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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable	C	D Employer identification number
<input type="checkbox"/> Address change	Sturgis Neighborhood Program	38-2987859
<input type="checkbox"/> Name change	P.O. Box 413	E Telephone number
<input type="checkbox"/> Initial return	Sturgis, MI 49091	269-651-4780
<input type="checkbox"/> Termination		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method.  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 291,347.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 123,620.
2 Program service revenue including government fees and contracts	2 28,377.
3 Membership dues and assessments	3
4 Investment income	4 450.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a 138,900.
b Less: cost of goods sold	7b 196,719.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -57,819.
8 Other revenue (describe ► _____)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9 94,628.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 52,526.
13 Professional fees and other payments to independent contractors	13 1,854.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 335.
16 Other expenses (describe ► See Statement 1)	16 62,171.
17 Total expenses (add lines 10 through 16) ►	17 116,886.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -22,258.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 260,032.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 237,774.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,189.	22 3,418.
23 Land and buildings	336,798.	23 319,385.
24 Other assets (describe ► See Statement 2)	136,149.	24 19,838.
25 Total assets	477,136.	25 342,641.
26 Total liabilities (describe ► See Statement 3)	217,104.	26 104,867.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	260,032.	27 237,774.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others )

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 Currently renting units to low-income families. Also, renovating homes for resale to qualifying low-income families.

(Grants \$  ) If this amount includes foreign grants, check here

28a 97, 542.

29

(Grants \$  ) If this amount includes foreign grants, check here

29 a

30

(Grants \$  ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(b) Title and average hours  
(c) Compensation (if any)  
(d) Contributions to  
(e) Expense account

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Roger Bird 427 Mortimer Street Sturgis, MI 49091	President 1.00	0.	0.	0.
Tracey Parker 27197 Baker Drive Sturgis, MI 49091	Vice President 1.00	0.	0.	0.
Brenda Merrill 204 Grove Street Sturgis, MI 49091	Sec/Treas 1.00	0.	0.	0.
Lee Austermann 1420 Rishel Road Sturgis, MI 49091	Director 1.00	0.	0.	0.
Leonard Eishen 66002 Knollwood Drive Sturgis, MI 49091	Director 1.00	0.	0.	0.
Misti Gardner 160 600 N. LaGrange, IN 46761	Director 1.00	0.	0.	0.
Kim Metz 210 S. Maple Street Sturgis, MI 49091	Director 1.00	0.	0.	0.
Marla Miller 213 Susan Street Sturgis, MI 49091	Director 1.00	0.	0.	0.
Monica Smith 205 E. Chicago Road Sturgis, MI 49091	Exec. Director 40.00	43,683.	0.	0.
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-----	-----	-----	-----	-----
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## Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes  No   
**33**  X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes Yes  No   
**34**  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
**35 a**  X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N Yes  No   
**36**  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions Yes  No   
**37 a**  0.

b Did the organization file **Form 1120-POL** for this year? Yes  No   
**37 b**  X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or were** any such loans made in a prior year and still unpaid at the start of the period covered by this return? Yes  No   
**38 a**  X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No   
**38 b**  N/A

39 501(c)(7) organizations. Enter Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No   
**39 a**  N/A

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
**39 b**  N/A

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. Yes  No   
**40 a**  0.

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I Yes  No   
**40 b**  X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
**40 c**  0.

d Enter amount of tax on line 40c reimbursed by the organization Yes  No   
**40 d**  0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes  No   
**40 e**  X

41 List the states with which a copy of this return is filed ► None

42 a The books are in care of ► Monica Smith Telephone no ► 269-651-4780  
 Located at ► 205 E. Chicago Road Sturgis MI ZIP + 4 ► 49091

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► Yes  No   
**42 b**  X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► Yes  No   
**42 c**  X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes  No   
**43**  N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**44**  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**45**  X

**Part VI**

**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

See Statement 5

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ►				

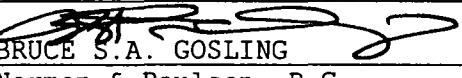
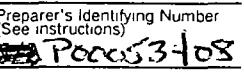
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ►		

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

Sign Here

► *Brenda L. Merrill* | *12/11/09*  
 Signature of officer  
 ► *Brenda L. Merrill Secretary/Treasurer*  
 Type or print name and title

Paid Pre-preparer's Use Only	Preparer's signature ►  Firm's name (or yours if self employed), address, and ZIP + 4 ► BRUCE S.A. GOSLING Norman & Paulsen, P.C. 127 W. Chicago Road Sturgis, MI 49091	Date 12-11-09	Check if self-employed ► <input type="checkbox"/> EIN ► N/A	Preparer's Identifying Number (See instructions) ►  Phone no ► (269) 651-3228
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May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2008)

**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.

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Employer identification number**

## Sturgis Neighborhood Program

38-2987859

**Part I** **Reason for Public Charity Status** (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 of churches 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 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 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 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 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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

**BAA**

**BAA FOR Privacy Act and Paperwork Reduction Act Notice:** See the instructions for Form 5010.

Schedule A (Form 350 or 350 EZ) 2000

**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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	98,754.	71,129.	61,778.	81,623.	123,620.	436,904.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
<b>4 Total.</b> Add lines 1-3	<b>98,754.</b>	<b>71,129.</b>	<b>61,778.</b>	<b>81,623.</b>	<b>123,620.</b>	<b>436,904.</b>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						<b>436,904.</b>

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	98,754.	71,129.	61,778.	81,623.	123,620.	436,904.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88.	58.	22.	90.	450.	708.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						<b>437,612.</b>
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	<b>440,062.</b>

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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	<b>99.8 %</b>
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>99.9 %</b>
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. 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 stop here. 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 stop here. 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 stop here. 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"/>		

**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 yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

**6 Total.** Add lines 1-5

**7a** Amounts included on lines 1, 2, 3 received from disqualified persons

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

**c** Add lines 7a and 7b

**8 Public support** (Subtract line 7c from line 6)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
<b>6 Total.</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8 Public support</b>						
7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

**9** Amounts from line 6

**10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

**b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

**c** Add lines 10a and 10b

**11** Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

**13 Total support.** (add ins 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 ▶

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9						
10a						
b						
c						
11						
12						
<b>13 Total support.</b>						
<b>14 First five years.</b>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 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	%
<b>19a 33-1/3 support tests – 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

**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)

2008

## Federal Statements

Page 1

Client 11525

Sturgis Neighborhood Program

38-2987859

12/11/09

08 08AM

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	97.
Conferences, Conventions, and Meetings		-175.
Depreciation		17,644.
Dues		458.
Insurance		6,820.
Interest		11,296.
Miscellaneous Expense		1,251.
Office Expenses		1,020.
Property Taxes		10,039.
Repairs & Maintenance		5,711.
Telephone		1,983.
Testing		290.
Travel		1,078.
Utilities		4,659.
Total	\$	<u>62,171.</u>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 683.	\$ 7,397.
Deposits	1,198.	2,051.
Interest receivable	58.	488.
Inventories	124,077.	0.
Machinery and Equipment	231.	0.
Notes and Loans Receivable	8,607.	8,607.
Prepaid Expenses and Deferred Charges	1,295.	1,295.
Total	\$ 136,149.	\$ 19,838.

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 2,730.	\$ 8,086.
Deferred Revenue	0.	200.
Rent deposits	1,347.	2,197.
Secured Mortgages and Notes Payable	213,027.	94,384.
Total	\$ 217,104.	\$ 104,867.

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To provide low cost housing to those in need in the community.

2008

**Federal Statements**

**Page 2**

Client 11525

**Sturgis Neighborhood Program**

38-2987859

12/11/09

08 08AM

**Statement 5**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

2008

## Federal Exempt Organization Tax Summary (EZ)

Page 1

Client 11525

Sturgis Neighborhood Program

38-2987859

12/11/09

8 08 AM

**FORM 990-EZ REVENUE**

Contributions, gifts, and grants	123,620
Program service revenue	28,377
Investment income	450
Gross profit (loss) - inventory sales	-57,819

Total revenue	94,628
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**EXPENSES**

Salaries and employee benefits	52,526
Professional fees/pymt to contractors	1,854
Printing, publications, and postage	335
Other expenses	62,171

Total expenses	116,886
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**NET ASSETS OR FUND BALANCES**

Excess or (deficit) for the year	-22,258
Net assets/fund bal. at beg. of year	260,032
Net assets/fund bal. at end of year	237,774

2008

Overrides

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Sturgis Neighborhood Program

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**Federal Overrides**

**Screen 3.1**

An override entry of -1 has been made in Federal "Preparation fee (-1=suppress) [0]" (Screen 3.1, Code 501).

**Screen 16.1**

An override entry of 1 has been made in Federal "Schedule B required box: 1=yes, 2=no [0]" (Screen 16.1, Code 13).

**Screen 34**

An override entry of 17,644 has been made in Federal "Book depreciation [0]" (Screen 34, Code 30).

**2008**

**General Information**

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**Forms needed for this return**

Federal: 990-EZ, Sch A, Sch B

**Carryovers to 2009**

None

**2008****Federal Worksheets****Page 1****Client 11525****Sturgis Neighborhood Program****38-2987859**

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**Computation of Cost of Goods Sold (Form 990-EZ)**

1. Inventory at start of year	124,077.
2. Purchases	29,174.
3. Cost of labor	0.
4. Additional 263A costs	0.
5. Other costs	43,468.
6. Total (Add lines 1 through 5)	196,719.
7. Inventory at end of year	0.
8. Cost of goods sold (Subtract line 7 from line 6)	<u>196,719.</u>