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Form **990**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)

OMB No. 1545-0047

**2008**Open to Public  
Inspection

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>
		PEOPLE'S RESOURCE CENTER		36-3157600
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address) Room/suite 201 S. NAPERVILLE ROAD		<b>E Telephone number</b> 630-682-5402
		City or town, state or country, and ZIP + 4 WHEATON, IL 60187		<b>G Gross receipts \$</b> 4,928,288.
<b>F Name and address of principal officer:</b> THOMAS OKARMA SAME AS C ABOVE				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.PEOPLESRC.ORG				
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation</b> 1980 <b>M State of legal domicile</b> IL

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>RESPOND TO BASIC HUMAN NEEDS, PROMOTE DIGNITY &amp; JUSTICE &amp; CREATE A FUTURE OF HOPE &amp; OPPORTUNITY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15	
<b>Revenue</b>	5 Total number of employees (Part V, line 2a)	32	
	6 Total number of volunteers (estimate if necessary)	1030	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
	7b Net unrelated business taxable income from Form 990-T, line 24	0.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,944,155. Current Year 4,860,721.	
	9 Program service revenue (Part VIII, line 2b)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,598. 10,794.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	22,952. 7,577.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,002,705. 4,879,092.	
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	537,775. 3,213,578.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		827,674. 1,006,646.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 152,219.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		403,761. 505,370.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,769,210. 4,725,594.	
19 Revenue less expenses. Subtract line 18 from line 12		233,495. 153,498.	
<b>Net Assets or Fund Balances</b>		20 Total assets (Part X, line 16)	Beginning of Year 3,420,236. End of Year 3,568,606.
		21 Total liabilities (Part X, line 26)	43,398. 44,922.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,376,838. 3,523,684.	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer: <i>Thomas M. Okarma</i> THOMAS OKARMA, PRESIDENT Type or print name and title		Date: 5/12/2010	
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Karen M. Olson</i>	Date: 5-11-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions): P00085441
	Firm's name (or yours if self-employed), address, and ZIP + 4: DUGAN & LOPATKA, CPA'S PC 104 E. ROOSEVELT ROAD SUITE 102 WHEATON, ILLINOIS 60187-5267		EIN ▶ 36-2886485 Phone no ▶ 630-665-4440	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUL 08 2010

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**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,513,898. including grants of \$ 2,119,145. ) (Revenue \$ )  
 FOOD PANTRIES - 6,961 FAMILIES RECEIVED 29,329 GROCERTY CARTS FILLED  
 WITH ENOUGH FOOD TO LAST 5-7 DAYS

4b (Code: ) (Expenses \$ 539,691. including grants of \$ 256,575. ) (Revenue \$ )  
 COMPUTER ACCESS AND TRAINING - 993 FAMILIES RECEIVED FREE REFURBISHED  
 COMPUTERS FOR THEIR HOMES; OVER 1,000 FAMILIES' COMPUTERS WERE REPAIRED  
 FREE OF CHARGE; 1,929 ADULTS REGISTERED FOR COMPUTER CLASSES.

4c (Code: ) (Expenses \$ 448,761. including grants of \$ 394,288. ) (Revenue \$ )  
 CLOTHES CONNECTION - 1,717 FAMILIES RECEIVED OVER 73,000 ARTICLES OF  
 SEASONALLY APPROPRIATE CLOTHING.

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

(Expenses \$ 1,007,513. including grants of \$ 443,570. ) (Revenue \$ )

4e Total program service expenses \$ 4,509,863. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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.? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or 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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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**Part VI 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**

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.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	15	
<b>1b</b> Enter the number of voting members that are independent	15	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>b</b> 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?		X
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **LINDA CHEATHAM - 630-682-5402**  
**201 S. NAPERVILLE ROAD, WHEATON, IL 60187**

**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.

• 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BLUM TREASURER	0.50	X		X				0.	0.	0.
BETTY BRADSHAW SECRETARY	0.50	X		X				0.	0.	0.
HENRY DAVIS, JR. DIRECTOR	0.50	X						0.	0.	0.
MARK DEMICH DIRECTOR	0.50	X						0.	0.	0.
SR. SHEILA KINSEY DIRECTOR	0.50	X						0.	0.	0.
PAUL LEFORT DIRECTOR	0.50	X						0.	0.	0.
THOMAS OKARMA PRESIDENT	0.50	X		X				0.	0.	0.
TOM PAULICK DIRECTOR	0.50	X						0.	0.	0.
LUCIANO RODRIGUEZ DIRECTOR	0.50	X						0.	0.	0.
WARREN ROTH DIRECTOR	0.50	X						0.	0.	0.
ROBERT RUSSO DIRECTOR	0.50	X						0.	0.	0.
ANDREW SCHLICKMAN DIRECTOR	0.50	X						0.	0.	0.
KEITH SUCHY, DDS DIRECTOR	0.50	X						0.	0.	0.
BARBARA TARTAGLIONE VICE PRESIDENT	0.50	X		X				0.	0.	0.
JIM ZAK DIRECTOR	0.50	X						0.	0.	0.
ED ENCISO DIRECTOR	0.50	X						0.	0.	0.
JIM FORD DIRECTOR	0.50	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON KUGLICH DIRECTOR	0.50	X						0.	0.	0.
MARY ELLEN DURBIN EXECUTIVE DIRECTOR	40.00			X				73,196.	0.	6,182.
LINDA CHEATHAM DIRECTOR OF OPERATIONS	40.00			X				57,792.	0.	9,968.
<b>1b Total</b>								130,988.	0.	16,150.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	57,442.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	412,580.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,390,699.				
	g Noncash contributions included in lines 1a-1f \$		2,909,475.				
	<b>h Total. Add lines 1a-1f</b>			4860721.			
<b>Program Service Revenue</b>			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			31,037.			31,037.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	20,243.					
	c Gain or (loss)	-20,243.					
	d Net gain or (loss)			-20,243.			-20,243.
	8 a Gross income from fundraising events (not including \$ 57,442. of contributions reported on line 1c). See Part IV, line 18	a	28,312.				
	b Less: direct expenses	b	28,953.				
	c Net income or (loss) from fundraising events			-641.			-641.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			Business Code				
11 a MISC. INCOME		900099	8,218.	8,218.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,218.				
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>			4879092.	8,218.	0.	10,153.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,213,578.	3,213,578.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	147,139.	112,367.	18,683.	16,089.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	706,531.	629,946.	13,640.	62,945.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	93,784.	73,101.	12,502.	8,181.
10 Payroll taxes	59,192.	51,563.	2,148.	5,481.
11 Fees for services (non-employees):				
a Management				
b Legal	248.		248.	
c Accounting	9,313.	7,020.	2,293.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	74,946.	43,396.	120.	31,430.
12 Advertising and promotion	26,837.	25,524.	1,313.	
13 Office expenses	29,328.	26,459.	2,869.	
14 Information technology				
15 Royalties				
16 Occupancy	149,011.	141,609.	7,402.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,075.	70,075.		
23 Insurance	21,131.	20,350.	781.	
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)				
a PROGRAM SUPPLIES	63,039.	63,039.		
b OTHER FUNDRAISING EXPEN	28,093.			28,093.
c EQUIPMENT MAINTENANCE	18,467.	17,676.	791.	
d STAFF AND VOLUNTEER REC	14,104.	13,388.	716.	
e MISCELLANEOUS EXPENSES	778.	772.	6.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,725,594.	4,509,863.	63,512.	152,219.
26 Joint Costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	80,517.	1	3,090.
	2 Savings and temporary cash investments	928,206.	2	1,099,330.
	3 Pledges and grants receivable, net	25,961.	3	63,331.
	4 Accounts receivable, net	8,869.	4	1,004.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,622.	9	39,890.
	10a Land, buildings, and equipment: cost basis	10a 2,528,118.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 386,804.	2,194,905.	10c 2,141,314.
	11 Investments - publicly traded securities		11	100,829.
	12 Investments - other securities. See Part IV, line 11	144,156.	12	119,818.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,420,236.	16	3,568,606.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	43,398.	17	44,922.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	43,398.	26	44,922.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	3,307,646.	27	3,275,012.
	28 Temporarily restricted net assets	69,192.	28	248,672.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	3,376,838.	33	3,523,684.
	34 <b>Total liabilities and net assets/fund balances</b>	3,420,236.	34	3,568,606.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

<b>Part 1</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ 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 for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or 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 I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,156,482.	1,352,379.	1,776,143.	1,944,155.	4,828,253.	11,057,412.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	1,156,482.	1,352,379.	1,776,143.	1,944,155.	4,828,253.	11,057,412.
<b>5</b> 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)						395,256.
<b>6 Public Support.</b> Subtract line 5 from line 4						10,662,156.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,156,482.	1,352,379.	1,776,143.	1,944,155.	4,828,253.	11,057,412.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,458.	13,481.	22,086.	31,962.	31,037.	106,024.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,202.	11,594.	10,549.	10,172.	8,218.	44,735.
<b>11 Total support.</b> Add lines 7 through 10						11,208,171.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	573,578.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.13	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	91.06	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

**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

**2008**  
Open to Public  
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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? ☐ Yes ☐ No

**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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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) Prior 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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 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 (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		478,866.		478,866.
b Buildings		2,049,252.	386,804.	1,662,448.
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,141,314.

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,879,092.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,725,594.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	153,498.
4	Net unrealized gains (losses) on investments	4	-6,652.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-6,652.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	146,846.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,208,637.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-6,652.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	28,953.
e	Add lines 2a through 2d	2e	22,301.
3	Subtract line 2e from line 1	3	2,186,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,692,756.
c	Add lines 4a and 4b	4c	2,692,756.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,879,092.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,061,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	28,953.
e	Add lines 2a through 2d	2e	28,953.
3	Subtract line 2e from line 1	3	2,032,838.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,692,756.
c	Add lines 4a and 4b	4c	2,692,756.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,725,594.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**SPECIAL EVENTS EXPENSE: 28953.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**NON-CASH DONATIONS: 2692756.**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

SPECIAL EVENTS EXPENSE: 28953.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

NON-CASH ASSISTANCE: 2692756.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	DINE AWAY HUNGER (event type)	GAVIN COYLE CONCERT (event type)	1 (total number)	
<b>Revenue</b>				
1 Gross receipts	30,236.	26,192.	29,326.	85,754.
2 Less: Charitable contributions	30,236.	6,045.	21,161.	57,442.
3 Gross revenue (line 1 minus line 2)		20,147.	8,165.	28,312.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Non-cash prizes			4,191.	4,191.
6 Rent/facility costs			500.	500.
7 Other direct expenses	1,643.	14,384.	8,235.	24,262.
8 Direct expense summary. Add lines 4 through 7 in column (d)				( 28,953.)
9 Net income summary. Combine lines 3 and 8 in column (d)				-641.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2008

FORM NFP 110.30 (rev. Dec. 2003)  
ARTICLES OF AMENDMENT  
General Not For Profit Corporation Act

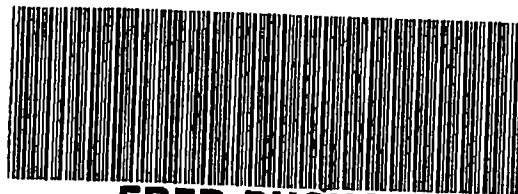
Jesse White, Secretary of State  
Department of Business Service  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-1832  
www.cyberdriveillinois.com

**FILED**

**OCT 26 2009**

**JESSE WHITE  
SECRETARY OF STATE**

Remit payment in the form of  
check or money order payable  
to Secretary of State.



**FRED BUCHOLZ**  
DUPAGE COUNTY RECORDER  
NOV. 06, 2009 1:55 PM  
OTHER  
**002 PAGES R2009-168254**

File #

59191122

Filing Fee: \$25

Approved:

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name (See Note 1 on back.): Peoples Resource Center

2. Manner of Adoption of Amendment:

The following amendment to the Articles of Incorporation was adopted on October 6, 2009 in the man-  
ner indicated below (check one only):  
Month, Day & Year

☐ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with  
Section 110.15. (See Note 2 on back.)

☐ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3  
on back.)

☒ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than  
the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of  
Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)

☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary  
to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with  
Sections 107.10 and 110.20. (See Note 5 on back.)

3. Text of Amendment:

(a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other  
amendments. \*Article 1: The Name of the Corporation is:

People's Resource Center

New Name

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If  
there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

Mary Ellen Durbin  
201 S Naperville Road  
Wheaton IL 60187



4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated October 6, 09 People's Resource Center  
Month & Day Year Exact Name of Corporation  
William H. Blum  
Any Authorized Officer's Signature  
William Blum Treasurer  
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)

#### NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
  - a. by vote at a director's meeting (either annual or special), or
  - b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
  - a. the board of directors adopt a resolution setting forth the proposed amendment, and
  - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

**Employer identification number**  
**36-3157600**

Part I	General Information on Grants and Assistance
--------	--

☒ Yes ☐ No

•

10

[illegible]

▲

▲

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT, MORTGAGE OR SECURITY DEPOSIT	230	235,032.	0.		
UTILITY	51	7,255.	0.		
FOOD GIFT CARD	1264	30,896.	0.		
DEPT. STORE GIFT CARD	2130	45,450.	0.		
GAS GIFT CARD	55	4,800.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: DISBURSEMENT OF GRANT FUNDS ARE MONITORED THROUGH THE CHECK ISSUANCE POLICY AND PROCEDURE; ALSO ARE MONITORED AND ISOLATED WITHIN THE GENERAL LEDGER; AND ARE MONITORED WITHIN THE PROGRAM

**Part II** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CAR REPAIR, REGISTRATION, TOWING	20.	3,715.	0.		
MISC (DENTAL, CITIZENSHIP FEES, ETC)	7.	2,156.	0.		
INSTRUCTIONAL BOOKS	494.	19,311.	0.		
FOOD (INCLUDING BREAKFAST PACKS)	151816.	0.	2,087,533.FMV		29,329 FOOD CARTS AND 34,500 BREAKFAST PACKS
CLOTHING/DIAPERS	30,264.	0.	400,580.FMV		30,160 ARTICLES OF KID CLOTHING; 43,402 ARTICLES OF ADULT CLOTHING; 6,288 BUNDLES OF DIAPERS
REFURBISHED COMPUTERS	933.	0.	256,575.FMV		REFURBISHED COMPUTERS
HOUSEHOLD ITEMS (INCLUDING TOYS, LAYETTES AND BIRTHDAY BAGS)	5,382.	0.	120,275.FMV		767 HOUSEHOLD ITEMS; 2,516 TOYS; 178 LAYETTES; 2,176 BIRTHDAY BAGS

Schedule I-1 (Form 990) 2008

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**NonCash Contributions**► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		520,855.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	216,719.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5,616	1,924,890.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( COMPUTER SUPP )	X	933	147,805.	FAIR MARKET VALUE
26 Other ► ( USED COMPUTER )	X	933	93,300.	FAIR MARKET VALUE
27 Other ► ( FUNDRAISING I )	X	39	5,906.	FAIR MARKET VALUE
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**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.

OMB No. 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING FINANCIAL ASSISTANCE - OVER 1,300 FAMILIES RECEIVED COUNSELING  
AND REFERRALS DURING THEIR HOUSING CRISIS. 228 QUALIFIED FOR AND  
RECEIVED ONE-TIME EMERGENCY RENT/MORTGAGE ASSISTANCE.

EXPENSES \$ 372343. INCLUDING GRANTS OF \$ 228822. REVENUE \$ 0.

LITERACY - 494 ADULTS GAINED ENGLISH LANGUAGE SKILLS, GED, US  
CITIZENSHIP AND BASIC LITERACY SKILLS, 110 CHILDREN BOOSTED THEIR  
SKILLS THROUGH OUR HANDS-ON SUMMER SCIENCE PROGRAM.

EXPENSES \$ 229051. INCLUDING GRANTS OF \$ 19311. REVENUE \$ 0.

SHARE THE SPIRIT - 858 FAMILIES SIGNED UP FOR GIFTS AND GROCERY GIFT  
CERTIFICATES FOR THE HOLIDAYS.

EXPENSES \$ 174601. INCLUDING GRANTS OF \$ 138660. REVENUE \$ 0.

ART - 182 ADULTS AND 945 CHILDREN DEVELOPED THEIR SELF-ESTEEM AND  
CREATIVITY THROUGH ART.

EXPENSES \$ 106567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CLIENT SERVICES - 6,961 FAMILIES WERE PERSONALLY CONNECTED TO PRC  
PROGRAMS, COMMUNITY RESOURCES AND GOVERNMENT SERVICES

EXPENSES \$ 74635. INCLUDING GRANTS OF \$ 56777. REVENUE \$ 0.

JOB SEARCH ASSISTANCE - VOLUNTEER JOB MENTORS CONDUCTED OVER 1,300  
CONSULTATIONS TO HELP INDIVIDUALS GAIN EMPLOYMENT, 111 PEOPLE FOUND  
JOBS WITH GUIDANCE FROM JOB MENTORS.

**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.

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

EXPENSES \$ 50316. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: ORGANIZATION CHANGED NAME FROM  
PEOPLES RESOURCE CENTER TO PEOPLE'S RESOURCE CENTER.

FORM 990, PART VI, SECTION A, LINE 9B: SERVICE OPERATIONS ARE PROVIDED AT  
THE WESTMONT SATELLITE UTILIZING THE SAME STAFF FROM THE WHEATON OFFICE.  
STAFF USES SAME PROTOCOLS AND DELIVERY OF SERVICE METHODS AS AT THE WHEATON  
LOCATION.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF DIRECTORS HAS GIVEN  
AUTHORITY TO THE FINANCE COMMITTEE FOR REVIEWING THE FORM 990. THE FINANCE  
COMMITTEE CALLS A SPECIAL MEETING AND REVIEWS THE PREPARED FORM 990 AND  
GIVES A SUMMARY TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BOARD OF DIRECTOR'S ANNUAL  
MEETING, THE CONFLICT OF INTEREST POLICY STATEMENT AND CODE OF ETHICS IS  
REVIEWED AND COMPLETED BY EACH OF THE CURRENT MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: 15A: THE HUMAN RESOURCES COMMITTEE  
PERIODICALLY REVIEWS COMPARABLE DATA TO UPDATE JOB RANGE. THE BOARD  
PRESIDENT AND THE HR COMMITTEE CHAIR WILL MAKE ADJUSTMENTS ACCORDINGLY  
BASED ON NEW JOB RANGE.

15B: THE HUMAN RESOURCES COMMITTEE PERIODICALLY REVIEWS COMPARABLE DATA TO  
UPDATE JOB RANGES AND MAKES ADJUSTMENTS TO COMPENSATION BASED ON NEW JOB

**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.

OMB No. 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

RANGES.

FORM 990, PART VI, SECTION C, LINE 19: ANY PUBLIC DOCUMENT IS MADE  
AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III LINE 1

PROGRAM SERVICE ACCOMPLISHMENTS

FROM ITS BEGINNINGS IN A RENTED HOUSE IN WHEATON, WHERE FOOD BOXES WERE  
DISTRIBUTED THROUGH A BASEMENT WINDOW, TO OUR CURRENT MULTI-SERVICE  
RESOURCE CENTER, PEOPLE'S RESOURCE CENTER HAS HAD A MAJOR IMPACT ON OUR  
DUPAGE COUNTY COMMUNITY.

SINCE 1975, PEOPLE'S RESOURCE CENTER HAS BEEN BOTH A LIFELINE TO MANY  
THOUSANDS OF RESIDENTS IN TEMPORARY EMERGENCIES, AS WELL AS A PATHWAY  
OF OPPORTUNITY TO THOSE YEARNING TO BETTER THEIR LIVES. MORE THAN 1,000  
VOLUNTEERS, SUPPORTED BY A SMALL STAFF, DEDICATE THEIR TIME, SKILLS AND  
RESOURCES TO HELP THEIR NEIGHBORS. THE IMPACT ON THE LIVES OF THOSE  
RESIDENTS HAS BEEN BOTH IMMEDIATE AND LONG TERM.

TODAY, MORE THAN 28,000 DUPAGE RESIDENTS RELY ON THE PRC FOR HELP EACH  
YEAR. INDIVIDUALS AND FAMILIES VISIT OUR WHEATON HEADQUARTERS AND OUR  
FULL-SERVICE SATELLITE IN WESTMONT TO MEET THEIR NEEDS, AS WELL AS  
MULTIPLE NEIGHBORHOOD TRAINING SITES. OUR CORE RESOURCES OF FOOD,

CLOTHING AND EMERGENCY HOMELESS PREVENTION ASSISTANCE HELP PEOPLE TO



**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.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

MEET THEIR BASIC NEEDS. OUR EDUCATION, TRAINING AND ENRICHMENT PROGRAMS INCLUDE COMPUTER TRAINING AND ACCESS TO COMPUTER TECHNOLOGY FOR THE HOME, ENGLISH AS A SECOND LANGUAGE CLASSES AND TUTORING, ASSISTANCE WITH GED, CITIZENSHIP, AND CONVERSATION GROUPS, JOB SEARCH ASSISTANCE, AND PEOPLE'S ART, INCLUDING WOMEN'S WISDOM, KIDS ART, VARIOUS MIXED CLASSES, AND OPEN STUDIO.

FROM THE DESIGN OF OUR SPACE, TO THE TYPE AND PLACEMENT OF SERVICES, TO THE VARIOUS OPERATIONAL PROCEDURES, WE SEEK TO REVEAL OUR BELIEF THAT EVERYONE MATTERS, AND THAT WE ARE ALL IN THIS TOGETHER. THE PRC BRINGS PEOPLE TOGETHER TO SERVE EACH OTHER, CARE ABOUT EACH OTHER, OVERCOME OBSTACLES TOGETHER, STAND FOR JUSTICE TOGETHER, AND MOVE WITH HOPE INTO THE FUTURE TOGETHER.

SUBURBAN POVERTY IS INCREASING AT AN ALARMING RATE. DUPAGE COUNTY HAS EXPERIENCED A 63.3% INCREASE IN POVERTY SINCE 1980 (FEDERAL POVERTY LEVEL IS \$21,200 ANNUAL INCOME FOR A FAMILY OF 4), THE HIGHEST INCREASE IN THE FIVE COLLAR COUNTIES OF CHICAGO.

ALONG WITH 44,494 PEOPLE IN POVERTY, THERE ARE 89,390 "WORKING POOR" PEOPLE LIVING BELOW \$42,000 FOR A FAMILY OF 4. FOR THESE FAMILIES, EVEN WITH THE BEST LAID PLANS, THINGS CAN FALL APART OVER SOMETHING AS MINOR AS A CAR REPAIR OR EMERGENCY ROOM VISIT. MORE THAN EVER, THE PRC WILL BE AN ESSENTIAL RESOURCE IN THEIR LIVES. LOW WAGE WORKERS WILL HAVE TO INCREASINGLY RELY ON FOOD PANTRIES, AND CENTERS LIKE PRC TO MAKE ENDS MEET. SENIORS AND PEOPLE LIVING WITH DISABILITIES, AMONG THE COMMUNITY'S MOST VULNERABLE CITIZENS, WILL INCREASINGLY NEED THE BASIC RESOURCES OF THE PRC, AS THEIR LIMITED INCOMES SENTENCE THEM TO A LIFE OF POVERTY.

**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.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number  
36-3157600

THE PRC'S JOB GOING FORWARD IS TO HELP PEOPLE HOPE FOR SO MUCH MORE THAN FOOD ON THEIR TABLE. AS WE MOVE INTO OUR FUTURE, THE PRC WILL CONTINUE TO ASSIST PEOPLE WITH TRAINING AND EDUCATION TO HELP THEM OVERCOME POVERTY, AND WILL CONTINUE TO FOSTER THE HEALTH AND WELLNESS OF OUR COMMUNITY'S FAMILIES.

PRC'S VISION IS TO BE RECOGNIZED IN DUPAGE COUNTY FOR EXCELLENCE OF SERVICE, FOR WELL-INTEGRATED SUPPORT SERVICES, FOR OUR NEIGHBORHOOD PARTNERSHIPS, AND FOR ADVOCACY THAT PROMOTES JUST AND SUSTAINABLE COMMUNITIES.

THE VALUES WHICH GUIDE OUR OPERATIONS THAT WILL SUSTAIN INTO THE FUTURE ARE:

- DIGNITY AND RESPECT: RECOGNIZING THE DIGNITY OF EACH PERSON WHO COMES TO US, WE CREATE A WELCOMING AND RESPECTFUL ENVIRONMENT IN ALL OF OUR PROGRAMS AND COMMUNICATION.

- CREATIVE AND INNOVATIVE: WE EXPRESS OUR MISSION DIRECTLY. WE TRY THINGS IN THE COMMUNITY. WE ARE WILLING TO JUMP IN TO NEW AREAS IN ORDER TO ADDRESS AN UNMET NEED.

- RESPONSIBLE STEWARDS: WE WELCOME THOSE WHO NEED RESOURCES, AS WELL AS THOSE WITH RESOURCES TO SHARE.

- COMPASSIONATE: WE LISTEN, WE ENCOURAGE, WE TRY TO GET TO KNOW OUR FAMILIES, WE PROVIDE SOME HELP AND GUIDANCE, WE ADVOCATE, IN A SPIRIT OF KINDNESS AND COMPASSION.

- INTEGRITY: WE PLACE A HIGH PRIORITY IN LIVING OUT OF OUR PRINCIPLES, IN OUR RELATIONSHIPS, PROGRAMS, AND ORGANIZATIONAL PRACTICES.

- ...AND WE RELY ON MIRACLES!! WE KNOW THAT WE CANNOT DO IT ALONE. WE RELY ON EACH OTHER AND OUR FRIENDS IN THE COMMUNITY.

**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.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

Blank lines for supplemental information.





**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>PEOPLES RESOURCE CENTER</b>	Employer identification number <b>36-8157600</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>201 S. NAPERVILLE ROAD</b>	INTERNAL REVENUE SERVICE <b>RECEIVED</b> <b>NOV 16 2009</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WHEATON, IL 60187</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**LINDA CHEATHAM**

- The books are in the care of ► **201 S. NAPERVILLE ROAD - WHEATON, IL 60187**  
Telephone No. ► **630-682-5402** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print	Name of Exempt Organization <b>PEOPLES RESOURCE CENTER</b>	Employer identification number <b>36-3157600</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>201 S. NAPERVILLE ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WHEATON, IL 60187</b>	

**Check type of return to be filed** (File a separate application for each return)

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**LINDA CHEATHAM**

- The books are in the care of **201 S. NAPERVILLE ROAD - WHEATON, IL 60187**

Telephone No **630-682-5402**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE NECESSARY DOCUMENTS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ <b>N/A</b>

**Signature and Verification**

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

Signature **Karen M. Olson**

Title **CPA**

Date **2-11-10**

Form 8868 (Rev 4-2009)

NOTED  
DO NOT  
60315

FEB 16 2010

1 - 10000  
2008