Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008
Open to Public Inspection

	For the 2008	calendar year, or tax year beginning 7/01/08, and ending 6/30/09			
	Check if applicable	Please C Name of organization	1	) Emplo	yer identification number
	Address change	use IRS NEIGHBORHOODS RESOURCE CENTER			
ا 🗌	Name change	print or Doing Business As			1817514
	nitial return	1	m/suite E	•	one number
$\sqcap_1$	Termination	Specific Spe	<del></del>		-782-8212 lpts\$ 385,83
Ħ	Amended return	Instructions. City or town, state or country, and ZIP + 4  NASHVILLE  TN 37208	F F	Gross rece	ipis\$ 363,63
二		E. Name and address of agreement officers		-t(a) Is this :	a group return for
/ لــا	Application pendir	ng   - 114110 and 3551355 of printspan 311057		affiliate	s? Yes 🔀 ı
				H(b) Are all include	affiliates 🔲 .
	·			If "No,"	attach a list (see instructions)
1	Tax-exempt st				
	Website: 🕨	WWW.TNRC.NET			exemption number
		tion X Corporation Trust Association Other ► L Year of	f formation		M State of legal domicile
<u> </u>		Summary			<del></del>
		describe the organization's mission or most significant activities:	•		
HC6		MAN AND COMMUNITY SERVICES			
rual	•			• •	
Governance	2 Check	this box if the organization discontinued its operations or disposed of more than 25%	of its assets	•	• • • • • • • • • • • • • • • • • • • •
& G		er of voting members of the governing body (Part VI, line 1a)		3	13
		er of independent voting members of the governing body (Part VI, line 1b)		4	12
Activities		number of employees (Part V, line 2a)		5	6
Acti	6 Total	number of volunteers (estimate if necessary)		6	
	7a Total	gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
	b Net ur	nrelated business taxable income from Form 990-T, line 34	5 · V	7b	
	e Contri	ibutions and grapts (Port VIII June 1h)	Prior Year	,699	Current Year 337,59
ne.		ibutions and grants (Part VIII, line 1h)		,822	44,26
Revenue	_	tment income (Part VIII, column (A), lines 3, 4, and 7d)		,230	2,19
8	1	revenue (Part VIII, column (A), lines 5, 4, and 70)		,332	1,77
		revenue—add-lines 8,through 11 (must equal Part VIII, column (A), line 12)		,083	385,83
		s and-similar amounts paid (Part Molumn (A), lines 1-3)	_		
	14 Benef	fits paid-te-of for members (Part IX ©lumn (A), line 4)			
Ø	15 Salan	es, other compensation, embloyee to lefits (Part IX, column (A), lines 5–10) ssional funditaising fees (Part-IX, column (A), line 11e)			325,18
enses	16a Profes	ssional funditaising fees (Part-IX, column (A), line 11e) funditaising expenses (Part-IX, column (D), line 25)   47,702			
Expe	b Total	fundralsing expenses (Part IX) column (ID), line 25)  expenses (Part IX) column (A), lines 11a-11d, 11f-24f)			
ш				,679	77,35
	i .	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		,679 ,404	402,54 -16,71
<u> </u>	19 Rever	nue less expenses. Subtract line 18 from line 12	Beginning of	Year	End of Year
Assets or	20 Total	assets (Part X, line 16)		,308	616,36
t Ass	<b>21</b> Total	liabilities (Part X, line 26)	181	,435	223,20
Net	22 Net a	ssets or fund balances Subtract line 21 from line 20	409	,873	393,16
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information	statements, an	d to the be	st of my knowledge
٥.		and belief it is true, correct, and complete Decial attornor preparer (other trial officer) is based on all millionine	gon or willon pi		111/10
Sig	-	- tu fue			1470
He	re	Belle w. Felde chairm of Board		Date	
		Type or print name and title			
_			Check if		Preparer's identifying numb
Pa	id	Preparer's signature A- Dez/2 2/26/	self-		(see instructions)
	eparer's	EDMONDSON BETZLER & MONTGOMERY PL		EIN	► 26-24519!
Us	e Only	Firm's name (or yours if self-employed),		Phone	<u>, 20 24019.</u>
		address, and ZIP + 4 BRENTWOOD , TN 37027		no >	615-916-310
Ma	y the IRS dis	scuss this return with the preparer shown above? (see instructions)			Yes
DAZ	For Priva	cv Act and Panerwork Reduction Act Notice see the separate instructions O. // '			Form <b>990</b> (20
		916417			
		<b>&gt;</b>			

4d Other program services. (Describe in Schedule O.)

including grants of \$ (Expenses \$

4e Total program service expenses ▶ \$

322,779 (Must equal Part IX, Line 25, column (B))

) (Revenue \$

	art iv Officeriat of Required Officeries			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	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			
•	Schedule C, Part II	4		X
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 accounts where donors have 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D,			
• •	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		-	
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I	14b		х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	-	х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			i
	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	ŀ	x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
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, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
			000	(0000)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	1		
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			}
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	·		
	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		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	1	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		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, Part			į
	VI	37		х

Form **990** (2008)

Pa	T V Statements Regarding Other IRS Fillings and Tax Compliance							
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					Γ	Yes	No
1a	U.S. Information Returns Enter -0- if not applicable	1a						İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				┪	•	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rej		е			┥		
·	gaming (gambling) winnings to prize winners?	po. 125.				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•			<u> </u>		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6					j
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns					7 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 covere	d by						
	this return?	•				3a		X
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 a	authont	ty					
	over, a financial account in a foreign country (such as a bank account, secunties account, or other fin	ancial						
	account)?					4a		X
b	If "Yes," enter the name of the foreign country:							45
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank						X
	and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					<u>5a</u>	[	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		•			5b	-	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					1_		
	Regarding Prohibited Tax Shelter Transaction?				•	5c		X
6a	Did the organization solicit any contributions that were not tax deductible?			•		<u>6a</u>	<u> </u>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				C.L		
_	gifts were not tax deductible?				•	6b	<b> </b>	74.V
7	Organizations that may receive deductible contributions under section 170(c).	than					l	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more \$75?	ulali				7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?					7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				<u> </u>		
Ŭ	required to file Form 8282?					7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		. <u> </u>		-			
	benefit contract?					7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		_		7f_		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as						
	required?					7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					ļ	1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	nsoring						- C
	organization, have excess business holdings at any time during the year?					8	ļ	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					_		
a	Did the organization make any taxable distributions under section 4966?					9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?					9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	10a						
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-			┪		
ь 11	Section 501(c)(12) organizations. Enter:	LION				1		
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against					7		
~	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		-			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						

62-1817514 Form-990 (2008) NEIGHBORHOODS RESOURCE CENTER Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 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? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Rа The governing body? X Each committee with authority to act on behalf of the governing body? 8Ь 9a Does the organization have local chapters, branches, or affiliates? 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? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b nse to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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: X The organization's CEO, Executive Director, or top management official? 15a X 15b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 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 16h 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 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 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 20

1312 THIRD AVENUE NORTH

TN 37208

NASHVILLE

organization: > JOHN STERN

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. Use Schedule J-2 if additional space is needed

\_\_ Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A) Name and Title	(B) Average			(0	;)	hat ap		(D)  Reportable	(E) Reportable	(F) Estimated	
Name and Thie	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JOHN STERN	40			•				66 560		E 404	
EXECUTIVE DI	40	X		X		Н		66,562	0	5,424	
BILLY FIELDS CHAIRMAN		x		x				o	o	0	
BILL BAILEY	<del></del>					$\Box$			<del></del>		
MEMBER		x						o	0	0	
PATRICK J. N	OLAN III										
MEMBER		$ \mathbf{x} $						0	0	0	
REV. WILLIAM	L. BARNES										
MEMBER		X						0	0	0	
THOMAS EPPER	SON										
MEMBER		X				Ш		0	0	0	
	ESELLE									_	
VICECHAIRMAN		X		X		Ш		0	0	0	
ELEANOR CHIP	PEY GRIER		Ì						_	_	
MEMBER		X						0	0	0	
ANN TOPLOVIC	H										
SECRETARY	<u> </u>	X		X		Ш		0	0	0	
PATRICIA TOT	TY	l l									
MEMBER		X				<u> </u>		0	0	0	
KING HOLLAND	S	l l				]			_		
MEMBER		X				-		0	0	0	
JANICE T.G.	DANIELS								_	•	
MEMBER	TT T T T T T T T T T T T T T T T T T T	X						0	0	0	
CHARLIE J. W	ILLIAMS	.,		•		1			o	0	
TREASURER	TT MITTER D	X		X		$\vdash$		0		<u> </u>	
MR. A. RUSSE MEMBER	LL WILLIS, E	X				l l		0	o	0	
MEMBER		1						<u> </u>		<u> </u>	
						$\vdash$				· · · · · · · · · · · · · · · · · · ·	
		ш			<u> </u>	لبيا	Щ.		<u> </u>	<del></del>	

(A)	(B)	Posi	tion (		C) k all t	hat a	(vlaa	(D)			(F) Estimated				
Name and title	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		1 Treportable	Reportable compensation from related organizations (W-2/1099-MISC)	amo comp fro orga and	ount of other ensation m the nization related nizations				
•			•												
									_						
· · · · · · · · · · · · · · · · · · ·															
•					_										
•											<del></del>				
1b Total		<u>_</u>		<u>.                                    </u>	1	I .	<u> </u>	66,562	· · · · · · · · · · · · · · · · · · ·		5,	424			
2 Total number of in organization ▶ 0	ndividuals (including those in	₁1a) ¹	who	rece	ived	mor	e th	an \$100,000 in reportable o	compensation from the	<u> </u>					
employee on line 4 For any individual the organization a individual 5 Did any person lis	on list any <b>former</b> officer, dir 1a? If "Yes," complete Sche listed on line 1a, is the sum and related organizations gre  sted on line 1a receive or acc to the organization? If "Yes	dule of re ater	J for eport than comp	suc able \$15 pens	h ind com 0,00 atior	lividu ipens 0? If n fror	ual satio "Ye m ar	on and other compensation is," complete Schedule J for unrelated organization for	from or such	3 _4 _5		X			
<ul><li>Section B. Independe</li><li>1 Complete this tab</li></ul>	nt Contractors le for your five highest comp	ensa	ited	inde	pend	lent o	cont	ractors that received more	than \$100,000 of			· · · · · ·			
compensation from	m the organization. (A) Name and business address							Descrip	(B) otion of services		(C) Compensa	ation			
·									·						
							-	. <del></del>							
	· · · · · · · · · · · · · · · · · · ·								· · · · ·						
2 Total number of ir	ndependent contractors (incl		tho	se ır	1) v	who r	rece	eived more than \$100,000 ir	<u></u>						
	m the organization							·			o nm <b>990</b>	(2009			

Pa	rt V	III Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
					revenue	Idveilde	512, 513, or 514
ints	1a	Federated campaigns 1a				•	
gra	b	Membership dues 1b	<del></del>				
fts, ran	С	Fundraising events 1c					:
نقآر	d	Related organizations 1d	36 650				
Sin	е	- , ,	36,658				'
uti e	f	All other contributions, gifts, grants, and similar amounts not included above					
ctip		<u> </u>	00,939				1
Son	g	Noncash contributions included in lines 1a-1f \$		227 507			
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f	<b>•</b>	337,597			
ŭ.			Busn. Code	44,264	44,264		
Sevi	2a	PRGRAM FEES		44,204	44,204		
e E	b	•			<del></del>		<del></del>
Š	C				<del></del>		
Š	d			-			
Jrar	e	All other programs converse to converse			<del></del>		<del></del>
Pro	_ T	All other program service revenue  Total. Add lines 2a–2f		44,264			
	3	Investment income (including dividends, intere	et and				· · · · · · · · · · · · · · · · · · ·
	,	other similar amounts)	,5t, and	2,198	2,198		
	4	Income from investment of tax-exempt bond p	roceeds		7.5.5.2		· ···· ··· ··· ··· ··· ··· ··· ··· ···
	5	Royalties	•				
			ersonal		······································		
	6a	Gross Rents					
	b	Less rental exps					ĺ
	C	Rental inc or (loss)					
	d	Net rental income or (loss)	<b>•</b>	APPROXIMATE TO SERVICE AND ADDRESS OF THE SERVIC	Appropriate ages and an experimental performance of the second of the se	and the same of th	
	7a	Gross amount from (i) Securities (ii)	Other				
	sales of assets other than inventory						
	b	Less cost or other					,
		basis & sales exps					
	С	Gain or (loss)			consideration where interest the second contract of the		
	d	Net gain or (loss)	<b>•</b>				
	8a	Gross income from fundraising events					
ЭĽе		(not including \$					
Ž		of contributions reported on line 1c)					ı
8		See Part IV, line 18 a		:			
Other Revenue		Less direct expenses b			· · · · · · · · · · · · · · · · · · ·		
Ō		Net income or (loss) from fundraising events	<u> </u>				
	9a	Gross income from gaming activities				!	
		See Part IV, line 19 a					
		Less: direct expenses b	<b>•</b>			<u> </u>	
		Net income or (loss) from gaming activities					
	Tua	Gross sales of inventory, less returns and allowances a			,		
	h	returns and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	<b>•</b>			-	-
		Miscellaneous Revenue	Busn. Code				-
	11a	MISCELLANEOUS REVENUE		1,771	1,771	-	-
	ь	<del></del>		_			
	С						
	Į.	All other revenue					
	е		1,771				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7	7d, 8c,				
		9c, 10c, and 11e	▶	385,830	48,233	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 c				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			ехрензез	general expenses	expenses
1	organizations in the U.S. See Part IV, line 21				1
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				ļ
	U.S. See Part IV, lines 15 and 16				i
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				<del> </del>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	271,440	214,437	19,001	38,002
8	Pension plan contributions (include section 401(k)	•		1	
-	and section 403(b) employer contributions)		-		
9	Other employee benefits	20,370	16,092	1,426	2,852
10	Payroll taxes	33,376	26,367	2,336	4,673
11	Fees for services (non-employees)	1			, -
a	Management				
b	Legal				
С	Accounting	4,225		4,225	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,260	2,934	228	98
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,056	1,850	144	62
17	Travel	3,007	2,707	210	90
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,990	11,691	909	390
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,942	8,947	696	299
23	Insurance	3,571	3,214	250	107
24	Other expenses Itemize expenses not				'
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				,
	5% of total expenses shown on line 25 below.)				
а	MISCELLANEOUS .	11,100	9,991	777	332
b	POSTAGE	6,416	5,775	449	192
С	TECHNOLOGY	5,990	5,391	419	180
d	UTILITIES	4,436	3,992	311	133
е	REPAIRS AND MAINTENANCE	3,161	2,845	221	95
f	All other expenses	7,203	6,546	460	197
25	Total functional expenses. Add lines 1 through 24f	402,543	322,779	32,062	47,702
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 fundraising solicitation				
<del></del>	g constantion		<del></del>	L	Form QQ0 (2009)

Р	art X	C Balance Sheet			. —		<del> </del>			
					(A)		(B)			
	Т.			···-	Beginning of year	_	End of y		4 1 E	
	1	Cash—non-interest bearing	•		215,294			<u>, o</u> , '	415	
	2	Savings and temporary cash investments		}	100 000	2	<del> </del>			
	3	Pledges and grants receivable, net			100,000		<del> </del> -	_	272	
	4	Accounts receivable, net			24,142	4	<del>├──-</del>	<u>.8,</u>	<u> 373</u>	
	5	Receivables from current and former officers, directors,		-						
		employees, or other related parties Complete Part II of				5	<del> </del>			
	6	Receivables from other disqualified persons (as defined								
	l	4958(f)(1)) and persons described in section 4958(c)(3)	(B). Cor	nplete						
		Part II of Schedule L				6	<del> </del>			
ets	7	Notes and loans receivable, net				7	<del> </del>			
Assets	8	Inventories for sale or use			1 563	8	<del> </del>		430	
4	9	Prepaid expenses and deferred charges	1	F26 070	1,563	9	<del> </del>		<u>439</u>	
	10a		10a	536,070						
	b	Less' accumulated depreciation. Complete		010 137	050 100		ļ		ก็กำกั	
	l	Part VI of Schedule D	10b	219,137	250,109		31	<u>. o , :</u>	933	
	11	Investments—publicly traded securities				11	<u> </u>			
	12	Investments—other securities. See Part IV, line 11				12				
	13	Investments—program-related. See Part IV, line 11				13	<del> </del>			
	14	intangible assets		}	200	14	<del> </del>	<del></del> ,	200	
	15	Other assets. See Part IV, line 11			200	15			$\frac{200}{360}$	
	16	Total assets. Add lines 1 through 15 (must equal line 3-	4)		591,308				360	
	17	Accounts payable and accrued expenses		}	13,360		<del>                                     </del>	14,	<u> 300</u>	
	18 Grants payable         18           19 Deferred revenue         10,834         19									
S	20	Tax-exempt bond liabilities	_				<del> </del>			
ţį	21	Escrow account liability. Complete Part IV of Schedule I		ŀ		21				
Liabilities	22	Payables to current and former officers, directors, truste	-							
<u></u>		employees, highest compensated employees, and disquestions of the compensated employees.	uaimed			-00				
_		persons. Complete Part II of Schedule L		·	157,241	22	1 - 1 -	·	767	
	23	Secured mortgages and notes payable to unrelated third	a parties	}	157,241	23	1.3	<u>, o</u> ,	101	
	24	Unsecured notes and loans payable				24	<del> </del>			
	25	Other liabilities. Complete Part X of Schedule D		}	181,435	25	1 22	3 ,	200	
	26	Total liabilities. Add lines 17 through 25	· .		101,433	26		<u></u>	200	
Jces		_	X and							
ă		complete lines 27 through 29, and lines 33 and 34.			122,939		<u> </u>	16	788	
Balar	27	Unrestricted net assets		}	286,934	27			<del>788</del> 372	
<b>В</b>	28	Temporarily restricted net assets		ł	200,934			.67.	312	
Fund	29	Permanently restricted net assets	<b>-</b>	ի Ի		29	<u> </u>			
Ē		Organizations that do not follow SFAS 117, check he	re 🖊	_						
٥	20	and complete lines 30 through 34.			and some street and the second	20				
Assets	30	Capital stock or trust principal, or current funds	. t fund	ŀ	<del></del>	30	<del> </del>			
SS	31	Paid-in or capital surplus, or land, building, or equipment		fundo		31	<del> </del>			
¥	32	Retained earnings, endowment, accumulated income, or	or other	runas	409,873	32	30	3 .	160	
Net	33	Total net assets or fund balances  Total liabilities and net assets/fund balances			591,308				<del>360</del>	
	<u>  34</u> art X					34	1 01	<u>. U , .</u>	<u> </u>	
<u> </u>	art /	i manoiai otatemento ana reporting						Yes	No	
1	Acc	counting method used to prepare the Form 990.	Cash	X Accrual Ot	ther					
2		ere the organization's financial statements compiled or re					2a		X	
		ere the organization's financial statements audited by an i		•	··· ••		2b	х		
		Yes" to lines 2a or 2b, does the organization have a comi			for oversiaht of					
		e audit, review, or compilation of its financial statements					2c	x	l	
3:		a result of a federal award, was the organization required								
٠.		Single Audit Act and OMB Circular A-133?					3a		x	
		Yes," did the organization undergo the required audit or a	audits?				3b			
								~~~		

# SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No 1545-0047 2008

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NEIGHBORHOODS RESOURCE CENTER

Employer identification number 62-1817514

Pa	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this j	part.) (	see ir	nstruc	tions)			
The	orga	nization is not	a private foundation because	e it is. (Please check only one o	organizati	on.)								
1	П	A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i).							
2	П		cribed in section 170(b)(1)(/											
3	П			ce organization described in sec	tion 170	(b)(1)(A)(i	iii). (Atta	ch Sche	dule H.	)				
4	П			in conjunction with a hospital c							ospital's name.			
	_	city, and state					` '		•					
5	$\Box$	•	•	of a college or university owned	or operate	ed by a ge	ovemme	ntal unit	descril	oed in		•• ••		
Ŭ	ш		b)(1)(A)(iv). (Complete Part		o, opo.e.	, - g								
6	$\Box$			ovemmental unit described in s	ection 17	0/h)/1)/A	<b>\</b> /v\							
7	X		•	substantial part of its support fro				rom the	nenera	Louble				
•		•	section 170(b)(1)(A)(vi). (Co		m a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dincor i	. O	gonora	, pasiis				
8	$\Gamma$			70(b)(1)(A)(vi). (Complete Part	шх									
9	Н	-		) more than 33 1/3 % of its sup		contribut	ions me	mhersh	n fees	and or	nee			
9	ш	-	•	pt functions—subject to certain										
				nd unrelated business taxable in										
			*					,	u3111030	,03				
10	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)													
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the													
11	ш										1			
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	a Type! b Type II c Type III—Functionally Integrated d Type III—Other													
	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
e	persons other than foundation managers and other than one or more publicly supported organizations described in section													
	persons other than foundation managers and other than one of more publicly supported organizations described in section 509(a)(2).													
		` ', '	, ,, ,	rmination from the IRS that it is	a Tyne I	Type II	or Type I	III sunno	rtina					
f		_	check this box		u 1,5001,	, , po 11,	DI 1990	одррс	, ung					
_		-	•	tion accepted any gift or contribu	Lition from	any of th	ne					Ш		
g		following per	_	aon accepted any gift of contains	u	, any or a	.0							
		• .		ntrols, either alone or together	with ners	ns descr	ibed in (	ir\			[v	es No		
				f the supported organization?	Will poro	) 115 G G G G G	2001	,			11g(i)	110		
		` '	member of a person describ	· · · · -				•			11g(ii)	$\neg$		
	•		· ·	described in (i) or (ii) above?	•			•	•		11g(in)	$\neg$		
h		• •		he organizations the organization	n support	ts	-		•		(a(//			
					T		64) 5-4		6.31	- #	(vill Amoun			
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your	(v) Did y the organ	ou noully szation in	(vi) l organızatı		(vii) Amoun support	loi		
	ų, g	an nearon		above or IRC section		document?	col (i)		(i) organi					
				(see instructions))		<del></del>		ort?	US					
					Yes	No_	Yes	No	Yes	No				
				-	<b>_</b>	1								
						}			i					
					-			_						
						<del>-</del>								
				<del> </del>								<del></del>		
Tota	<u>L_</u>				<u> </u>									

	edule A (Form 990 or 990-EZ) 2008 NE 1					-1817514	Page 2
Pa	art II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi	_
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)	· · · · · · · · · · · · · · · · · · ·		
	tion A. Public Support	<sub>1</sub>				<del></del>	
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,356	2 <b>4</b> 1,520	280,291	616,699	337,597	1,654,463
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				· · · · · · · · · · · · · · · · · · ·		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<del></del>
4	Total. Add lines 1-3	178,356	241,520	280,291	616,699	337,597	1,654,463
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						177,786
6	Public support. Subtract line 5 from line 4	<u> </u>					1,476,677
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	178,356	241,520	280,291	616,699	337,597	1,654,463
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	872	1,199	693	1,230	2,198	6,192
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,041	524	594	1,332	1,771	6,262
11	Total support. Add lines 7 through 10						1,666,917
12	Gross receipts from related activities, etc.	(see instructions)	•			12	86,712
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	ir as a section 501	(c)(3)	· -
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2008 (line 6	i, column (f) divided	d by line 11, colum	n (f))		14	88.5873 %
15	Public support percentage from 2007 Sch					15	96.8699 %
16a	33 1/3 % support test—2008. If the organ	nization did not che	ck the box on line	13, and line 14 is 3	33 1/3 % or more,	check this box	. ==
	and stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3 % support test—2007. If the organ	nization did not che	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶∟
17a	10%-facts-and-circumstances test—200	18. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	this box and stop I	nere. Explain in Pa	rt IV how the	<b>-</b> -
	organization meets the "facts-and-circums		_			•	▶ _
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa organization meets the "facts-and-circums						<b>▶</b> [

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) 2008

18

62	_1	Q	1	7	5	1	Λ

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						···
8	Public support (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
Ca	(e) 2008	(f) Total					
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		:				
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12)						
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	, $\Box$
	organization, check this box and stop here		4				▶ ⊔
	ction C. Computation of Public Su				· · · · ·	1.5	···
15	Public support percentage for 2008 (line 8	• • •	•	nn (t)) .		15	<u>%</u>
16 Soc	Public support percentage from 2007 Sche						
	ction D. Computation of Investme			column (f)		17	%
17 40	Investment income percentage for 2008 (li Investment income percentage from 2007	•	•	s, column (1))	•	18	<del></del>
18 19a	33 1/3 % support tests—2008. If the orga		•	e 14. and line 15 ii	s more than 33 1/	<u> </u>	76
·Ja	17 is not more than 33 1/3 %, check this b						▶ 🗌
b	33 1/3 % support tests—2007. If the orga	-	<del>-</del>				
-	line 18 is not more than 33 1/3 %, check the						▶ 🗌
20	Private foundation. If the organization did	-	_			=	▶ □

Schedule A (Form 990 or 990-EZ) 2008 NEIGHBORHOODS RESOURCE CENTER Page 4 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) PART II, LINE 10 - OTHER INCOME DETAIL 6,262 MISCELLANEOUS INCOME

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Name of the organization

Inspection

ame of the organization		Employer ide	nuncation nu	mber
NEIGHBORHOODS RESOURCE CENTER		62-181	7514	
Part I Organizations Maintaining Donor Adv				if
the organization answered "Yes" to For	<del></del>			
	(a) Donor advised funds	(b) Fund	Is and other ac	counts
1 Total number at end of year				
2 Aggregate contributions to (during year)	<del></del>			
3 Aggregate grants from (during year)				
4 Aggregate value at end of year		<u> </u>		
5 Did the organization inform all donors and donor advisors in v		∌d	Π	п
funds are the organization's property, subject to the organiza	~			∐ No
6 Did the organization inform all grantees, donors, and donor a				
used only for chantable purposes and not for the benefit of the	ne donor or donor advisor or other		п.,	П.,
impermissible private benefit?	(1)	14 F 000 D	Yes_	No.
Part II Conservation Easements. Complete if		to Form 990, Pari	: IV, line /	•
1 Purpose(s) of conservation easements held by the organization				
Preservation of land for public use (e.g , recreation or ple	· —	oncally important land ar	ea	
Protection of natural habitat	Preservation of certified	i historic structure		
Preservation of open space				
2 Complete lines 2a–2d if the organization held a qualified con	servation contribution in the form of a cons	servation easement		
on the last day of the tax year		<u> </u>		
		Hel	d at the End	of the Yea
a Total number of conservation easements		2a		
<b>b</b> Total acreage restricted by conservation easements		_2b		
c Number of conservation easements on a certified historic str	, ,	. 2c		
d Number of conservation easements included in (c) acquired		2d		
3 Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during		
the taxable year 🕨	_			
4 Number of states where property subject to conservation eas				
5 Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations, an	ıd	гп	П
enforcement of the conservation easements it holds?			∐ Yes	∐ No
6 Staff or volunteer hours devoted to monitoring, inspecting, ar		<u> </u>	_	
7 Amount of expenses incurred in monitoring, inspecting, and		· <del>-</del>	_	
8 Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section		П	Π
170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				∐ No
9 In Part XIV, describe how the organization reports conservati				
balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ints that describes		
the organization's accounting for conservation easements		O4b Ciil A		
Part III Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Treasures, or "Vos" to Form 900, Part IV, line !	Otner Similar Ass	ets.	
Complete if the organization answered	res to rolling 90, raitiv, line t	J		
4 - 16 the experimentary placeted as permitted under CEAC 11C as	at to speed in its sevenue statement and he	alance cheet under of		
1a If the organization elected, as permitted under SFAS 116, no art, historical treasures, or other similar assets held for public	•			
provide, in Part XIV, the text of the footnote to its financial sta		lerance of public service	•	
provide, in that Arv, the text of the loothold to its infallolar st	atements that describes these items.			
<b>b</b> If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and halani	ce sheet works of art		
b If the organization elected, as permitted under SFAS 116, to historical treasures, or other similar assets held for public extensions.	•			
provide the following amounts relating to these items:	months, occordion, or research in fulficial	or public service,		
		▶ €		
(i) Revenues included in Form 990, Part VIII, line 1		<b>₽</b> ₽_		
(ii) Assets included in Form 990, Part X	acuree or other similar accets for financia	. ► ₽_ ol gain provide the		
2 If the organization received or held works of art, historical tre		i gaili, provide tile		
following amounts required to be reported under SFAS 116 r	ciaung to these items	▶ €		
a Revenues included in Form 990, Part VIII, line 1		<b>7</b> 0.		
<b>b</b> Assets included in Form 990, Part X		▶ \$.		

Susing the organization's accession and other records, check any of the following that are a significant use of its collection litems (check all that apply)   A
Items (check all that apply)
b Scholarly research e Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
b Scholarly research e Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  I yes No  Beginning balance  Amount  C Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Press," explain the arrangement in Part XIV.
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and complete the following table:  Amount  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV.
Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV.
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  E Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and complete the following table:    Amount
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV.
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.
b If "Yes," explain the arrangement in Part XIV.
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance
b Contributions
c Investment earnings or losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment  %
b Permanent endowment ► %
c Term endowment ▶ %
3a Are there endowment funds not in the possession of the organization that are held and administered for the
organization by Yes No
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIV the intended uses of the organization's endowment funds
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.
Description of investment (a) Cost or other basis (b) Cost or other (c) Depreciation (d) Book value
(investment) basis (other)
1a Land 171,250 171,25
b Buildings
c Leasehold improvements
d Equipment
e Other 364,820 219,137 145,68
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008 NEIGHBORHOODS RESOURC	E CENTER	62-1817514	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
Financial derivatives and other financial products			
Closely-held equity interests .			
Other			<del></del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments—Program Related. See Form 99	0 Part V line 13	<u></u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market	
			_ · _ · _ · _
		<del> </del>	
		<del></del>	
		<del>                                     </del>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line 15.	1		
(a) Description		(b	) Book value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 2			
(a) Description of liability	(b) Amount	4	
Federal income taxes		-	
		-	
	<del>                                     </del>	†	
		7	
	1	7	
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		_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> </u>	
In Part XIV, provide the text of the footnote to the organization's financial sta	tements that reports the o	rganization's liability for	

	dule D (Form 990) 2008 NEIGHBORHOODS RESOURCE CENTE		62-18175	14	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Finar	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	385,830
2	Total expenses (Form 990, Part IX, column (A), line 25)		•	2	402,543
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	16,713
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities	•		5	
6	Investment expenses			6_	
7	Pnor penod adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	-16,713
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	ents W	<u>ith Revenue per R</u>	<u>eturn</u>	205 200
1	Total revenue, gains, and other support per audited financial statements	•		1_	385,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments .	2a		4	
b	Donated services and use of facilities	2b		-	
C	Recovenes of pnor year grants	2c	<del></del>	╣	
d	Other (Describe in Part XIV)	2d		<b>_</b>	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	385,830
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		4	
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			5	385,830
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stater	ments \	<u> With Expenses per</u>	Retur	'n
1	Total expenses and losses per audited financial statements			1_	402,543
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	· · · · · · · · · · · · · · · · · · ·	4	
b	Prior year adjustments .	2b	· · · · · · · · · · · · · · · · · · ·	4	
C	Losses reported on Form 990, Part IX, line 25	2c	<del> </del>	-	
d	Other (Describe in Part XIV)	2d		<b></b>	
е	Add lines 2a through 2d			2e	100 710
3	Subtract line 2e from line 1	rı		3	402,543
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV)	4b		<b></b>	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	402,543
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				
and 2	tb; Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2	2d and 4b	٠.		
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Schedule D (I	Form 990	) 2008	NE	IGI	HBO	RHO	OD.	S F	ES(	OUF	CE	CI	CNT	ER			(	<u> 62 -</u>	18:	175	14					F	Page 5
Schedule D (I	Supp	leme	ntal I	nfor	mati	ion (d	contir	nued)																			
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 62-1817514

#### NEIGHBORHOODS RESOURCE CENTER

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT NEIGHBORHOOD PERSPECTIVE TO SPECIFIC COMMUNITY DEVELOPMENT PROJECTS THAT ARE CITY-WIDE OR MULTI-NEIGHBORHOOD IN NATURE.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS GRANTS AND CONTRIBUTIONS RECIEVED

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
RETURN REVIEWED BY EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD BEFORE
FILING, BUT NOT THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A DIRECTOR OR OFFICER MUST DISCLOSE ANY DIRECT OR INDIRECT INTEREST THEY

HAVE IN ANY TRANSACTION ENTERED INTO BY THE CORPORATION. FAILURE TO

DISCLOSE A CONFLICT OF INTEREST IS A CAUSE FOR REMOVAL 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 DIRECTOR'S OR OFFICER'S INTEREST WAS DISCLOSED TO OR KNOWN BY THE BOARD OF DIRECTORS OR A COMMITTEE CONSISTING ENTIRELY OF DISINTERESTED BOARDMEMBERS,

Name of the organization

NEIGHBORHOODS RESOURCE CENTER

Employer Identification number 62-1817514

- (B) SUCH BOARD OR COMMITTEE DETERMINES THAT (I) THE TRANSACTION IS IN THE BEST INTERESTS OF, AND IS FAIR AND REASONABLE TO THIS CORPORATION AND (II) AFTER REASONABLE INVESTIGATION DETERMINES THAT A MORE ADVANTAGEOUS ARRANGEMENT CAN NOT BE OBTAINED WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES, AND
- (C) A DISINTERESTED MAJORITY OF SUCH BOARD OR COMMITTEE AUTHORIZES THE TRANSACTION.

ANY DIRECTOR WHO HAS A DIRECT OR INDIRECT INTEREST IN THE CONFLICT MAY NOT TAKE PART IN THE DISCUSSION OR VOTE TO APPROVE THE TRANSACTION. FOLLOWING APPROVAL OF A CONFLICT OF INTEREST, THE TRANSACTION SHALL BE MEMORIALIZED IN A WRITTEN AGREEMENT INDICATING THE NON-INVOLVEMENT OF THE INTERESTED DIRECTOR(S).

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW OF SALARIES BY BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ANNUAL REVIEW OF SALARIES BY BOARD OF DIRECTORS.

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2008

Attachment 67

OMB No 1545-0172

Identifying number Name(s) shown on return NEIGHBORHOODS RESOURCE CENTER 62-1817514 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 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 instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 9,942 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 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 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recover (business/investment use only-see instructions) (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction year placed in period service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 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 S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/l 12-year 12 yrs. S/L 40-year 40 yrs ММ S/L Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 9,942 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Mortgages and Other Notes Payable 2008																
99	90 / 9	990-1	PF	For	calendar year 2008,	or tax year beginning	7/01/08	, and ending	6/3	30/09	2008					
Nam	е							·			entification Number					
_N	EIGH	BORH	OODS	RES	OURCE CENT	ER				52-181	7514					
F	ORM	990,	PAI	RT X,	LINE 23 -	- ADDITIONAL	INFORMATI	ION								
				Name	of lender			Relationship	to disqu	alified nerso						
(1)	FIR	ST T	ENNE		BANK			Relationship	to diaqu	amied perso	<u> </u>					
(2)			ENNE	ESSEE	BANK											
(3)																
(4)								<del></del>								
<u>(5)</u>																
(6) (7)																
(7) (8)			-				-									
(9)						·			_							
(10)																
<u></u>	(	Original	amount	:		Maturity	<u> </u>			·	Interest					
		borrow	/ed		Date of loan	date		Repayment te		4700	rate					
(1)			37,5 73,0		2/11/08 11/01/07	2/11/23 11/01/22		PAYMENT PAYMENT			6.530 7.400					
( <u>2</u> )			/3,0	00	11/01/01	11/01/22	MONTHLI	PAIMENI	S OF	3011	7.400					
(3) (4)																
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					rovided by borrower		Purpose of loan									
<u>(1)</u>		L ES					REAL ESTATE ACQUISITION REAL ESTATE ACQUISITION									
(2)	REA	L ES	TATI	<u>:</u>			REAL EST.	ATE ACQU	ITSTI	TON						
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·								e due at			lance due at					
(1)			Conside	eration fu	mished by lender	<u> </u>	beginning of year end of year 86,102 82,5									
(2)						<del>.</del>		71,139	-		68,267					
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(9) (10)	<del></del>						-									
	tals						1	157,241			150,767					