Form 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 Open to Public Inspection

A	For the	e 2007 ca	lendar y	ear, c	or tax year beginning	7/01/0	7 , and ending	6/30/	⁷ 08					
В	Check if a	applicable:	Please	С	Name of organization		•			D	Employer	identific	ation n	umber
	Address o	change	use IRS label or							L.	62-1	817	514	
\Box	Name cha	ange	print or		NEIGHBORHO	DDS RESC	DURCE CENTE	R		Е	Telephor	ne num	ber	
H		•	type.		Number and street (or P.0	O. box if mail is n	ot delivered to street addr	ess)	Room/suite	L	615-	782	-82	12
\vdash	Initial retu	irn	See		1312 THIRD	AVENUE	NORTH			F	Accountin	g metho	d:	Cash
Ш	Termination	on	Specific Instruc-		City or town, state or cour	ntry, and ZIP + 4				X	Accrual		Other (specify)
	Amended	return	tions.		NASHVILLE		TN 37208	3						
\Box	Applicatio	on pending	• ;	Sectio	n 501(c)(3) organization	ns and 4947(a)(1) nonexempt charitable	e Han	d I are not applicable to s	- section	n 527 organi	zations		
			1	trusts	must attach a complete	ed Schedule A ((Form 990 or 990-EZ).	H(a)	Is this a group return fo	or affili	ates?		Yes	X No
G	Websit	te: 🤨 W	WW . TN	RC.	NET			H(b)	If "Yes," enter number	of affil	iates 🕨 .			
j	_	ization ty	•				_	H(c)	Are all affiliates include	ed?			Yes	☐ No
	(check	only one) > X	501	(c) (3) ∢ (inser	t no.) 49	947(a)(1) or 527		(If "No," attach a list. See in	structio	ns.)			
K	Check h	nere 🕨	if the	e orga	nization is not a 509(a)(3)	supporting organ	nization and its gross	H(d)	Is this a separate retur	n filed	by an			
	receipts	are norma	illy not mo	ore tha	n \$25,000. A return is not	required, but if th	ne organization chooses		organization covered b	y a gr	oup ruling?		Yes	X No
	to file a	return, be s	sure to file	a com	plete return.		-		Group Exemption N	lumb	er▶			
					<u> </u>				Check ▶ if th	e org	anization	is not i	requir	ed
L	***********				3b, 9b, and 10b to line		654,08		to attach Sch. B (Fo			Z, or 9	90-PF	<u>). </u>
	art I	Re	venue,	Exp	enses, and Chan	<u>nges in Net</u>	Assets or Fund E	<u> Balanc</u>	es (See the instr	uctio	ons.)			
	1	Contribu	utions, git	fts, gr	ants, and similar amou	unts received:								
	a							1a		_				
	b	Direct p	ublic sup	port (not included on line 1a	a)		1b	451,35					
	c	Indirect	public su	ipport	(not included on line 1	1a)		1c	142,34					
	d				ions (grants) (not inclu			1d	23,00					
	e	Total (a	dd lines	1a thi	ough 1d) (cash \$	554	,199 noncash \$		62,500)	L	1e	6		<u>, 699</u>
	2	Program	n service	reve	nue including governm	ent fees and o	ontracts (from Part VII	, line 93)		. L	2		<u>34</u>	,822
	3	Membership dues and assessments 3												
	4	Interest	on savin	gs an	d temporary cash inve	stments					4		1	,230
	5	Dividend	ds and in	teres	from securities					. L	5			
	6a													
	Ь													
	c	b Less: rental expenses C Net rental income or (loss). Subtract line 6b from line 6a									6c			
4	7				me (describe►	• •)				7			
Revenue	8a				les of assets other		(A) Securities		(B) Other					
Ķ		than inv	entory					8a	•					
ď	Ь				sis and sales expense			8b						
	C				schedule)			8c						
	d	Net gain	or (loss). Cor	nbine line 8c. columns	(A) and (B)				7 ;	Bd			
	9	Special	events a	nd ac	tivities (attach schedul	le). If any amou	unt is from gaming, ch	eck her	· 🗆					
	a				cluding \$									
	"				on line 1b)			9a						
	Ь	Less di	rect expe	enses	other than fundraising	expenses								
	C						from line 9a			\neg	9c			
	10a				ory, less returns and all			10a						
	b				old			10b						
	C	Gross n	rofit or (k	nee) f	rom sales of inventory	(attach sched)	ule). Subtract line 10b		10a	7,	0c			
	11										11		1	, 332
	12	Total re	venue (Add lir	nes 1e 2 3 4 5 6c 7	7 8d 9c 10c s	and 11			· -	12	ϵ		,083
_	13										13			,106
S	14	Managa	ment an	o (1101 aan h	eral (from line 44, colu	(C)\				· -	14			, 482
Expenses	15	Fundrais	eina /fror	u y e n n lina	44, column (D\)	(<i>O</i>))				·	15			,091
xpe	1	Dayman	any (nur	n mie liatos	(attach echodula)					· —	16			
ĬĬ	16	Total	no io dill	nates Nates	tatiatif strietutie)					· -	17		89	, 679
v)	17										18			,404
set	18						2				19			,469
As	19	inet asse	ets or fur	io dal	ances at beginning of	year (from line	73, column (A))						. 40	, = 0 9
Net Assets	20						anation)			· H	20 21		00	,873
	21	Net asse	ets or tur	เด ตลเ	ances at end of year. (Compine lines	18, 19, and 20			- 1 2	4 I I	- 4	. U J	,

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of Part II Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) (cash \$_ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 1 63,753 4,069 25a 67,822 **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included 125,811 15,585 38,950 180,346 on lines 25a, b, and c 26 27 Pension plan contributions not included on 5,260 545 1,081 6,886 lines 25a, b, and c 27 28 Employee benefits not included on lines 12,962 9,902 1,027 2,033 25a – 27 28 4,916 23,924 2,480 31,320 29 Payroll taxes Professional fundraising fees 30 4,100 4,100 31 31 Accounting fees 32 Legal fees 94 605 463 48 33 33 Supplies 2,955 306 607 3,868 34 Telephone 4,744 6,210 974 492 Postage and shipping 35 35 36 Occupancy 828 66 130 632 Equipment rental and maintenance 37 3,534 726 4,626 366 38 Printing and publications 8,293 1,703 10,856 860 39 Travel 40 Conferences, conventions, and meetings 40 761 3,706 384 41 4,851 Interest 6,171 8,079 640 1,268 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 35,958 2,514 7,848 46,320 SEE STATEMENT 2 43a 43b 43c 43d 43e 43f 43a Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 33,482 61,091 389,679 295,106 13-15) Joint Costs. Check ▶ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs\$; and (iv) the amount allocated to Fundraising\$ (iii) the amount allocated to Management and genera\$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

rograms and accomplishments.	
Vhat is the organization's primary exempt purpose? HUMAN AND COMMUNITY SERVICES All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3 (Grants and allocations \$) If this amount includes foreign grants, check here ▶	87,630
b SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ TRAINING AND CAPACITY BUILDING SERVICES CONSISTS OF THE NEIGHBORHOOD LEADERSHIP TRAINING INSTITUTE AND CUSTOMIZED CAPACITY BULIDING WORKSHOPS. THESE PROGRAMS ARE DESIGNED TO PROVIDE RESIDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY TO TAKE THE LEADING ROLE IN IDENTIFYING AND ADDRESSING THE NEEDS OF THEIR NEIGHBORHOOD.	134,673
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ (Grants and allocations \$) If this amount includes foreign grants, check here ▶	72,803
e Other program services (attach schedule)	1
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	205 106
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	295,106

Form 990 (2007)

	art IV Note:	Where required, attached schedules and amounts wit column should be for end-of-year amounts only.		description	(A) Beginning of year		(B) End of year
\neg	45				41,795	45	215,294
	46	Cash—non-interest-bearing			41,195	46	213,294
	40	Savings and temporary casiminestments				40	
	47a	Accounts receivable	24,142				
İ		Accounts receivable Less: allowance for doubtful accounts	47a 47b	23,132	49,289	470	24,142
	U	Less. allowance for doubtful accounts	470		49,209	4/0	24,142
Ì	48a	Pladana ranajuabla	48a	100,000			
		Pledges receivable	48b	100,000		40-	100,000
						48c	100,000
ı	49	Grants receivable				49	
l	50a	Receivables from current and former officers, directors	s, truste	ees, and			
						50a	
	a	Receivables from other disqualified persons (as define					
		persons described in section 4958(c)(3)(B) (att. sched	iule)			50b	
	51a	Other notes and loans receivable (attach	1				
ts	_		51a 51b				
Assets				51c			
Ϋ́		Inventories for sale or use				52	
	53 54a	Prepaid expenses and deferred charges				53	
		securities				54a	
	b	Investments—other securities (attach schedule)		Cost FMV		54b	W. 1864
	55a	Investments—land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	459,306			
i	b	Less: accumulated depreciation (attach					
		schedule) SEE STATEMENT 5	57b	209,197	98,144	57c	250,109
	58	Other assets, including program-related investments					
		(describe ► SEE STATEMENT 6	1,738		1,763		
\Box	59	Total assets (must equal line 74). Add lines 45 through)	190,966		591,308	
	60	Accounts payable and accrued expenses		L	31,892	60	13,360
	61	Grants payable				61	
	62	Grants payable Deferred revenue SI	ee s	TATEMENT 7	13,605	62	10,834
ဖွ	63	Loans from officers, directors, trustees, and key emplo	yees (attach			
<u>≅</u>		schedule)				63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)				64a	
=	b	Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)	S	EE WORKSHEET		64b	157,241
	65	Other liabilities (describe ▶				65	
	66	Total liabilities. Add lines 60 through 65			45,497	66	181,435
	Orga	Total liabilities. Add lines 60 through 65	nd com	plete lines			
		67 through 69 and lines 73 and 74.					
Se	67	Unrestricted			139,311	67	122,939
Ĕ	68	Temporarily restricted		i i	6,158	68	286,934
<u>a</u>	69	Permanently restricted				69	
틸	Orga	nizations that do not follow SFAS 117, check here ▶	· 🗀 ;	and			,
[]	•	complete lines 70 through 74.	_				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
sts	71	Paid-in or capital surplus, or land, building, and equipm			71		
SS	72	Retained earnings, endowment, accumulated income,			72		
¥	73	Total net assets or fund balances. Add lines 67 throu					
ž		70 through 72. (Column (A) must equal line 19 and co	-	_			
		equal line 21)		1	145,469	73	409,873
	74	Total liabilities and net assets/fund balances. Add li			190,966		591,308

Form	990 (2007)	NEIGHBORHOODS RESOURCE C	ENTER	62-18175	14		Page 5
Pa	art IV-A	Reconciliation of Revenue per Audite instructions.)	ed Financial Stat	tements With Re	venue per	Return (See t	he
а	Total revenue	e, gains, and other support per audited financial sta	atements			а	654,083
b	Amounts incl	luded on line a but not on Part I, line 12:					
1	Net unrealize	ed gains on investments		. b1			
2	Donated serv	vices and use of facilities		b2			
3	Recoveries of	of prior year grants		b3			
4	Other (specif	fy):					
_	Add lines b1	through b4				<u>b</u>	654,083
c d		b from line a luded on Part I, line 12, but not on line a:					034,003
1		expenses not included on Part I, line 6b		d1			
2							
_		ý):		امدا			
	Add lines d1	and d2			· · · · · · · · · · · · · · · · · · ·	d	
e		e (Part I, line 12). Add lines c and d					654,083
_	irt IV-B		ed Financial Sta	atements With E	xpenses pe		
а		es and losses per audited financial statements					389,679
b		luded on line a but not Part I, line 17:					
1	Donated serv	vices and use of facilities		b1			
2	Prior year ad	justments reported on Part I, line 20					
3		ted on Part I, line 20					
4		ý):					
				1 1.4 1			
	Add lines b1	through b4				b	
С		b from line a				_с	<u>389,679</u>
d		luded on Part I, line 17, but not on line a:		11			
1		expenses not included on Part I, line 6b					
2	Other (specif	ý):		.			
						٠.	
	Add lines d1					d e	389,679
e D-	rotal expens	ses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees,	and Key Emplo	VAPS (List each ner	on who was a		
1.4	11 t 7A	or key employee at any time during the year even	if they were not com	pensated.) (See the i	nstructions.)		
				·····		on (D) Contributions to employee benefit plans & deferred	(E) Expense
		(A) Name and address		(B) Title and average hours per week devoted to position	(If not paid, ent -0)	plans & deferred compensation plans	account and other allowances
SE	E STATEMEN	т 8					

			June 111				
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				:			
							
				<u> </u>			orm 990 (2007)
						r (omi フラU (2007)

Form	990 (2007)	NEIGHBORHOO	DS RESOURCE	CENTER	62-181	7514			Р	age 6
Pi	urt V-A	Current Officers, Di	irectors, Trustees	, and Key Emplo	yees (continue	d)			Yes	No
75a	Enter the t	total number of officers, dire	ectors, and trustees peri	mitted to vote on orga	nization business at	board				
	meetings .				▶ 14	• • • • • • • • • • • • • • • • • • • •				
b		fficers, directors, trustees, o				sated	İ			
		s listed in Schedule A, Part		•	•					
		s listed in Schedule A, Part		-	•					32
	relationsni	ips? If "Yes," attach a staten	nent that identifies the i	naividuais and explair	ns the relationship(s)		75b		X
С	Do any off	ficers, directors, trustees, or	kev employees listed in	Form 990 Part \/-A	or highest					
Ů	_	ited employees listed in Sch						5875		
		ent contractors listed in Sche	-							
	organizatio	ons, whether tax exempt or t	taxable, that are related	to the organization?	See the instructions	for				
	the definiti	ion of "related organization."						75c		X
		ttach a statement that includ								
d		organization have a written o	conflict of interest policy	?	· · · · · · · · · · · · · · · · · · ·	·····		75d	<u> </u>	
Pa	irt V-B	Former Officers, Di								
		(If any former officer, direct person below and enter the						ine ye	∍ar, list	tnat
		person below and enter th	ie amount of compensa	don of other benefits	The appropriate of	(C) Compensation	(D) Contributions to	(E	E) Expe	nse
		(A) Name ar	nd address		(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans	acco	ount and allowand	dother
N/	A					Union 0 /	COMPENSATION DIAMS	 	anowani	
								T		
					<u> </u>			↓_		
								┿		
						<u>† </u>		+		
							:			
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							:			
								+		
								+	-	
Pa	rt VI	Other Information (See the instruction	ıs.)					Yes	No
76	Did the org	ganization make a change ir	n its activities or method	ls of conducting activi	ties? If "Yes," attach	a		,		
		atement of each change						76		X
77	-	changes made in the organi		ments but not reported	d to the IRS?			77		X
		tach a conformed copy of the		(04.000		L				
78a	•	ganization have unrelated bu	-		-	-		792		X
h	this return?	r as it filed a tax return on Fo r	m 990-T for this year?					78a 78b	+	
79		as it liled a tax return on For a liquidation, dissolution, te			ne vear? If "Yes." at			. 55		
. •	a statemer			_	-		l ^s	79		X
80a		nization related (other than				gh				
	-	nembership, governing bodi								
	organizatio							80a		X
b	If "Yes," er	nter the name of the organiz								
	······				_ ,		exempt		1	
		ct and indirect political exper		structions.)		31a	0	041		X
b	Did the ord	ganization file Form 1120-PC	JL for this year?					81b	1	Λ

Form	990 (2007) NEIGHBORHOODS RESOURCE CENTER 62-1817514	ı	Page 7
Pa	art VI Other Information (continued)	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		
	or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this		
	amount as revenue in Part I or as an expense in Part II.		
	(See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	/-	
	3	N/A 84b	+-
85a	***************************************	N/A 85a	+-
b		N/A 85b	-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		
	received a waiver for proxy tax owed for the prior year.		
C	Dues, assessments, and similar amounts from members 85c Section 162(e) lobbying and political expenditures 85d		
d	Section 162(e) lobbying and political expenditures Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85d 85e		
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
'	randore difficult of 1000 ying differentiation (mile of the 1000 ying differentiation (mile of t	N/A 85g	
y h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	-:// GOS	
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		
	following tax year?	N/A 85h	300000000000000000000000000000000000000
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
ь	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other		
	sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		
	partnership, or an entity disregarded as separate from the organization under Regulations sections		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
	section 4911 ▶	!	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		٠,
	a statement explaining each transaction	89b	<u> </u>
С	Enter: Amount of tax imposed on the organization managers or disqualified	ااا	
	persons during the year under sections 4912, 4955, and 4958	$\frac{-6}{6}$	
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e	x
	transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	· · · · · · · · · · · · · · · · · · ·	X
T	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		
g	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		
	at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶ NONE		
	Newshar of ampleyage employed in the pay period that includes March 12, 2007 (See	,	
~	instructions.)		4
91a	instructions.) The books are in care of ▶ JOHN STERN 1312 THTRD AVENUE NORTH	615-782-82	212
•	1312 THIRD AVENUE NORTH		
	Located at ► NASHVILLE, TN ZIP+4 ► 3720	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Yes	No
	account)?	91b	X
	If " Yes," enter the name of the foreign country▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		1500

Form	990 (200	NEIGHBORHOODS	RESOURCE	CENTER	62-1	L817514	Į.		F	age 8
	art VI	Other Information (con							Yes	No
		me during the calendar year, did to		intain an office	outside of the United	d States?		91c		X
·	-	-							·	
92	Section	enter the name of the foreign cou 4947(a)(1) nonexempt charitable t er the amount of tax-exempt intere	rusts filing Form 99	00 in lieu of Fori	n 1041—Check her			• •		▶ □
-	and ente	er the amount of tax-exempt intere	st received or accru	ued during the t	ax vear		▶ 92			, L
P	art VII	Analysis of Income-Pro				. , ,				
		ross amounts unless otherwise			ed business income	Excluded	by section 512, 513, or 514		(E)	
	ated.	ood amounte chiese care mos						Rel	ated or	
93		n service revenue:		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		ot functi come	on
а	•	GRAM SERVICE REVI	ENUE							822
b							·			
c	•									
d										
e										
f	Medicar	e/Medicaid payments								
g		d contracts from government ager								
94		ship dues and assessments								
95		on savings and temporary cash in							1,	230
96		ds and interest from securities								
97		al income or (loss) from real estate								
а										
b		-financed property								
98	Net rent	al income or (loss) from personal p	property							
99										
100	Gain or	(loss) from sales of assets other th								
101		ome or (loss) from special events								
102		rofit or (loss) from sales of invento								
103		evenue: a								
b	MIS	CELLANEOUS REVENU	JE						<u>1,</u>	<u> 332</u>
С										
d										
е										
104	Subtota	(add columns (B), (D), and (E))				0	0		<u>37,</u>	384
105	Total (a	dd line 104, columns (B), (D), and	(E))				······		<u>37,</u>	384
Note	e: Line 10	5 plus line 1e, Part I, should equal	the amount on line	12, Part I.						
P	art VIII									
L	ine No.	Explain how each activity for v	vhich income is rep	orted in column	(E) of Part VII conti	ributed impo	rtantly to the accompl	ishment		
	▼	of the organization's exempt p								
	3 A	PROGRAM REVENUE								
	5	INTEREST INCOME								
_1	03B	MISCELLANEOUS I	NCOME IS U	JSED TO	FINANCE VA	RIOUS	PROGRAMS.			
					B: 1.15			\		
P	art IX	Information Regarding	Taxable Subs	idiaries and	Disregarded E	ntities (5	(D)	18.)	E)	
	Name, ad partne	(A) dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage o ownership inter	est I	Nature of activities		Total income	End-d	f-year sets	
	N/A	1		%						
				%						
				%						
				%						
P	art X	Information Regarding								
	(a) Did th	ne organization, during the year, re ne organization, during the year, pa	ıy premiums, direct	tly or indirectly,			nal benefit contract?	∵⊢∨	es X es X	-
	Note: If "	es" to (b), file Form 8870 and For	m 4720 (see instru	ctions).				Forr	n 99 0	(2007)

EDMONDSON BETZLER & MONTGOMERY PLLC

37027

CADILLAC DR STE 210

TN

BRENTWOOD,

Form 990 (2007)

Preparer's SSN or PTIN

(See Gen. Instr. X)

P00156471

▶ 26-2451997

615-916-3100

Check if

employed >

EIN

Phone

self-

Date

2/11/09

Here

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Employer identification number Name of the organization NEIGHBORHOODS RESOURCE CENTER 62-1817514 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation empl. benefit plans account and other than \$50,000 per week devoted to position & deferred comp allowances Total number of other employees paid over \$50,000 \blacktriangleright Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

Sche	edule A (Form 990 or 990-EZ) 2007 NEIGHBORHOODS RESOURCE CENTER 62-1817514		Р	age 2
Pa	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsless \text{\$\text{\text{\$\	_ 1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		<u>x</u>
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	x	
е	Transfer of any part of its income or assets?	2e		x
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		x
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	l
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

P	art l'	Reason for Non-Private Found	ation Status (See	pages 4 through 8	3 of the ins	tructions.)				
cer 5	tify th	nat the organization is not a private foundation b A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	le box.)					
6		A school. Section 170(b)(1)(A)(ii). (Also complete	ete Part V.)							
7		A hospital or a cooperative hospital service org	anization. Section 170(b)(1)(A)(iii).						
8		A federal, state, or local government or govern	mental unit. Section 17	0(b)(1)(A)(v).						
9		A medical research organization operated in co	onjunction with a hospita	al. Section 170(b)(1)(A)	(iii). Enter the	hospital's nam	e, city,			
		and state ▶	,				.,			
10		An organization operated for the benefit of a co (Also complete the Support Schedule in Part I		ed or operated by a gov	ernmental uni	t. Section 170(b)(1)(A)(iv).			
11a	X	An organization that normally receives a substated 170(b)(1)(A)(vi). (Also complete the Support S et		from a governmental u	nit or from the	general public.	Section			
11b		A community trust. Section 170(b)(1)(A)(vi). (Al	iso complete the Suppo	ort Schedule in Part IV-	·A.)					
12		An organization that normally receives: (1) mor from activities related to its charitable, etc., fun from gross investment income and unrelated by organization after June 30, 1975. See section 5	ctions-subject to certair usiness taxable income	n exceptions, and (2) no e (less section 511 tax)	more than 3 from business	3 1/3% of its supes acquired by t	pport			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:									
		Type I Type II	Type III-Functionally In	tegrated Typ	e III-Other					
-		Provide the following information	ation about the suppo	rted organizations. (Se	e page 8 of the	ne instructions.)				
		(a)	(b)	(c)	(0	d)	(e)			
		Name(s) of supported organization(s)	Employer	Type of		pported	Amount of			
			identification	organization	organizatio	_	support			
			number (EIN)	(described in lines	-	porting				
				5 through 12	organiz					
				above or IRC section)	governing o	documents?				
					Yes	No				
					168	140				
					**					
				-						
						i i				
Tota	nl					, >				
Tota	_	An organization organized and operated to test		on 509(a)/4) /Saa aa	2 of the inet	· · · · · · · · · · · · · · · · · · ·				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

	: You may use the worksheet in the in					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) ⊺otal
15	Gifts, grants, and contributions received. (D	•				
	not include unusual grants. See line 28.)	280,921	241,520	178,356	272,758	973,555
16	Membership fees received					0
17	Gross receipts from admissions, merchand	lise				
	sold or services performed, or furnishing of	:				
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					0
18	Gross income from interest, dividends,					
	amounts received from payments on securi	ities				
	loans (section 512(a)(5)), rents, royalties,					
	income from similar sources, and unrelated business taxable income (less section 511	'				
	taxes) from businesses acquired by the					
	organization after June 30, 1975	. 693	1,199	872	657	3,421
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					0
21	The value of services or facilities furnished	to				
	the organization by a governmental unit					
	without charge. Do not include the value of services or facilities generally furnished to t	1				
	public without charge					0
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets STMT 9		524	2,041	17,088	20,247
23	Total of lines 15 through 22	282,208	243,243	181,269	290,503	997,223
24	Line 23 minus line 17	282,208	243,243	181,269	290,503	997,223
25	Enter 1% of line 23	. 2,822	2,432	1,813	2,905	
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount in column (e),	line 24	▶ 26a	19,944
b	Prepare a list for your records to show	w the name of and amoun	t contributed by each p	erson (other than a		
	governmental unit or publicly support	ed organization) whose to	tal gifts for 2003 throug	gh 2006 exceeded the		
	amount shown in line 26a. Do not file	this list with your return	n. Enter the total of all	these excess amounts	▶ 26b	75,941
С	Total support for section 509(a)(1) tes	st: Enter line 24, column (e	e)		▶ 26c	997,223
d	Add: Amounts from column (e) for lin	es: 18 3 ,	421 19			
		22 20,	247 26b	75,941	▶ 26d	99,609
е	Public support (line 26c minus line 26	6d total)			▶ 26e	897,614
f	Public support percentage (line 266	(numerator) divided by	line 26c (denominato	r))	Þ 26f	90.0114%
27	Organizations described on line 12:			d 17 that were received		
	person," prepare a list for your record	ls to show the name of, ar	nd total amounts receiv	red in each year from, e	each "disqualified pers	on."
	Do not file this list with your return.	. Enter the sum of such an	nounts for each year:			N/A
	(2006)	(2005)	(2004)		(2003)	
b		at was received from each	n person (other than "d	isqualified persons"), p	repare a list for your re	ecords to
	show the name of, and amount receive	ved for each year, that was	s more than the larger	of (1) the amount on lin	ne 25 for the year or (2	2) \$5,000.
	(Include in the list organizations desc	ribed in lines 5 through 11	b, as well as individua	ls.) Do not file this list	with your return. Afte	er computing
	the difference between the amount re	eceived and the larger amo	ount described in (1) or	(2), enter the sum of the	nese differences (the	
	amounts) for each year:					N/A
	(2006)	(2005)	(2004)	}	(2003)	
С						
	17		21		▶ 27c	
d		and line 27b				
е	Public support (line 27c total minus lin	ne 27d total)				
f	Total support for section 509(a)(2) tes					
g	Public support percentage (line 276	(numerator) divided by	line 27f (denominator))		%
h	Investment income percentage (line					%
28	Unusual Grants: For an organization			-		
	prepare a list for your records to show	v, for each year, the name	of the contributor, the	date and amount of the	e grant, and a brief	
	description of the nature of the grant.	Do not file this list with	your return. Do not inc	clude these grants in lin	e 15.	

Schedule A (Form 990 or 990-EZ) 2007 NEIGHBORHOODS RESOURCE CENTER 62-1817514 Page 5 Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes Νo other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory h Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a 33b Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? Use of facilities? 33f Athletic programs? Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Does the organization receive any financial aid or assistance from a governmental agency?

Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

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

Schedule A (Form 990 or 990-EZ) 2007

35

Schedule A (Form 990 or 990-EZ) 2007 **NEIGHBORHOODS RESOURCE CENTER** 62-1817514 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check ▶ b if you checked "a" and "limited control" provisions apply. Check > a if the organization belongs to an affiliated group. (a) Limits on Lobbying Expenditures Affiliated group totals To be completed for **all** electing organizations (The term "expenditures" means amounts paid or incurred.) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) fiscal year beginning in) 2007 2006 2005 2004 Total 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B **Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: а Paid staff or management (Include compensation in expenses reported on lines c through h.) b Media advertisements c Mailings to members, legislators, or the public d Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.)

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

6	2	_	1	Ω	1	7	5	1	4

Page 7

Part VII	Information Regarding Transfers	o and Transactions and	Relationships	With Noncharitable
	Exempt Organizations (See page	14 of the instructions.)	•	

1	•		•		with any other organization described in section			
	` '	•	, ,,	3) organizations) or in section 527,				
а				noncharitable exempt organization	Γ	=	Yes	No
	(i) Cash					51a(i)		X
						a(ii)	<u> </u>	X
b	Other trans						1	37
	(i) Sales	s or exchanges of asset	s with a non	charitable exempt organization		b(i)		<u> </u>
	(ii) Purcl	nases of assets from a	noncharitabl	e exempt organization		b(ii)		X
	(iii) Renta	al of facilities, equipmer	nt, or other a	ssets		b(iii)		X
	(iv) Reim	bursement arrangemer	nts			b(iv)		X
	(v) Loan					b(v)		X
	(vi) Perfo	rmance of services or r	membership	or fundraising solicitations		b(vi)		X
С	Sharing of t	facilities, equipment, ma	ailing lists, o	ther assets, or paid employees		с		X
d					nn (b) should always show the fair market value of	the		
		•		·	zation received less than fair market value in any			
	-	-	•	olumn (d) the value of the goods, o				
_	(a)	(b)	It, SHOW III OC	(c)	(d)			
	Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharing	arrange	ments	
1/2								
N/.	<u>. </u>							
		 						
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2a				d with, or related to, one or more ta		<u></u>	_	_
	described in	n section 501(c) of the	Code (other	than section 501(c)(3)) or in sectio	n 527?	∐ Y	es X	No
b	If "Yes," co	mplete the following sc	hedule:					
_		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
-	N/A							
		····						
					:			
								
_								
_								

NEIGHRECEN 0	2/11/2009 8:32 AM						
Forms		Mort	gages and Oth	ner Notes Pay	yable		
990 / 99	90-PF						2007
	For c	alendar year 2007, or	tax year beginning	7/01/07	, and ending	6/30/08	****
Name						Employer ider	ntification Number
						60 1017	E1 /
NEIGHB	ORHOODS RE	SOURCE CENT	ER			62-1817	514
FORM 9	90 PART T	V. TINE 64B	- ADDITION	AL INFORMA	TION		
10141 3	50 / 212(2 2	<u>,,</u>				. ,	
		e of lender			Relationship to d	isqualified person	
1) FIRS							
	T TENNESSE	E BANK					
3)							
4)							
5)							
6) 7)							
8)							H-444-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
9)						<u> </u>	
10)	-						
						22.5	
Or	iginal amount		Maturity				Interest
	oorrowed	Date of loan	date	14012	Repayment terms	07 6760	rate
1)	87,500	2/11/08	2/11/23	MONTHLY		OF \$768	6.530 7.400
(2)	73,000	11/01/07	11/01/22	MONTHLY	PAYMENTS	OF \$677	7.400
(3)		 					
(4)							
5)					V.101		
6) 7)							
8)							
9)							
(10)							
							in the second second
		provided by borrower			Purpose	of loan	
	ESTATE ESTATE						
	FOIMIE						
(3)							·
(4) (5)							
(6)							
(7)							
(8)							
(9)							
(10)			Nor				- 1/2v
				1			
					e due at		ance due at
	Consideration	furnished by lender		<u>beginni</u>	ing of year	<u>e</u>	nd of year 86,102
(1)				 			71,139
(2)						 	, - 5

157,241

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Totals

NEIGHRECEN Neighborhoods Resource Center

Federal Statements

62-1817514 FYE: 6/30/2008

Program Management & Fundraising \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

NEIGHRECEN Neighborhoods Resource Center 62-1817514 Federal Statements

FYE: 6/30/2008

62-1817514

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	
UTILITIES	10,641	8,129	843	1,669
TECHNOLOGY	4,310	3,292	341	677
MISCELLANEOUS	5 , 637	4,306	446	885
INSURANCE	6,059	4,628	480	951
MOVING	5,106	3,900	404	802
CAPITAL CAMPAIGN	2,864			2,864
BAD DEBTS	11,703	11,703		
TOTAL	\$ 46,320 \$	35,958	2,514 \$	7,848

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62-1817514

Federal Statements

FYE: 6/30/2008

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

Description

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

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

Description

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

NEIGHRECEN Neighborhoods Resource Center 62-1817514 **Federal Statements**

62-1817514

FYE: 6/30/2008

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

Description				•		
	_	Beginning of Year	 Accum Depr	 End of Year	_	Accum Depr
BUILDINGS AND EQUIPMENT						
	\$_	299,260	\$ 201,116	\$ 288,056	\$	209,197
TOTAL	\$ <u></u>	299,260	\$ 201,116	\$ 288,056	\$	209,197

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

Description	E	End of Year		
DEPOSITS PREPAID EXPENSES	\$	1,165 573	\$	1,563 200
TOTAL	\$	1,738	\$	1,763

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	_	End of <u>Year</u>		
	\$ 13,605	\$	10,834		
TOTAL	\$ 13,605	\$	10,834		

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2/11/2009	

NEIGHRECEN Neighborhoods Resource Center 62-1817514 FYE: 6/30/2008

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Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees	90, Part V-A - List of Offi Employees	Officers, Directors, 1 <u>/ees</u>	rustees, and Key		- 1
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN STERN P.O. BOX 100941 NASHVILLE TN 37224	EXECUTIVE DI	40+	67,822	1,950	0
BILLY FIELDS 902 BOSCOBEL STREET NASHVILLE TN 37206	CHAIRMAN	0	0	0	0
BILL BAILEY 8340 RIVER ROAD PIKE NASHVILLE TN 37209	MEMBER	0	0	0	0
PATRICK J. NOLAN III 5648 KENDALL DRIVE NASHVILLE TN 37209	MEMBER	0	0	0	0
REV. WILLIAM L. BARNES 1023 BATTLEFIELD DRIVE NASHVILLE TN 37204	MEMBER	0	0	0	0
THOMAS EPPERSON P.O. BOX 280663 NASHVILLE TN 37228	MEMBER	0	0	0	0
DR. EUGENE TESELLE 2007 LINDEN AVENUE NASHVILLE TN 37212	VICECHAIRMAN	0	0	0	0
ELEANOR CHIPPEY GRIER P.O. BOX 160153 NASHVILLE TN 37216	MEMBER	0	0	0	0
ANN TOPLOVICH 2715 WESTWOOD AVENUE NASHVILLE TN 37212	SECRETARY	0	0	0	0

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NEIGHRECEN Neighborhoods Resource Center 62-1817514 FYE: 6/30/2008

Federal Statements

Statement 8 - Form	Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	f Officers, Directors, continued)	Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PATRICIA TOTTY 1021-31ST AVENUE, NORTH NASHVILLE TN 37209	MEMBER	0	0	0	0
KING HOLLANDS 911-14TH AVENUE SOUTH NASHVILLE TN 37212	MEMBER	0	0	0	0
A. RUSSELL WILLIS, ESQ. 215 SECOND AVENUE, NORTH NASHVILLE TN 37201	MEMBER	0	0	0	0
JANICE T.G. DANIELS 1009 TRAILWOOD PLACE NASHVILLE TN 37207	MEMBER	0	0	0	0
CHARLIE J. WILLIAMS 965 WOODLAND STREET NASHVILLE TN 37206	TREASURER	0	0		0
MR. A. RUSSELL WILLIS, ESQ. 215 SECOND AVE. NORTH NASHVILLE TN 37201	MEMBER	0	0	0	0

NEIGHRECEN Neighborhoods Resource Center
62-1817514 Federal Statements

FYE: 6/30/2008

62-1817514

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Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

Description	 2006	 2005	_	2004	_	2003
	\$ 594	\$ 524	\$_	2,041	\$_	17,088
TOTAL	\$ 594	\$ 524	\$_	2,041	\$	17,088