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990-EZ

Denartment of the Treasury

Internal Revenue Service

Short Form 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)

Sponsonng 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 \$500,000 and total assets less than \$1,250,000 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 requirement

OMB No 1545-1150 2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning . 20 2009, and ending Check if applicable C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number Address change use IRS label or 23-7030433 Name change print or SOUTH OMAHA NEIGHBORHOOD ASSOCIATN E Telephone number Initial return type See 402-614-9615 C O SECURE ACCOUNTING & TAX SVC Terminated Specific Instruc-F Group Exemption 4924 S 50TH TERRACE Amended return OMAHA NE 68117-Number ▶ G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check▶ If the organization is not required I Website: X 501(c)(3) **∢** (insert no) J Tax-exempt status 4947(a)(1) or to attach Sch 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 14,227. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) 10,937. Contributions, gifts, grants, and similar amounts received . 1 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 Investment income 4 5a 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 3,290. 2,031. **b** Less direct expenses other than fundraising expenses ... 6 b . . . 6с 1,259. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe ▶ 8 12,196. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 16,642. 10 10 Grants and similar amounts paid (attach schedule) ... ഗ 11 Benefits paid to or for members 11 Q MAY 2 1 2010 12 Salaries, other compensation, and employee benefits ... က် 12 Expenses 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 552. Other expenses (describe ►SEE STATEMENT 16 17,194. Total expenses. Add lines 10 through 16 17 17 (4,998.)Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 5,589. end-of-year figure reported on prior year's return) 19 Ě Other changes in net assets or fund balances (attach explanation) 20 20 591. Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 Part II If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Balance Sheets. (A) Beginning of year (B) End of year (See the instructions for Part II) 5,589. 22 591. 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe > 5,589. 25 591. 25 Total assets 26 Total liabilities (describe ▶ 26 5,589. 27 591 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ**

(2009)

Form 990-EZ (2009) SOUTH OMAHA NEIGHBOR	HOOD ASSOCIA	T'N_		- /0304	33 Page 2
Part III Statement of Program Service Accomp	lishments (See t	the instructions for Par	t III)	/Required	Expenses for section
What is the organization's primary exempt purpose? PUBL	IC CHARITY			501(c)(3)	and 501(c)(4)
Describe what was achieved in carrying out the organization's e	xempt purposes. In a cle	ar and concise manne	er,	organizati	ons and section) trusts, optional
describe the services provided, the number of persons benefite				for others	
28 SUPPORTED SEVERAL LOCAL NEIGH					
AND COMMUNITY AWARENESS PROJE	CTS IN 2009				
(Grants \$ 16,642.) If this amount includes	foreign grants, check he	ere	. ▶	28a	
29				_	
		-			
(Grants \$) If this amount includes	foreign grants, check he	ere	▶	29a	
30	<u> </u>		•		
(Grants \$) If this amount includes	foreign grants, check he	ere	▶	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes	foreign grants, check he	ere	▶	31a	
32 Total program service expenses (add lines 28a through 31			. •	32	•
Part IV List of Officers, Directors, Trustees, an			ot compensa	ited (See instruc	ctions for Part IV)
<u> </u>	(b) Title & average	(c) Compensation	(d) Con	tributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		benefit plans rred comp	account and other allowances
DUANE BROOKS	PRESIDENT			<u> </u>	
6023 PATTE OMAHA NE 68117	5	0			
JASON SMITH	V PRESIDNT				
2501 S 12T OMAHA NE 68108	5	0			
LACEY MERICA	SECRETARY				
5603 S 50T OMAHA NE 68117	2	0			
TIM LEININGER	TREASURER				
4924 S 50T OMAHA NE 68117	2	0			
CRYSTAL RHOADES	BRD MEMBR		<u> </u>		
4565 SHRIL OMAHA NE 68106	1	0			1
MARY KERWIN	BRD MEMBR				
2514 E STR OMAHA NE 68107	1	0			
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Par	Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			1
	description of each activity	. 33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	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 why the organization did not report the income on Form 990-T	·		ļ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N $\dots \dots $	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		,	,
b	Did the organization file Form1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were			`
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	.×.'		
39	Section 501(c)(7) organizations Enter]	,	ίς : *,
а	Initiation fees and capital contributions included on line 9	2		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			24
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms			
	990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	1		
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958▶	ì.		'
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		ĺ	
Ŭ	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NE			
		2-61	4-9	615
72.0		17-		010
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Vos	No
	777771717	42b	163	X
	· · · · · · · · · · · · · · · · · · ·	420	J	I_^
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	40-]	V
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of orm 1041 - Check here	• •		> _
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
				T
			Yes	No_
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	1
	Form 990-EZ	44	<u> </u>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"		1	1
	Form 990 must be completed instead of Form 990-EZ	45	<u></u>	X
	Form	990-	EZ C	2009)

Part VI	Section 501(c)(3) organizations and section 501(c)(3) organizations and section				-	l section	
	for lines 50 and 51			· · · · · · · · · · · · · · · · · · ·			
	e organization engage in direct or in		ctivities on behalf of or	in opposition to		Yes	No
	dates for public office? If "Yes," comp		Cabadula O Badil		46		X
	e organization engage in lobbying ac	•	•		47		X
	organization a school as described i e organization make any transfers to		· ·		49a		X
	s," was the related organization a sec	•			. 49b		
	lete this table for the organization's f	•				ovees) who
	received more than \$100,000 of com						
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	pense	
(a) Nam	e and address of each employee	hours per week		employee benefit plans &	accou	nt and	
	paid more than \$100,000	devoted to position		deferred compensation	other all	owand	es
NONE		_					
	<u></u>						
	<u> </u>	_					
		-					
		-					
				<u> </u>			
		-					
		-					
f Total	number of other employees paid ove						
compen	te this table for the organization's five sation from the organization. If there me and address of each independen	e is none, enter "None "		(b) Type of service	(c) Comp		on
d Total	number of other independent contra	ctors each receiving over \$	5100,000	-			
Sign	Under penalties of penjun, I declare that I have and belief, it is true, correct, and complete De						
Here	Signature of officer			Date			
	TIMOTHY & LEIN	INGER /	/ TREASU				
	Type or print name and title		/			_	
	Preparer's	11x 10 1	Date Che	eck if self- Preparer's ide	entifying no	(See	instr)
Paid	signature Of Cecoling		5/(15/2010 em		3-84-7		
Preparer's		REACCOUNTING	& TAX SERV		-07770	32	
Jse Only	if self-employed), 4924	S 50 TERRACE					
	address, and ZIP + 4 OMAHA	A NE 68117-		Phone no ▶402		961	5
May the IRS	discuss this return with the prepare	r shown above? See instru	ictions		► X Yes		No
				F	orm 990- l	EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009 Open to Public

Inspection

Name of the organization

SOUTH OMAHA NEIGHBORHOOD ASSOCIATN

Employer identification number

23-7030433 **Reason for Public Charity Status** Part I (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) 3 4 A medical research organization operated in conjunction with a hospital described isection 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 spection 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 X 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) 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 Seesection 509(a)(2) (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Seeection 509(a)(4) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally integrated Type I Type III - Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organ-(V) Did you (vi) Is the (vii) Amount of organization (described on lines 1-9 organization in support notify the ization in col above or IRC section (i) listed in your organization in col (i) (see instructions)) governing organized col (i) of your document? support? in the US? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

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

Sect	ion A. Public Support	X 011 IIIIC 3, 7, 01	O OIT ditti)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2005	(1) 2000	(6) 2007	(4) 2000	(6) 2003	(i) Iolai
•	membership fees received (Do not						
	include any "unusual grants ")		1		7248.	10937.	18185.
2	Tax revenues levied for the organization's				, 2 10 1		
-	benefit and either paid to or expended on					ì	
	its behalf		l				
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3				7248.	10937.	18185.
5	The portion of total contributions by each						
_	person (other than a governmental unit				×.		
	or publicly supported organization)		400	. *	*		
	included on line 1 that exceeds 2% of		*		*		
	the amount shown on line 11,		*				
	column (f)		*	<u>^</u> }	(:) ;		
6	Public support. Subtract line 5 from line 4		Ť	,	***	ľ	18185.
Se	ction B. Total Support				,		
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				7248.	10937.	18185.
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	-
	rents, royalties and income from similar]				
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)					1259.	1259.
11	Total support. Add lines 7 through 10 .						19444.
12	Gross receipts from related activities, etc. (see	e instructions) .		-		12	19444.
13	First five years. If the Form 990 is for the orga	anızatıon's first,	second, third, for	urth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box andstop here	<u> </u>		<u> </u>	<u> </u>		▶
Se	ction C. Computation of Public Sup	port Percent	age		· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (line 6, co	lumn (f) dıvıded	by line 11, colun	nn (f)) .	-	14	93.52 %
15	Public support percentage from 2008 Schedu					•	100.00 %
16a	33 1/3% support test - 2009. If the organization			•		•	
	and stop here The organization qualifies as a		_				
b	33 1/3% support test - 2008. If the organization					more, check this	o box
	and stop here. The organization qualifies as a		_			44	▶ ∐
17a	10% facts-and-circumstances test - 2009. If	•					
	is 10% or more, and if the organization meets						
	in Part IV how the organization meets the "fac					ly supported	. \sqcap
	organization						▶ ∐
b	10% facts-and-circumstances test - 2008. If						
	15 is 10% or more, and if the organization me				-		
	Explain in Part IV how the organization meets			-	="		. □
	supported organization						▶ ∐
18	Private foundation. If the organization did no	cneck a box in					. □
	instructions		<u>-</u>	<u> </u>	<u> </u>	··· · · ·	. •

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Schedule	A (Fo	rm 990 or	990-E	Z) 20	09 S	OUTH	OMAHA	A NE	EIGHBO	RHOOD	ASSC	CIATN	23-7030433	Page 4
Part I	/	Supp	leme	ntal	Inform	ation.	Complete	this p	art to provid	de the expl	anation r	equired by	Part II, line 10,	
									y other add					
PART	ΙI	LINE	10	_	2009	NET	SPECI	IAL	EVENT	INCO	ME			
	•		•											
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Name: SOUTH OMAHA NEIGHBORHOOD ASSOCIATN

ID: 23-7030433

	Amount
ATERING	Allount 60
AXES & FEES	20
PETCE CURRITEC	22
FICE SUPPLIES	
MBERSHIP DUES	450
	
	
<u> </u>	
	
	
	
	