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S  Public support percentage for 2009 (line in Public support percentage from 2008 Schetion D. Computation of Investment income percentage from 2008 (line states).	e organization's first re upport Percer 8, column (f) divide nedule A, Part III, l ent Income Per (line 10c, column ( 8 Schedule A, Par anization did not co	ntage ed by line 13, columine 15 ercentage f) divided by line 1 t III, line 17 check the box on li	mn (f))  3, column (f))  ne 14, and line 15	is more than 33 1/	15 16 17 18 3 %, and line	%
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here.  Stion C. Computation of Public Section D. Computation of Investment income percentage from 2008 Scientian D. Computation of Investment income percentage from 2008 33 1/3 % support tests—2009. If the org	e organization's first re upport Percer 8, column (f) divide nedule A, Part III, I ent Income Per (line 10c, column ( 8 Schedule A, Par anization did not co box and stop here	ntage ed by line 13, columine 15 ercentage f) divided by line 1 t III, line 17 check the box on line. The organization	mn (f))  3, column (f))  ne 14, and line 15	is more than 33 1/ blicly supported or	15 16 17 18 3 %, and line ganization	% % % %
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public S  Public support percentage for 2009 (line in Public support percentage from 2008 Schetion D. Computation of Investment income percentage from 2008 (line states).	e organization's firster.  upport Percer 8, column (f) dividendule A, Part III, I ent Income Percer (line 10c, column (f) Schedule A, Part anization did not column anization did not control this box and stop	ed by line 13, columnine 15 ercentage f) divided by line 1 till, line 17 eheck the box on line theck a box on line here. The organization	mn (f))  3, column (f))  ne 14, and line 15 n qualifies as a pu e 14 or line 19a, ar ation qualifies as	is more than 33 1/ blicly supported or nd line 16 is more to a publicly supporte	15 16 17 18 3 %, and line ganization than 33 1/3 %, and d organization	% % % %

Schedule A	(Form 9	90 or 990	-EZ) 2009	Neig!	hborhood	s Res	ource	Center		62-18175	14	Page 4
Part IV	Su	ppleme	ntal Info	ormation.	. Complete th	is part	to provid	e the explan	ations re	quired by Par	II, line 10;	
55(5)(4)(5)(5)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	Pai	rt II. line	17a or	17b: and	l Part III. line	12. Pro	vide anv	other addition	onal infor	mation. See ir	nstructions.	
Part	II.	Line	10 -	Other	Income	Deta:	i.1					
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization Neighborhoods Resource Center 62-1817514 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

CO. 60 1000 CA.	rt III Organizations Maintaining (				Similar Assets	(continued)
	Using the organization's acquisition, accession					(continued)
	collection items (check all that apply):		•		anc doo of no	
а	Public exhibition		or exchange prograi			
b	Scholarly research	e Other				
С	Preservation for future generations					
	Provide a description of the organization's colle Part XIV.	ections and explain how	they further the orga	anization's exempt p	urpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part of	the organization's of	collection?		Yes No
Pa	rt IV Escrow and Custodial Arrar	ngements. Comple	ete if the organiz	zation answered	"Yes" to Form	990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian					
	included on Form 990, Part X?		,			Yes No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table:			A
						Amount
	Beginning balance					· · · · · · · · · · · · · · · · · · ·
	Additions during the year					
	Distributions during the year					
f	Ending balance				<del>L</del>	
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIV.	in 990, Part A, line 21?				Yes No
	rt V Endowment Funds. Comple	te if organization a	answered "Yes"	to Form 990 P	art IV line 10	
	Zildowindiki diladi oompid	(a) Current year	(b) Prior year		(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·				
	Contributions					
	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships		. ,			
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year					
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► %					
_	Term endowment ► %					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and ac	iministered for the		
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations	Batad as assisted as C				3a(ii)
_	If "Yes" to 3a(ii), are the related organizations					3b
4 P:	Describe in Part XIV the intended uses of the art VI Investments—Land, Buildi			90 Part X line	10	
_ 1 C	Description of investment	(a) Cost or other basis	<del></del>		Accumulated	(d) Book value
		(investment)	basis (oth	1	epreciation	(/
	Land			1,250		171,250
	Buildings			, =		
	Leasehold improvements					
	Equipment					
e	Other			9,466	84,491	274,975
Tota	ıl. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10(	c).)		446,225
		· · · · · · · · · · · · · · · · · · ·			Scho	dule D (Form 990) 2009

organization's liability for uncertain tax positions under FIN 48.

Part VII	Investments—Other Securities. See Form 99	0, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-year	r market value
Financial deriv	atives			
Closely-held e	quity interests			·
Other				
				<b>"</b>
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII	Investments—Program Related. See Form 99			
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
		-		
		-		
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
Total (Colum	(h)			
	n (b) must equal Form 990. Part X. col. (B) line 13.)	1		
	n (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets. See Form 990, Part X, line 15.			
Part IX	Other Assets. See Form 990, Part X, line 15.  (a) Description			(b) Book value
	Other Assets. See Form 990, Part X, line 15.			(b) Book value
	Other Assets. See Form 990, Part X, line 15.			(b) Book value
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	Other Assets. See Form 990, Part X, line 15.			(b) Book value
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Part IX	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2	<del></del>		(b) Book value
Part IX  Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability	25. (b) Amount		(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes	(b) Amount		(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes	(b) Amount	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incom Grant	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1	67	(b) Book value
Part IX  Total. (Colum Part X  1. Federal incon Grant Employ	Other Assets. See Form 990, Part X, line 15.  (a) Description  n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability ne taxes  Work In Process	(b) Amount 17,1 1,5	67	(b) Book value

Sche	dule D (Form 990) 2009 Neighborhoods Resource Ce		1817514	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	328,282
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	384,495
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-56,213
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
_	Investment expenses		7	
7	Prior period adjustments  Other (Penerips in Part VIV.)		8	
8	Other (Describe in Part XIV.)		9	
9	Total adjustments (net). Add lines 4 through 8			-56,213
10	Excess or (deficit) for the year per audited financial statements. Combine line			30,213
	rt XII Reconciliation of Revenue per Audited Financial S			328,282
1	Total revenue, gains, and other support per audited financial statements			320,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d ]		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	328,282
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			328,282
Pa	art XIII Reconciliation of Expenses per Audited Financial	Statements With Expe	enses per Return	
1	Total expenses and losses per audited financial statements		1	384,495
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	- · · · · · · · · · · · · · · · · · · ·			
С	- · · · · ·	1 - 1		
d				
e			2e	
3	Subtract line 2e from line 1		3	384,495
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
, T	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		1 1		
b	Add the A mod 4L		4c	•
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line.)		5	384,495
<u>5</u>		10.)	3	304,433
\$6000000000000000000000000000000000000	art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Dort III. lines to and & Dort	IV lines 1b	
,	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and F	Part Am, imes 20 and 4b. Also	o complete	
tnis	part to provide any additional information.			
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Sched	ule D	(Fo	rm 9	90) 2	2009		Ne	ic	jhk	001	cho	000	st	Re	es	ou:	rc	е	Ce	nte	er				6	2-:	18:	17	51	4						Pag	e <b>5</b>
Sched Par	t XI	/	Su	pple	eme	ent	al I	nfo	rm	atio	on	(co	ntir	ue	d)																						
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## **SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990** 

OMB No. 1545-0047 2009

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Neighborhoods Resource Center	62-1817514
Form 990, Part III, Line 4d - All Other Achievements	
Other grants and contributions received.	
······································	······································
Form 990, Part VI, Line 11a - Organization's Process	to Review Form 990
The return is reviewed by the executive director and	chairman of the board
before filing, but not reviewed by the full board of	directors.
· · · · · · · · · · · · · · · · · · ·	
Form 990, Part VI, Line 12c - Enforcement of Conflic	ts Policy
A director or officer must disclose any direct or in	direct interest they
have in any transaction entered into by the corporat	
disclose a conflict of interest is a cause for remove	al of an officer or
director.	
A conflict of interest will only be approved if the	following conditions
are met:	
A) The material facts of the transaction and the dir	ector's or officer's
interest was disclosed to or known by the board of d	lirectors or a committee
consisting of entirely disinterested board members,	
	·
b) Such board or committee determines that (I) the t	transaction is in the
best interest of, and is fair and reasonable to the	corporation and (II)
after reasonable investigation, a more advantageous	arrangement can not be
obtained with reasonable effort under the circumstar	nces, and

Schedule O (Form 990) 2009

Name of the organization  Neighborhoods Resource Center	62-1817514
c) A disinterested majority of such board or communication.	mittee authorizes the
Any director who has a direct or indirect interes	
take part in the discussion or vote to approve the	he transaction. Following
approval of a conflict of interest, the transact	ion shall be memorialized
in a written agreement indicating the non-involve	ement of the interested
director(s).	
Form 990, Part VI, Line 15a - Compensation Proce	
ANNUAL REVIEW OF SALARIES BY BOARD OF DIRECTORS	
Form 990, Part VI, Line 15b - Compensation Proce	ess for Officers
ANNUAL REVIEW OF SALARIES BY BOARD OF DIRECTORS	
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Explanation
No documents available to the public	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

Form **4562** 

Name(s) shown on return

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

Attachment 67

Identifying number

62-1817514 Neighborhoods Resource Center Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 1 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ... Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 10,434 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only-see instructions) (e) Convention (f) Method (a) Depreciation deduction period 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. property MM Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. h 40-year 40 yrs. Summary (See instructions.) Listed property. Enter amount from line 28 21 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 instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(8) (9) (10)

Totals

EIGHRECEN 01/25	/2011 9:46 AM									
Forms 990 / 990	0-PF	Mor	tgages and Oth	er Note	s Payable	)		2009		
	i i	calendar year 2009,	or tax year beginning	07/01	/09 , and e	ending 06	/30/10			
Name							Employer Ide	ntification Number		
Majahha	rhoode Po	source Cent					62-1817	/E1 /		
Neigibo.	rnoods ke	source cent	'er				02-101/	214		
Form 99	0, Part X	, Line 23 -	- Additional	Infor	mation					
1) First		e of lender e Note Paya	hle		Rela	ationship to dis	squalified persor	1		
	Tennesse		WIG .							
(3)										
(4)							******			
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(9)		<del> </del>		<u> </u>						
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	inal amount		Maturity		_			Interest		
	73,000	Date of loan 11/27/07	date 11/01/22	677	Repar per mor	yment terms		7.400		
(1) (2)	87,500	02/11/08	02/11/23		per mor			6.530		
(3)	0.,000	02/11/00	02/12/20	700	per mer	1 011		- 0.330		
(4)										
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(1.0)										
		provided by borrower				Purpose				
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(2) <b>REAL</b> (3)	FOIRIE	*******	<del></del>	REAL	FOIRIE	ACQUIS	TITON			
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					Balance due	at	B	alance due at		
	Consideration	furnished by lender		1	beginning of	year		end of year		
<u>(1)</u>				1		267	<del> </del>	65,172		
(2)				1	82,	500		78,639		
(3) (4)			<del></del>	1						
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				1			1			

150,767

143,811