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: MM0006 05/10/2010 8 12 PM

Department of the Treasury Internal Revende Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public Inspection

			ear, or tax year beginning 7/01/08, and ending 6/30/09	<u> </u>		
				'		
	Check if applicable	le Please use IRS	C Name of organization		D Employ	er identification number
X	Address change	label or	Resources, Inc.		05	0420006
\sqcup	Name change	print or	Doing Business As			0439226
П	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
\equiv		Specific	625 Silver Ave., SW	185	505	-768-2104
\sqcup	Termination	Instruc-	City or town, state or country, and ZIP + 4	- 1	G Gross receip	ots \$ 1,005,567
\Box	Amended return	tions.	Albuquerque NM 87102			
	Application pendi	_{ing} F Nam	e and address of principal officer		H(a) Is this a	group return for
_					affiliates	? Yes X No
					H(b) Are all a included	Yes No
		L			If "No,"	attach a list (see instructions)
<u></u>	Tax-exempt s	tatus X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
J	Website 🕨				H(c) Group e	xemption number
K	Type of organiza	ition X Coi	poration Trust Association Other L Y	ear of formation		M State of legal domicile
P	art I	Summa	ry			
	1 Briefly	describe 1	he organization's mission or most significant activities			
e e	Pr	ovide	assistance to victims of domestic violence in			
anc	Al	buquer	que, New Mexico area.			
Ë		_				
⇒Š	2 Check	k this box	If the organization discontinued its operations or disposed of more than 3	25% of its asset	ts	
Ξυ	ł		g members of the governing body (Part VI, line 1a)		3	8
SS			endent voting members of the governing body (Part VI, line 1b)		4	8
% ₹	1		employees (Part V, line 2a)		5	15
\. \. \.			volunteers (estimate if necessary)		6	
≦	1		lated business revenue from Part VIII, line 12, column (C)		7a	
<u>.</u>	1	-	siness taxable income from Form 990-T. line 34		7b	0
⋺-	D NO. U	inclated bu	Siness taxable insome from 1 orni 555-1, line 54	Prior Yea		Current Year
2	8 Contr	ibutions an	d grants (Part VIII, line 1h)	835	5,085	852,814
SCARCHUC U.JUN OF CUID			revenue (Part VIII, line 2g)		000,	150,000
S	1		ne (Part VIII, column (A), lines 3, 4, and 7d)		1,715	355
Ý	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		354	2,398
ر م	1	•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	987	7,154	1,005,567
	13 Grant	s and simil	ar amounts paid (Part IX. column A. Cres IVED			
	14 Benef	fits paid to	or for members (Part IX, column 14-14-14-14-14)			· · · · · · · · · · · · · · · · · · ·
w	1		ompensation, employee perjefits (Part IX, column (A), 1992 5–10)	711	L,879	839,778
enses						
per						
Expe			expenses (Part IX, column D), line 25) (Part IX, column (A), lines 1 ta-110 (1224)	228	3,250	165,858
	1		Add lines 13-17 (must equal Part A trumb A) line 25)		,129	1,005,636
	19 Rever		penses Subtract line 18 from line 12		7,025	-69
Net Assets or Fund Balances			· · · · · · · · · · · · · · · · · · ·	Beginning of		End of Year
sets	20 Total	assets (Pa	rt X, line 16)	295	5,592	. 298,004
A As	21 Total	liabilities (F	Part X, line 26)	39	,525	42,006
Ž	22 Net as	ssets or fur	nd balances Subtract line 21 from line 20	256	5,067	255,998
<u>P</u>	art II	Signatu	re Block			
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, a	nd to the best	t of my knowledge
		and belief, it	s true correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which p	reparer has a اسر	any katowiedge
Sig	gn		Man (elling)		3//	410
He	re		re of officer		Date	
		_ Ef	rain Centeno Execu	tive Dir	ector	
		Type or	ornt name and title			
_		Preparer's	Date	Check	f	Preparer's identifying number
Pai		signature	5/10	10 self- employe	ed 🕨 🗹	(see instructions)
	eparer's⊢	F:	Michael L Moore CPA LLC	· simpley	EIN	•
Us	e Only	Firm's name if self-emplo	To yours	· · · · · ·	Phone	<u></u>
		address, and	7 · · · · · · · · · · · · · · · · · · ·			505-228-5410
May	the IRS dis	cuss this re	eturn with the preparer shown above? (see instructions)		J 110	Yes No
DAA			Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

Form 990 (2008) 1	Resources, Inc.	85-0	439226	Page 2
1 Briefly describe Provide	be the organization's mission	e Accomplishments (see instruction times of domestic viole trea.		
-	nization undertake any significant pr n 990 or 990-EZ?	ogram services during the year which were no	t listed on	☐ Yes 🕱 No
If "Yes," desc	cribe these new services on Schedu	le O significant changes in how it conducts, any pro	ogram	
·	cribe these changes on Schedule O	each of the organization's three largest prograi	m services by expenses	Yes X No
Section 501(d	c)(3) and 501(c)(4) organizations ar	id section 4947(a)(1) trusts are required to reprenue, if any, for each program service reporte	ort the amount of grants and	
advocate violence	Assistance Unit es provide crisis victims; provide	5,604 including grants of \$ - professional victim' internvention to domes counseling to childre ice; provide legal assi	tic n who have)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
Ad 00				
4d Other program (Expenses \$	m services (Describe in Schedule (includ		Revenue \$)
	m service expenses > \$	845,604 (Must equal Part IX, Line		5 000
				Form 990 (2008)

Form 990 (2008) Resources, Inc. 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)? If "Yes,"			
	complete Schedule A	1	_X_	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		x
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
c	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		 -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	22		x
24a		23	ļ	<u> </u>
74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			ļ
	24b–24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c		1245		
	to defease any tax-exempt bonds?	24c		1
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	ļ		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			i
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Forn	ı 990	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	_31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ŀ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

r a	t v , Statements Negarding Other INST lings and Tax Compliance					_	
4.	Detection complete and the Day 2 of Form 1000 Annual Commence and Transmitted of			F	Ye	s I	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		0				
_	U.S. Information Returns. Enter -0- if not applicable	1a 1b	- 0				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and rej	لتنا					
C	gaming (gambling) winnings to prize winners?	Jortabi	-	10	.	,	X
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[]		<u> </u>	+	+	<u> </u>
2 a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			21	, x	-	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113			, 		—
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d hv					
-	this return?	٠.,		3	. 1		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			31		+	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	tv	<u></u>			_
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		•,				
	account)?			44			X
b	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5	,	:	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		. 51			X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				1	1	-
	Regarding Prohibited Tax Shelter Transaction?			56	;		
6a	Did the organization solicit any contributions that were not tax deductible?			6	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
	gifts were not tax deductible?			61	<u>, </u>		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than					
	\$75?			7:	3	:	X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			71)	\perp	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s					
	required to file Form 8282?	r 1		70	<u>: </u>		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	1				
	benefit contract?			76			<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		71		${ o}-$	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79	4_	1	<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				Ι.	
_	required?			71	<u>. </u>		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon	soring					v
9	organization, have excess business holdings at any time during the year?			8	+	+	<u>X</u>
э	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?					١,	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			91			X
10	Section 501(c)(7) organizations. Enter			91	'		<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter	ַנטטו					
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	··· <u>·</u>					
	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12	a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				\top	
						-	

Form 990 (2008) Resources, Inc. 85-0439226 Part VI . Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 8			
b	Enter the number of voting members that are independent 1b 8			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	'	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed? 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9a	Does the organization have local chapters, branches, or affiliates?	9a	1	X
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?	9b		
10	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	10		x
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	 	
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		-110
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	1	
·	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13	 	X
14	Does the organization have a written document retention and destruction policy?	14	+	X
15	Did the process for determining compensation of the following persons include a review and approval by	17	-	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	x	
b	Other officers or key employees of the organization?	156		X
b	Describe the process in Schedule O (see instructions)	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	460		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		-	
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		401		
500	the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	L
17				
	List the states with which a copy of this Form 990 is required to be filed NM Section 5104 secures on account to the make the Form 1003 (or 1004 females the 2005 T (504(2)0))			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public improction, indicate how you make those qualified. Check all that works	oniy)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest		
20	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			
7 . 7	organization ► Jackie Zank 625 Silver Ave. SW		-	4 0 4
_A.	Lbuquerque NM 8710	02 505-76	<u>8-2</u>	104

Form 990 (2008) Resources, Inc.

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.

(A)	(B)				:)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer	a Key employee	Highest compensated employee	ਨੂੰ Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kim Helm	_							_		
President	2	X		X		Ш		0	0	0
Brandi R. St]			_	
VP	2	X	_	X		1		0	0	0
Helen Elliot	I control of the cont	1		l		1 1				_
Treasurer	2	X	_	X				0	0	0
Dorothy Teme										
Secretary	2	X	<u> </u>	X		Ш		0	0	0
Ross W. Bush	. —		1							
Director	2	X	<u> </u>		_	\sqcup		0	0	0
Detective Ju	I control of the cont					1				
Director	2	X				\vdash		0	0	0
Julia A. Bai	l control of the cont	,,				1		ام		•
Director	2	X				 		0	0	0
Melissa Flem Director	ing Haid	.	}					ا		•
Efrain Cente		X	┝			\vdash		0	0	0
ED ED	40		1	x				38,654	0	0
ED	40	\dagger		Λ				38,634		

Par	t VII Section A	. Officers, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, ar	d Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per	<u> </u>	_	checl		hat a		(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount of	
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con i ore ar	other npensatio from the ganization nd related janization	1
				_									
										:		_ ·	
		- · · · · · · · · · · · · · · · · · · ·											
	Total												
	Total number of indi organization ▶ 0	viduals (including those in	1a) v	who	rece	ived	more	e tha	an \$100,000 in reportable o	compensation from the			
3	Did the organization	list any former officer, dire	ector	or to	ruste	e, k	ey er	nplo	yee, or highest compensat	ed	Γ	Ye	
4	For any individual lis	? If "Yes," complete Sched ited on line 1a, is the sum related organizations great	of re	porta	able	com	pens	atio	n and other compensation s," complete Schedule J for	from r such		3	X
5		d on line 1a receive or acc the organization? If "Yes,							y unrelated organization fo	r		5	x
Sect	ion B. Independent	Contractors										<u>- </u>	
	compensation from	the organization	ensa ——	tea II	naep	ena ——	ent	ontr	actors that received more t			(C)	
		(A) Name and business address							Descript	(B) lion of services		(C) Compen	sation
					_					· -··			
													
	Total number of inde		iding	thos	e in	1) v	vho r	ecei	ved more than \$100,000 in			0	
DAA												Form 99	0 (2008)

Pe	irt v	in , Stater	nent of Ke	<u>venue</u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1a	Federated car	npaigns	1a				revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership d		1b						
S, g	С	Fundraising ev	vents	1c		12,414				
컕	d	Related organ	ızatıons	1d						
S.E	е	Government grants	(contributions)	1e		746,315				
ıtio	f	All other contribution								
들		and similar amounts	not included above	1f		94,085				
ag	g	Noncash contributio	ns included in lines	1a-1f \$						
	h	Total. Add line	es 1a-1f			, <u> </u>	852,814			
Program Service Revenue						Busn. Code				
eve	2a	·	Albuquerqu	1e			150,000			150,000
95 24	b									
ž	C.									
ς ζ	d									
grar	e	All other progr	am canuaa ra	(00110						
Pro	g	All other progr Total. Add line		venue			150,000			
	3	Investment inc		a divide	nds inter		130,000			
		other similar a		g aivide	indo, inter	cot, and	355			355
	4	Income from I	•	ах-ехег	npt bond r	proceeds				
	5	Royalties				•				
			(ı) Real		(11)	Personal		•		
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	Gross amount from sales of assets	(ı) Securit	ies	(11) Other	į			
		other than inventory								
	b	Less cost or other								
		basis & sales exps			-					
		Gain or (loss)								
	d	Net gain or (lo Gross income fro				<u> </u>			- · · · · · · · · · · · · · · · · · · ·	
ne	oa	(not including \$	an iunuraising e	vents						
eun		of contributions r	enorted on line 1	lc\						
ev.		See Part IV, line		a						
Other Reven	b	Less direct ex		b						
oth		Net income or				•				
		Gross income fro								
		See Part IV, line	19	а						
	b	Less direct ex	penses	b						
		Net income or			tivities					
	10a	Gross sales of	-	S						
		returns and all		а						
		Less cost of g		. b						
	С	Net income or			ventory	Duran Carta				
	110		ellaneous Reven			Busn Code	2 300			0 000
	11a	Miscellan	eous income	9			2,398			2,398
	b c							 -		
	d	All other reven	ш							-
		Total. Add line					2,398			
	12	Total Revenue		i. 2a. 3	4. 5. 6d	- F				
		9c, 10c, and 1			., .,,	, u, uu, ь	1,005,567	o	0	152,753
	-									

Part IX Statement of Functional Expenses

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

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

	All other organizations must constitute amounts reported on lines 6h	(A)	(B)	(C)	(D)
	nòt include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		cybellaca	general expenses	CAPCIISCS
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
4	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	712 166	613,323	64 105	35 650
7	Other salaries and wages	713,166	013,323	64,185	35,658
8	Pension plan contributions (include section 401(k)	1 022	999	0.3	FO
_	and section 403(b) employer contributions)	1,033	888	93	52
9	Other employee benefits	67,532	58,078	6,078	3,376
10	Payroll taxes	58,047	49,921	5,224	2,902
11	Fees for services (non-employees)				
а	Management		2 1 2 -		
b	Legal	2,137	2,137		
С	Accounting	5,017		5,017	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,670		2,670	
12	Advertising and promotion	1,759	1,759		
13	Office expenses	56,299	41,219	12,684	2,396
14	Information technology				
15	Royalties				
16	Occupancy	44,471	38,245	4,003	2,223
17	Travel	1,943	1,943		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,496	5,496		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,219	8,788	920	511
23	Insurance	15,145	13,025	1,363	757
-	<u> </u>	- 1			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Contractual services	7,613	7,613		
a b	Miscellaneous	5,123	7,013	5,123	
C	Special event	4,697		0,123	4,697
d	Program materials	2,559	2,559	·	4,091
u e	Volunteer recognition	710	610	64	36
f	All other expenses	710	010	04	36
-	<u>F</u>	1,005,636	845,604	107,424	F2 600
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ☐ If following	1,000,000	043,004	101,424	52,608
20	Joint Costs. Check here If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
<u></u>	fundraising solicitation			<u></u>	Form 990 (2008)
DAA					Form 44(1 (2009)

<u>P</u>	art)	Balance Sheet							
		•			(A) Beginning of year		(B End of		
	1 4:	O-th		<u> </u>	29,140	1		80,	127
	1	Cash—non-interest bearing		-	91,929	_		20,	
	2	Savings and temporary cash investments Pledges and grants receivable, net		-	146,602	-		20, 76,	
	3	Accounts receivable, net		_	140,002	4		, , ,	<u> </u>
	4 5	Receivables from current and former officers, directors, t	truetaas	kev		 -			
		employees, or other related parties. Complete Part II of S		*		5			
	6	Receivables from other disqualified persons (as defined		F		-			
	"	4958(f)(1)) and persons described in section 4958(c)(3)(I		F					
		Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p.101.0		6			
S	7	Notes and loans receivable, net				7	<u> </u>		
Assets	8	Inventories for sale or use				8			
SS	9	Prepaid expenses and deferred charges			7,762	9		11,	462
1	10a		10a	82,129					
		Less accumulated depreciation Complete							
	-	Part VI of Schedule D	10ь	72,699	20,159	10c		9.	430
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11			-	12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11		Ţ		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		295,592	16	2	98,	$\overline{004}$
	17	Accounts payable and accrued expenses			39,525	17		42,	
	18	Grants payable		Ī		18			
	19	Deferred revenue		Γ		19			
	20								
es	21	Tax-exempt bond liabilities Escrow account liability Complete Part IV of Schedule D)	Ī	-	21			
Ξ	22	Payables to current and former officers, directors, trustee	es, key						
Liabilities		employees, highest compensated employees, and disqu	ualified						
Ξ		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	Total liabilities. Add lines 17 through 25			39,525	26		42,	006
ces		Organizations that follow SFAS 117, check here ▶ X	【 and						
2		complete lines 27 through 29, and lines 33 and 34.							
Balan	27	Unrestricted net assets			168,067	27		68,	
m	28	Temporarily restricted net assets			88,000	28		87 <u>,</u>	<u>500</u>
Fund	29	Permanently restricted net assets		_		29			
교		Organizations that do not follow SFAS 117, check here	re▶ 📗						
ō	Ī	and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds		<u> </u>		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment		_		31			
ĕ	32	Retained earnings, endowment, accumulated income, or	r other fu	nds		32			
Net	33	Total net assets or fund balances		<u> </u>	256,067	33		<u>55,</u>	
_	34	Total liabilities and net assets/fund balances			295,592	34	2	98,	004
	art >	(I Financial Statements and Reporting						T Van	
1	Ace	counting method used to prepare the Form 990 C	ash 🛭	Accrual Oth	ner			Yes	No
2		ere the organization's financial statements compiled or rev	_				2a		x
t		ere the organization's financial statements audited by an ir	•	•			2b	X	
(Yes" to lines 2a or 2b, does the organization have a comm			for oversight of				
	the	e audit, review, or compilation of its financial statements a	and selec	tion of an independent ac	countant?		2c	X	L.
38	a As	a result of a federal award, was the organization required	to under	go an audit or audits as s	et forth in				
	the	Single Audit Act and OMB Circular A-133?					3a_		X
t) <u> If "</u>	Yes," did the organization undergo the required audit or au	udits?				3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Reason for Public Charity Status (All organizations must complete this part) (see instructions)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Resources, Inc.

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

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

Employer identification number 85-0439226

2	Ц	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)								
3	Ш	A hospital or	a cooperative hospital serv	ice organization described in se	ction 170	(b)(1)(A)(iii). (Atta	ich Sch	edule H)		
4		A medical res	search organization operate	ed in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	r the ho	spital's name,	
	_	city, and state	е									
5		An organizati	on operated for the benefit	of a college or university owned	or operat	ed by a g	overnme	ental uni	ıt descri	bed in		
		section 170(b)(1)(A)(iv). (Complete Part	: 11)								
6		A federal, sta	ite, or local government or g	governmental unit described in s	section 17	'0(b)(1)(A)(v).					
7	X	An organizati	on that normally receives a	substantial part of its support fr	om a gove	ernmenta	l unit or	from the	genera	al public		
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II)								
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	tII)							
9	П	An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	embersh	up fees,	and gre	oss	
		receipts from	activities related to its exer	mpt functions—subject to certain	n exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its		
				nd unrelated business taxable ii								
		acquired by t	he organization after June 3	30, 1975 See section 509(a)(2)	. (Comple	te Part III)					
10	П	An organizati	on organized and operated	exclusively to test for public saf	ety See s	ection 50	09(a)(4).	(see in	struction	ns)		
11	П			exclusively for the benefit of, to								
		purposes of o	one or more publicly suppor	ted organizations described in s	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	ı	
		509(a)(3). Ch	eck the box that describes	the type of supporting organizat	ion and co	mplete li	nes 11e	through	11h			
		a Type	I b Type II	c Type III-Function	ally Integr	ated	d	∏ Тур	e III-Ot	her		
е		By checking t	this box, I certify that the org	ganization is not controlled direc	tly or indii	ectly by	one or m	ore disc	qualified			
		persons othe	r than foundation managers	and other than one or more pu	blicly supp	orted org	ganızatıo	ns desc	ribed in	section	1	
		509(a)(1) or s	section 509(a)(2)									
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppe	orting			_
		organization,	check this box									
g		Since August	t 17, 2006, has the organiza	ition accepted any gift or contrib	ution from	n any of th	ne					
		following per	sons?									
		(i) A persor	n who directly or indirectly c	ontrols, either alone or together	with perso	ons descr	ibed in (n)			Yes	No
		and (III) b	below, the governing body o	of the supported organization?							11g(i)	<u> </u>
		(II) A family	member of a person descri	bed ın (ı) above?							11g(ii)	
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(iii)	
h		Provide the f	following information about	the organizations the organization	on suppor	ts						
(1)	Name	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount of	
	org	anization		(described on lines 1–9	1 ''	sted in your		nization in	organizat		support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the		
				(555	Yes	No	Yes	No	Yes	No		
					1			-				
					1					1		
					1							
<u>Tota</u>	1				1		l	l				

85-0439226 Schedule A (Form 990 or 990-EZ) 2008 Resources, Inc. Page 2 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) ▶ (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 564,089 677,243 933,510 907,015 3,727,089 645.232 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 645,232 564,089 677,243 933,510 907,015 3,727,089 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) Public support. Subtract line 5 from line 4 3,727,089 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 3,727,089 645,232 933,510 907,015 7 Amounts from line 4 564,089 677,243 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 819 351 351 1,715 355 3,591 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1,350 157 354 2,398 4,259 11 Total support. Add lines 7 through 10 3,734,939

13	First five years. 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 stop here	
		-

Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc. (see instructions)

- 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.7898 15
- Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 99.8646 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box
- and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or
 - organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Schedule A (Form 990 or 990-EZ) 2008

12

636,380

12

Schedule A (Form 990 or 990-EZ) 2008 Resources, Inc.

Part II . 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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (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 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 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

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 Resources, Inc.

85-0439226

Page 4

Part IV . Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Miscellaneous income

\$

4,259

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection Employer identification number Name of the organization 85-0439226 Resources, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ĥ Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 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

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 Resources				85-043					age 2
Pa	rt III · Organizations Maintaining	Collections of Art, F	<u>listorical Trea</u>	sures,	or Other S	<u>Similar As</u>	ssets (contin	<u>ued)</u>	
3	Using the organization's accession and other items (check all that apply)	records, check any of the f	ollowing that are a	ı sıgnıfica	int use of its o	collection				
а	Public exhibition	d Loan or	exchange prograi	ms						
Ь	Scholarly research	e Other								
С	Preservation for future generations	_			. – – –		_			
, ·	Provide a description of the organization's coll	lactions and evaluation how th	ov further the erar	onization	's avamet nur	2000 10				
4	Part XIV	lections and explain flow tr	iey iurmer me orga	anization	s exempt pur	pose III				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	ne organization's c	ollection	?	1 (2 / 3 / 4		res		No
Pa	Part IV, line 9, or reported a				n answere	ed "Yes" t	o Form	1 990, 		
1a	Is the organization an agent, trustee, custodia	in or other intermediary for	contributions or ot	ther asse	ts not		П,		П	NI.
	included on Form 990, Part X?		4 - 1 - 1 -				Ц,	res .	<u></u>	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table					A		
								Amoun	<u> </u>	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?					_ L] \	⁄es		No
b	If "Yes," explain the arrangement in Part XIV.									
Pa	art V Endowment Funds. Comple	ete if organization an	swered "Yes"	to Forr	n 990, Par	t IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance									
	Contributions		······································	1		•••••		***************************************		
c		-	,							*******
ď	Grants or scholarships									
_	Other expenditures for facilities			 						
C	and programs									
£	· · · F			 						
	Administrative expenses			 					•••••	
g	End of year balance			.4	1.					
2	Provide the estimated percentage of the year	end balance held as								
	Board designated or quasi-endowment	%								
b										
	Term endowment ▶ %									
3а	Are there endowment funds not in the possess	sion of the organization tha	it are held and adr	ministere	d for the					
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	organization's endowment	funds							
Pa	rt VI Investments—Land, Buildi			0. Parl	X. line 10					
	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Depi			(d) Book	value	
		(investment)	basis (othe	ι)				` ,		
1a	Land					······································	+			
	Buildings						-			
	Leasehold improvements						+			
	•		 				+			
	Equipment Other		92	,129		72 600	_		0	130
	I. Add lines 1a–1e (Column (d) should equal Fo	orm 990 Part Y column (9		, 123	<u> </u>	72,69				<u>430</u>

Schedule D (Form 990) 2008 Resources, Inc.		85-0439226	Page 3
Part VII . Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	valuation
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		·	
<u> </u>			
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 990	Dort V June 12	<u> </u>	
Part VIII Investments—Program Related. See Form 990 (a) Description of investment type	(b) Book value	(a) Mothod of	Fugluation
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
		0031 01 0110-01-901	A Market Value
			<u> </u>
	 		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15		<u></u>	
(a) Description			(b) Book value
			-
			
	 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25		1	<u> </u>
(a) Description of liability	(b) Amount		
Federal income taxes			
			
			
	· · · · · · · · · · · · · · · · · · ·		
		-	
		+	
		-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	 		
In Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the or	nanization's liability for	
uncertain tax positions under FIN 48		gamadon o nability for	

Sche	dule D (Form 990) 2008 Resources, Inc.	85-043922	6	Page 4
Pa	rt XI . Reconciliation of Change in Net Assets from Form 990 t	o Financial Statements	_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,005,567
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,005,636
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-69
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	0
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-69
	nt XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	1,072,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	2a		
	Donated services and use of facilities	2b 66,615	1	
	Recoveries of prior year grants	2c	1	
	• • • • • • • • • • • • • • • • • • • •	2d	1	
	Other (Describe in Part XIV)	20]	2e	66 615
e	Add lines 2a through 2d		3	66,615 1,005,567
3	Subtract line 2e from line 1	I 1	3	1,003,307
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
þ	Other (Describe in Part XIV)	4b	.	
	Add lines 4a and 4b		4c	1 005 567
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	4 10541 5	5	1,005,567
P₽	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per I	Retur	
1	Total expenses and losses per audited financial statements		1	1,072,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a 66,615		
b	Prior year adjustments	2b		
C	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d 0		
е	Add lines 2a through 2d		2e	66,615
3	Subtract line 2e from line 1		3	1,005,636
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	1,005,636
	rt XIV Supplemental Information			
Com	plete 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		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2			
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Schedule D (F	orm 990) 20	008 E	Reso	urc	ces	<u>, I</u>	nc											85	-0	<u>439</u>	9 22	6						age	; 5
Schedule D (F Part XIV .	Supple	menta	I Info	rma	tion ((conti	nued	l)																					_
											_																		
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008
Open to Public Inspection

Name of the organization

Resources, Inc.

Employer identification number 85–0439226

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director's salary is determined and approved by the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available for review in person upon request.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No ► See separate instructions. ► Attach to your tax return. Identifying number Name(s) shown on return 85-0439226 Inc. Resources,

	ess or activity to which this form relates								
	ndirect Depreciat:								
Pa	rt I Election To Expen	-	•						
	Note: If you have a	any listed proper	ty, complete P	<u>'art V before yo</u>	u comp	lete Pa	art I.		
1	Maximum amount. See the instruction	tions for a higher lim	nit for certain busin	esses				1_	250,000
2	Total cost of section 179 property	placed in service (se	ee instructions)					2	
3	Threshold cost of section 179 prop	erty before reductio	n in limitation (see	instructions)				3	800,000
4	Reduction in limitation Subtract lin	ne 3 from line 2. If ze	ero or less, enter -0)-				4	
_5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero o	or less, enter -0- If ma	arried filing separately,	see instruc	tions		5	
	(a) Description	of property		(b) Cost (business us	se only)	(c) E	lected cost	t	
6									
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p	roperty Add amoun	ts in column (c), lir	nes 6 and 7				8	_
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	from line 13 of your	2007 Form 4562					10	
11	Business income limitation Enter	-		ss than zero) or line	5 (see in:	struction	s)	11	
12	Section 179 expense deduction A		,	•	. (-,	12	
13	Carryover of disallowed deduction				13			· ·-	
	: Do not use Part II or Part III below				, ,				h
					ot inclu	de liste	ed prop	ertv)	(See instructions.)
14	Special depreciation allowance for						о ф. о р	<u> </u>	(000 111011 001101101)
•	during the tax year (see instruction		tilor tilan liotoa pit	sporty) placed in se	11100			14	
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACR	•						16	11,019
	rt III MACRS Depreciati		ude listed prop	erty) (See inst	ructions	. \		<u> </u>	11,013
	III IIIAONO Depreciat	ion (Do not men			luctions). <i>)</i>			
			Secti	on A					
17	MACRS deductions for assets place	ced in service in tax	Secti					17	1
	MACRS deductions for assets place		years beginning be	efore 2008				17	0
	If you are electing to group any assets p	laced in service during	years beginning be the tax year into one o	efore 2008 or more general asset a					0
	If you are electing to group any assets p	laced in service during lassets Placed in Se	years beginning be the tax year into one or rvice During 2008	efore 2008 or more general asset a Tax Year Using th	e Genera				0
17 18	If you are electing to group any assets p	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre		/stem	(g) Depreciation dedúction
18	Section B—A (a) Classification of property	Assets Placed in Se (b) Month and	years beginning be the tax year into one or rvice During 2008 (c) Basis for depr	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
18 19a	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
18 19a b	Section B—A (a) Classification of property 3-year property 5-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
19a b	Section B—A (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
19a b c	Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
19a b c d	Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset of Tax Year Using the reciation (d) Recovery	e Genera	l Depre	ciation Sy	/stem	
19a b c	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset a Tax Year Using th rectation ent use titions) (d) Recovery	e Genera	l Depre	(f) Me	thod	
19a b c d e f	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset a Tax Year Using th rectation ent use titions) (d) Recovery period	e Genera	I Depres	(f) Me	ystem	
19a b c d e f	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset a Tax Year Using th rectation ent use titions) (d) Recover period 25 yrs 27 5 yrs	e Genera	I Depres	(f) Me	ystem	
19a b c d e f	Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset a Tax Year Using th rectation ent use titions) (d) Recovery period	e Genera (e) Cor	I Depres	(f) Me	ystem	
19a b c d e f	Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm	efore 2008 or more general asset a Tax Year Using th rectation ent use titions) (d) Recover period 25 yrs 27 5 yrs	e Genera	I Depres	(f) Me	ystem	
19a b c d e f g	Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	laced in service during Assets Placed in Se (b) Month and year placed in service	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm only-see instruc	efore 2008 or more general asset a Tax Year Using th eciation ent use titions) (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	e Genera (e) Cor M M M M	M M M M	S/L S/L S/L S/L	ystem	(g) Depreciation dedúction
19a b c d e f g h	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As	Assets Placed in Se (b) Month and year placed in	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm only-see instruc	efore 2008 or more general asset a Tax Year Using th eciation ent use titions) (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	e Genera (e) Cor M M M M	M M M M	S/L S/L S/L S/L	ystem	(g) Depreciation dedúction
19a b c d e f g h i	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life	laced in service during Assets Placed in Se (b) Month and year placed in service	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm only-see instruc	efore 2008 or more general asset at Tax Year Using the reciation ent use titions) 25 yrs 27 5 yrs 27 5 yrs 39 yrs ax Year Using the	e Genera (e) Cor M M M M	M M M M	S/L S/L S/L S/L	ystem	(g) Depreciation dedúction
19a b c d e f g h i	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C—As Class life 12-year	laced in service during Assets Placed in Se (b) Month and year placed in service	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm only-see instruc	efore 2008 or more general asset a Tax Year Using th eciation ent use titions) (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	e Genera (e) Cor M M M M	M M M M	S/L S/L S/L S/L S/L	thod	(g) Depreciation dedúction
19a b c d e f g h i 20a b c	If you are electing to group any assets p Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year	Assets Placed in Se (b) Month and year placed in service	years beginning be the tax year into one of rvice During 2008 (c) Basis for depr (business/investm only-see instruc	efore 2008 or more general asset at Tax Year Using the reciation ent use titions) 25 yrs 27 5 yrs 27 5 yrs 39 yrs ax Year Using the	e Genera (e) Cor M M M M	M M M we Depre	S/L S/L S/L S/L S/L S/L S/L S/L	ystem	(g) Depreciation dedúction
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