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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		For the	2009 calen	dar year,	or tax year <u>beginr</u>	iing		, 200 <u>9, and endir</u>	ng		,	
	В	Check if a	pplicable		С					D Employ	er Identificati	ion Number
			ess change	Please use IRS label	NORTH AMERI	CAN RESO	URCE CENT	ER		31-	1612100	כ
		\vdash	e change	or print or type	FOR CHILD W						one number	
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\bigcirc		\vdash	l return	specific Instruc-	COLUMBUS, C)H 43203-	6005			014	231 00	
(A)		\vdash	ination	tions								E04 000
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Amer	nded return	<u> </u>					1	<b>G</b> Gross r		504,999.
$\supset$		Appli	cation pending	l .	and address of principal	officer			1	-	n for affiliates	
$\supseteq$				SAME A	AS C ABOVE				H(b) Are all		(see instructi	ons) Yes No
@	1	Tax-e	xempt stati	us X 501	(c) (3 ) <b>◄</b> (	(insert no )	4947(a)(	1) or 527	]		<b>\</b>	,
3	J	Webs	ite: ► N/	'A					H(c) Group	exemption n	umber 🏲	
Postmark Missing	ĸ	Form of	organization	X Corpora	ation Trust	Association	Other ►	L Year of Forma	ation 200	0 <b>M</b> s	State of legal	domicile OH
<del></del>	Pa	rt I	Summ							•		
$\leq$					ganization's mission	on or most sig	nificant activiti	es SUPPORTI	NG ORG	ANIZAT	'ION	
	45		,	•	•	_						
$\mathbb{Q}_{\mathcal{O}}$	ž	_								<del>-</del>		
W	overnanc	_						- <b>-</b>				
₹,	Ve	2 C	heck this be	ox ►	if the organization	discontinuec	l its operations	or disposed of m	ore than 2	5% of its	assets	<del>-</del>
	ŏ				bers of the govern						3	
	প্	4 N	umber of in	depender	it voting members	of the govern	ning body (Parl	t VI, line 1b)			4	
	Activities	5 To	otal numbe	r of emplo	yees (Part V, line	2a)					5	
	촱	6 To	otal numbe	r of volunt	eers (estimate if r	necessary)					6	
	Ă	7a To	otal gross ι	ınrelated I	ousiness revenue s taxable income f	from Part VIII	, со <b>шулд (О)</b> [[	INVED			7a	0
		b N	et unrelated	d business	taxable income f	rom Form 990	) I line 34 L	IVED			7 b	0
						8	11	1 2010 80	P	rior Year		<b>Current Year</b>
		8 C	ontributions	s and gran	its (Part VIII, line	1h) CC7,	MAY 2	1 2010   있		251,0	030.	300,000
	Revenue	ı		-	ue (Part VIII, line	2g) L	1					
	Ve	<b>1.0</b> In	vestment ii	ncome (Pa	art VIII, column (A	(a), lines 3, 4, a	and Top For	A B B T		-78,	150.	73,999
	ď	11 0	ther revenu	ıe (Part V	III, column (A), lin	es 5, 6d, 8c,	9c, 106,740011				-36.	-7,841
		12 T	ଦ୍ୱିଆ revenu	e – add li	nes 8 through 11	(must equal F	art VIII, colum	n (A), line 12)		172,8	344.	366,158
					ounts paid (Part I)					72,0	000.	150,104
					members (Part IX							
2			4.7		nsation, employee			A), lines 5-10)				
27	ses	i	¥	•				y,				
1 5 2010	penses	b Total fundralising expenses (Fart IX, Goldmin (5), line 25)								——————————————————————————————————————		
<del>-</del>	ᄶ							_				
JUL		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)									131.	12,383
$\equiv$		18 T	otál expens	ses Add I	nes 13·17 (must ∈	equal Part IX,	column (A), lir	ne 25)		110,		162,487
		<b>19</b> R	evenue les	s expense	s Subtract line 18	3 from line 12				62,	713.	203,671
	8 8		\$∞.						Begi	nning of \	rear	End of Year
Z	a a	20 T	otal assets	(Part X, I	ne 16)					2,490,3		2,694,010
3	Not Assets Fund Baland	21 T	otal liabilitie	es (Part X	, line 26)						0.	0
<u>ecanned</u>	55	22 N	let assets n	r fund hal	ances Subtract III	ne 21 from lin	e 20			2,490,	339.	2,694,010
<b>2</b>	Pa	irt II		ure Blo		10 27 110111 1111				.,,		
	<u></u>					nowand this satura	including accomp	anuna cebadulae and et	alomonic and	I to the best	of my knowley	dae and belief it is
			true correct,	and complete	I declare that I have ex Declaration of prepare	r (other than office	er) is based on all ii	nformation of which prep	parer has any	knowledge		age and belief, it is
	Sig		<b>-</b>	lu di	th S/Exi	cus			1	51	13/18	)
	He	jii re	Signature	of officer	()				D	ate		<u></u>
			■ Oignature	1,20	1774 S	RYCUS		Trust				
			Type or r	orint name ar	d title	- Tous		11 421				
			1,700 01 1			<del></del>	$\mathcal{L}$	Date			Prenar	rer's identifying number
	D-	:				• /	$G \nabla M$	Date		heck if elf-	(see in	rer's identifying number istructions)
	Pa Pr		Preparer's	<b>.</b>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	$\chi_{\mu} = \chi_{\mu} = \chi_{\mu$	- 10.4	l l	mployed P	`Ш <u>",</u>	
		rer's	signature		SELL W. KES			5/04/	τn		N/A	
	Us		Firm's name yours if self-		SLER & BALL		, L. HXAL					
	Or		employed), address, and		0 RIVERS ED	<del></del>	TE 240		E		N/A	
			ZIP + 4	COI	UMBUS, OH 4	3235	V		P	hone no	(614)	888-3185
	Ma	y the IR	S discuss t	his return	with the preparer	shown above	? (see instruct	ions)				X Yes No
	BA	A For F	Privacy Act	and Pape	rwork Reduction	Act Notice, se	ee the separate	instructions.		TEEA0113	BL 12/29/09	Form <b>990</b> (200

Forn	n 990 (2009) NORTH AMERICAN RESOURCE CENTER	31-1612100	Page 2						
Pai	t III Statement of Program Service Accomplishments								
1.	Briefly describe the organization's mission SUPPORTING ORGANIZATION								
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	he prior	√ No						
_	If 'Yes,' describe these new services on Schedule O		_ 21						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If 'Yes,' describe these changes on Schedule O	ces? Yes	∐ No						
4	4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
46	GRANTS MADE TO DENDRO INC	Revenue \$	)						
		<del></del>							
		· <b>-</b>							
41	(Code	·	)						
4	c (Code) (Expenses \$ 1,950. including grants of \$ 1,950.) (F GRANTS TO OTHER ORGANIZATIONS	Revenue \$	)						
		·							
		·							
4	d Other program services (Describe in Schedule O )								
	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ► 150, 975.	)							

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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 L	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Y			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
	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		Х
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Checklist of Required Schedules (continued)

Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b Is the organization 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 25b Х Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M. 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 34 line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 X Part V, line 2 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 Х 36 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38

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Form 990 (2009)

Form 990 (2009) NORTH AMERICAN RESOURCE CENTER 31-161210	0	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
	r	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 1a 0			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a  0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a 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)?	4a		Х
<b>b</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?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			
7 Organizations that may receive deductible contributions under section 170(c).	05		-
· · ·			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
benefit contract?	7e	<u> </u>	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	_ 7g		<b> </b>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter	30		
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11 Section 501(c)(12) organizations. Enter	1		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			•

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a b 2	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  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?		Yes	No				
b 2 3	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
b 2 3	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 1	l l				
3		- 1						
3	officer, director, trustee or key employee?							
	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		х				
4	Did the organization make any significant changes to its organizational documents	4		Х				
	since the prior Form 990 was filed?			v				
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
	Does the organization have members or stockholders?	6						
	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	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal							
Reve	nue Code )							
			Yes	No				
		10 a	-	X				
	and branchies to should their epotentials are sentenced with the engineering	10Ь						
	- 1 do the organization provided a copy of the first term of the grant and g	11	X	<u> </u>				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	10 -	· ·	<del></del>				
	boos the organization have a winter commet of wholest painty	12 a	Х					
		12b	X					
		12 c	Х	<u> </u>				
		13	· ·	Ϋ́				
14	boos the diganization have a whiteh account retention and account penely	14	Χ.					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
		15a		X				
b	- Carlot Grinolog Grine, Grine	15 b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X				
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	101						
Sec.	the test of the test section of the test secti	16b		L				
Sec	tion C. Disclosures  List the states with which a copy of this Form 990 is required to be filed ► NONE			<u> </u>				
17		لطجاره						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply	ailabl	e 101	public				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply  Own website  Another's website  X Upon request							
17 18 19	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply	cy, ar	nd fina					

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Form 990 (2009)

# 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. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees
     See instructions for definition of 'key employees'

X Check this box if the organization did not compensate any current officer, director, or trustee

- 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 undividual trustees or directors institutional trustees officers, key employees, highest compensations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(c)		(D)	(E)	(F)				
Name and Title	Average hours	Position (check all that apply)					y)			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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
JUDITH S. RYCUS										
SEC/TREAS	0				<u> </u>			.0.	0.	0.
RONALD C. HUGHES PRESIDENT	0							0.	0.	0.
NORMA_J. KLEYTRUSTEE	0							0.	0.	0.
							İ			

TEEA0107L 11/10/09

Part VII   Section A. Officers, Directors, Trust	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)									
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Indiv	Inst	Officer	e e	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	compensation from the
		rect	tutio	ļġ	eng	lest o	ner	(11-27033 11130)	(W-2/033 MISC)	organization and related
		2 5	nal t		employee	e				organizations
	i	stee	nstitutional trustee		"	ens				
			эе			ated				
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					_					
1 b Total							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	d ab	ove)	) wh	o re	ceived more than	\$100,000 in report	table compensation
from the organization   0										<del></del>
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	ee, l	key	emp	oloy	ee,	or h	ighest compensat	ed employee	
										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	cor n no	ກpe ທາ	nsa If 'Y	tion ⁄es′	and	l oth Inlet	er compensation	from such	
individual	ilan wic	,0,00	,,	,, ,	CJ	COM	pici	e seriedate 5 tor	Such	4 X
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fr	om a	anv	unre	elate	ed organization fo	r services	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	hedule .	J for	suc	h pe	erso	n				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization	ted inde	pend	dent	t cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
						_				
(A) Name and business address  (B) Description of Services Compensation							(C) Compensation			
Traine and business address	<del></del>							Description	3. 00. 1.003	Joinpendation
								· · · · · · · · · · · · · · · · · · ·		
										· · · · · · · · · · · · · · · · · · ·
				-						
2 Total number of independent contractors (including	but not	lımı	ted	to ti	hose	e list	ted a	above) who receiv	red more than	
\$100,000 in compensation from the organization								•		

Pa	t VIII   Statement of Revenue			a-2	y <u> </u>
-		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s. s	1a Federated campaigns. 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
, GR MOL	c Fundraising events 1c				
FTS IR A	d Related organizations 1 d				
S, S	e Government grants (contributions) 1 e				
SIGNS	· · · · · · · · · · · · · · · · · · ·				
3CT	f All other contributions, gifts, grants, and similar amounts not included above 1f 300,000.				
TRIE	g Noncash contribus included in lns 1a-1f \$				
ANI	h Total. Add lines 1a-1f	300,000.			
Ē	Business Code	000,000			
ËNL	2a	<del></del>			
REV	b				
ČE	c	-			_
ER	d				
S	e				
GRA	f All other program service revenue				-
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	-			
	Investment income (including dividends, interest and				
!	other similar amounts)	74,075.	74,075.		
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(i) Real (ii) Personal				
/	<b>6a</b> Gross Rents 6,000.	*			
	<b>b</b> Less rental expenses 13,841.	*			
	c Rental income or (loss)	*			
	d Net rental income or (loss) ▶	-7,841.	-7,841.		
	7a Gross amount from sales of (i) Securities (ii) Other	¢			,
	assets other than inventory 124, 924.				
	<b>b</b> Less, cost or other basis				
	and sales expenses 125,000.		*		
	c Gain or (loss)	* ` `		<del></del>	ļ
	d Net gain or (loss)	-76.	-76.		
ш	8a Gross income from fundraising events				
	(not including \$				
OTHER REVENU	of contributions reported on line 1c)		· · · · · ·		
띪	See Part IV, line 18		` *	*	or eye system
1	b Less direct expenses b				
	C Net income of (loss) from fundralsing events				
	9a Gross income from gaming activities See Part IV, line 19	> .			
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
				:	
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>		:		
	c Net income or (loss) from sales of inventory.	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P			
	Miscellaneous Revenue Business Code			·	
	11 a				
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	366,158.	66,158.	0.	0.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	150,104.	150,104.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	•			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	732.	732.		
c	: Accounting				
d	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				to the state of the state of
22	Depreciation, depletion, and amortization	11,512.		11,512.	
23 24	Insurance 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)	,		Å	
a	BANK FEES	139.	139.		
t					
(					
	i				
e	,	-	-		
f	All other expenses				
	Total functional expenses Add lines 1 through 24f	162,487.	150,975.	11,512.	0.
	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,	•		
RΔΔ		I	~		Form <b>990</b> (2009)

Page 11

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 576,611. Complete Part VI of Schedule D 555,040. 10b 569,824. 10 c 21,571 **b** Less accumulated depreciation. 1,920,515. 2,138,970. 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,490,339 2,694,010 16 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, ŵ highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 2,490,339 2,694,010. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Q R and complete Organizations that do not follow SFAS 117, check here FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 BALANCES 31 Paid-in or capital surplus, or land, building, and equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 2,490,339. 2,694,010. 33 33 Total net assets or fund balances 2,490,339 2,694,010. 34 Total liabilities and net assets/fund balances. Form 990 (2009) BAA

TEEA0111L 01/30/10

Form 990 (2009) NORTH AMERICAN RESOURCE CENTER	31-1612100	Pa	ige <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2 b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit,		
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O	plain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both	r were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	orth in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	go the required audit		

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

NORTH AMERICAN RESOURCE CENTER

FOR CHILD WELFARE

Employer identification number 31-1612100

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 (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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). 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 X Type I Type II c Type III — Functionally integrated al l 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) Х a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ii) EIN (III) Type of organization (IV) Is the (vi) Is the (vii) Amount of Support (described on lines 1 9 above or IRC section (see instructions)) anization in col listed in your organization in col (i) organized in the governing document? Yes No Yes No Yes No X 11A DENDRO, INC 20-0657293 90,000. INSTITUTE FOR HUMAN SERVICES, INC X 31-0968839 11A 58,154.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

148,154.

Complete ciply if you checked the box on line 5, 7, or 8 of Part I.)  Section A, Public Support  1 Gardar year (or fiscal year beginning in) - (a) 2005 (b) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) - (b) - (c)  Par	Complete only if you shock	_			ns (VI)(A)(I)(d)	אָ(ם)טירו פו	ІДАД	(VI)		
Calendary year (or fiscal year beginning in) — (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) — (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total organization is been the and either paid to it or expended on its behalf organization is benefit and either paid to it or expended on its behalf organization is benefit and either paid to it or expended on its behalf organization is benefit and either paid to it or expended on its behalf organization in the public without charge to not the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without or publicly supported organization included on the latest through a power manufacture in the public without charge to the public without charge to the public without charge to the public without charge to the public without or publicly supported organization included on the latest through a public without charge to the public without charge to the public without charge to the public without or publicly supported organization included on the latest through the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public without charge to the public w	Sec	<del></del>	ed the box on line	e 5, 7, 01 8 01 Fai	(1)					
2 Tax revenues leved for the organization's benefit and either paid to it or vapended either pai	Cale	ndar vear (or fiscal vear	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
2 Tax revenues leved for the organization's benefit and either paid to it or vapended either pai	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
tacilities furnished to the organization by a governmental undustrial to the programation by a governmental undustrial to the public visitous of services or facilities generally furnished to the public visitous charge 4 Total, Add lines I-through 3 5 The portion of total confributions by each person (other than a governmental organization) included on line I that exceeds 2% of the amount shown on line I1, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities Joans, rents, similar sources. 9 Net income from interest, dividends, payments received on securities Joans, rents, similar sources. 9 Net income from interest, dividends, payments received on securities Joans, rents, similar sources. 9 Net income from interest Joans from similar sources. 9 Net income from interest Joans from similar sources. 10 Other income from interest Joans from the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state of capability and the state		Tax revenues levied for the organization's benefit and either paid to it or expended								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line it had exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividently supported organization and securities loans, rents, required and income from securities loans, rents, required on securities loans, rents, required on securities loans, rents, revisities and income form similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on rest of the state of the programation of the state of the programation of the state of the programation, check this box and stop here. The organization of Public Support Percentage  12 Gross receipts from related activities, etc. (see instructions)  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) programation, check this box and stop here. The organization of Public Support Percentage  14 Public support percentage from 2008 Schedule A, Part II, line 14  15 Support test – 2009. 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.  17 a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 6a, and line 15 is 33-1/3 % or more, 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 or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the 'facts-and-c	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to								
contributions by each person (other than a governmental unit or publicly supported that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning in) *  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rends, dividends, payments received on securities loans, rends, similar sources.  9 Net income from unrelated business activities, whether or not the 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 )  11 Total support. Add lines 7 Ithrough 10  12 Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  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  14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)  15 9 Hubic support percentage for 2009 (line 6, column (f) divided by line 11, column (f)  16 a 33-1/3 support test — 2009. 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.  17 a 10%-facts-and-circumstance steet — 2009 If the organization of the lock abox on line 13, 16a, or 16a, and line 15 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization or even and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization or even and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization or even and the org	4	Total. Add lines 1-through 3								
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			ization did not ch	eck a box on line	, 13, 16a, 16b, 17					

NORTH AMERICAN RESOURCE CENTER Schedule A (Form 990 or 990-EZ) 2009 31-1612100 Page 3 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 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in)► (a) 2005 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 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 The value of services or facilities furnished by a governmental unit to the organization without charge

ь	Iotal. Add lines I through 5							
7 a	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 amount on line 13 for the year							
C	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
<u>Sec</u>	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
_	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
t	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 inline 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)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)(	3) ▶ □	
Sec	tion C. Computation of Pu						%	
15								
	Public support percentage from					16	%	
Sec	tion D. Computation of Inv	<u>/estment Incor</u>	ne Percentage	e				
17	Investment income percentage f	for <b>2009</b> (line 10c,	column (f) divide	ed by line 13, colu	ımn (f)).	17	%	
18	18 Investment income percentage from 2008 Schedule A. Part III, line 17							

**b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 33-1/3 support tests - 2009. 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

Schedule 4	A (For	m 990	or 990	)-EZ) 2	2009	HOM	KTH	AMER	KICA.	N KI	<u> </u>	KUE '	LENTE	ıĸ			31-1	<u> </u>	<u> </u>	F	² age <b>4</b>
Part IV	Sup Par	<b>plem</b> t II, Iir	ental ne 17	l <b>linfo</b> 'a or	rmat 17b;	ion. (	Com Part	plete III, li	this ine 1	part 2. P	to p rovid	rovide e any	the other	explar addi	nation tional	s requ inforn	iired b nation	y Par . See	t II, Iır ınstru	ne 10; ctions	 i.
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### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2009

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

Name of the organization

NODTH AMEDICAN DESCRIBE C

Employer Identification number

	RTH AMERICAN RESOURCE CENTER R CHILD WELFARE			31-16	12100			
		· Cimilar Funds or As						
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6.								
		(a) Donor advised fu	ınds (b)	Funds and	d other acco	ounts		
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dor funds are the organization's property, subject			d [	Yes	No		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor	g that grant funds may be or advisor or for any other	ſ	Yes	□No		
Par	t II   Conservation Easements Comple	· · · · · · · · · · · · · · · · · · ·	wered 'Yes' to Form 9	90 Part	IV line	7		
				750, 1 are	17, 11110	<del>,</del>		
•	Preservation of land for public use (e.g., r		Preservation of an histori	ically impo	rtant land :	area		
	Protection of natural habitat	ecreation of pleasure)	Preservation of certified			area		
	Preservation of open space	Ļ	Ji reservation of certified i	iistorie str	JCIUIC			
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation	a contribution in the form o	f a consen	ation assa	ment on the		
2	last day of the tax year	on held a qualified conservation	r contribution in the form o	i a conserv	allon ease			
				Held at	the End of	the Year		
a	Total number of conservation easements		2a					
t	Total acreage restricted by conservation ease	ments	2 b					
(	Number of conservation easements on a certi	fied historic structure included i	n (a) 2c					
(	Number of conservation easements included i	in (c) acquired after 8/17/06	2 d					
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by the	organizatio	n during th	e tax		
4	year ►Number of states where property subject to co	oncervation easement is located	<b>→</b>					
-	, , , ,		<del></del>					
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring nt it holds?	j, inspection, handling of vi	plations,	Yes	No		
6	Staff and volunteer hours devoted to monitori during the year	ng, inspecting, and enforcing co	onservation easements					
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conse	rvation easements \$			<del></del>		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rec	quirements of section	[	Yes	☐ No		
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	to the organization's financial s	tatements that describes th	ne organiza	ation's acco	and ounting for		
Pai	Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990,	Freasures, or Other Si Part IV, line 8.	milar As	sets			
1 8	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateming	lic exhibition, education, or res	earch in furtherance of pub					
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	er SFAS 116, to report in its revoluce exhibition, education, or res	enue statement and balanc earch in furtherance of pub	e sheet wo lic service,	orks of art, , provide th	historical e following		
	(i) Revenues included in Form 990, Part VIII	, line 1		►;	\$			
	(ii) Assets included in Form 990, Part X			►;	\$			
2		art, historical treasures, or other 116 relating to these items	r sımılar assets for fınancıa					
	a Revenues included in Form 990, Part VIII, line	e 1		▶;	\$			
ı	b Assets included in Form 990, Part X.			►:	\$			

Schedule D (Form 990) 2009 NORTH					31-1612			Page 2
Part III Organizations Maintai	ning Collect	tions of Ar	t, Historica	al Treasures, or	Other Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisite items (check all that apply)	on accession a	nd other reco	rds, check ai	ny of the following th	nat are a significant use	e of its o	collection	n
a Public exhibition	a Public exhibition d Loan or exchange programs							
<b>b</b> Scholarly research		e L	_ Other					
c Preservation for future generation								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No								
Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
					<del></del>			
1a Is the organization an agent, trus included on Form 990, Part X?					er assets not [	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	d complete th	e following to	able				
						Amount		
c Beginning balance					1c			<del></del>
d Additions during the year					1d	<del></del>		<del></del>
e Distributions during the year					1e			
f Ending balance		- 000 D V	line O12		<u> </u>	7 ٧	Г	¬м-
2a Did the organization include an a		1 990, Part X,	line 217		l	Yes	L	∐No
b If 'Yes,' explain the arrangement  Part V Endowment Funds Con		ianization a	answered '	Yes' to Form 99	0 Part IV line 10			
Fait V   Lindownient i dinds Col	(a) Current ye		) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	hark
1 a Beginning of year balance	(a) current ye	,di (b	) i noi year	(c) Two years back	(a) three years back	(6)	our your	Duck
<b>b</b> Contributions					1	<u> </u>		
c Net Investment earnings, gains, and losses								
d Grants or scholarships.								
Other expenditures for facilities and programs				×				
f Administrative expenses				? 8 -/		<del>                                     </del>		
<b>g</b> End of year balance						1		
2 Provide the estimated percentage	e of the year er	nd balance he	eld as					<del></del>
a Board designated or quasi-endov	=	ક્ષ						
<b>b</b> Permanent endowment ►	<del></del>							
c Term endowment ►	8							
3a Are there endowment funds not a organization by	n the possessi	on of the orga	anization that	are held and admir	nistered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations li	sted as requir	ed on Sched	ule R ²		3b		
4 Describe in Part XIV the intended	d uses of the o	rganization's	endowment f	unds				
Part VI Investments-Land, B	uildings, an	d Equipme	<b>nt.</b> See Fo	orm 990, Part X,	line 10.			
Description of investment	(4	a) Cost or oth (investme		b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
<b>1 a</b> Land	<u> </u>							
<b>b</b> Buildings	L			576,611.	21,571.		555,	,040.
c Leasehold improvements	L							
<b>d</b> Equipment	L							
e Other								040
Total. Add lines 1a through 1e (Column	n (d) must equ	aı ⊦orm 990,	⊬art X, colui	nn (B), line 10(c) )	School	ulo D (E		,040.

Schedule D (Form 990) 2009 NORTH AMERICAN RES		31-161 2 12. N/A	.2100 Page <b>3</b>
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
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			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)			
Part VIII Investments-Program Related (See F	orm 990, Part X, lir	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	ition
		Cost or end-of-year mar	ket value
			<del>-</del>
		<del></del>	
			**
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13)		*	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De	scription		(b) Book value
			<u> </u>
	***************************************		
Total. (Column (b) must equal Form 990, Part X, col (B), I	ine 15)	<b>&gt;</b>	
Part X Other Liabilities (See Form 990, Part			· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		_	
		_	
		_	
	-	$\dashv$	
		<del>- </del>	
		$\dashv$	
		$\dashv$	
Total (Column (b) must equal Form 990, Part X col. (B) line 25)		$\dashv$	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►  2. FIN 48 Footnote In Part XIV, provide the text of the foo	tnote to the organization	's financial statements that reports th	e organization's liability
for uncertain tax positions under FIN 48	more to the organization	3 manda statements that reports th	c organization a hability

		<u> 31-161</u>	.2100	Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
` 2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	[ <del></del>		
a	Net unrealized gains on investments	[		
t	Donated services and use of facilities 2b			
(	: Recoveries of prior year grants.			
c	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
3		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
á	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	╗ .		
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
		ı	i e	
á	Donated services and use of facilities 2a			
	Donated services and use of facilities  Prior year adjustments  2b			
ŀ	Prior year adjustments 2b			
ŀ	Prior year adjustments Cother losses  2b 2c			
l c	Prior year adjustments Cother losses Cother (Describe in Part XIV)  2b 2c 2c 2d			
i (	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d			
i (	Prior year adjustments Cother losses Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV)			
3 4	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			
3 4	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investments expenses not included on Form 990, Part VIII, line 7b			
3 4 1	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			
3 4 1	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b	3		
3 4 1	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)	3 4c		
3 4 5 Pau	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	4c 5	1b and 2b, F provide any a	Part V, dditional
3 4 5 Pau	Prior year adjustments Cother losses Cother losses Cother (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: A investments expenses not included on Form 990, Part VIII, line 7b Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother (Describe in Part XIV) Cother	4c 5	1b and 2b, Forovide any a	Part V, dditional
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Schedule **D** (Form 990) 2009

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Part XIV	Supplemental Information (continued)		
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Schedule **D** (Form 990) 2009

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# SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

**≗** □ Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form XYes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 31-1612100 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I General Information on Grants and Assistance NORTH AMERICAN RESOURCE CENTER

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(h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ö (e) Amount of non-cash assistance 90,000 58,154 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 20-0657293 501 (C) (3) 31-0968839 501 (C) (3) (b) EIN 1 1 1 1 1 1 1 INSTITUTE FOR HUMAN SERVICES 1 1 (a) Name and address of organization or government ١ 1706 EAST BROAD STREET 1706 EAST BROAD STREET COLUMBUS, OH 43230 OH 43230 1 1 1 1 1 1 1 1 1 1 1111 1111 COLUMBUS, DENDRO i Ì 1

Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

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Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 31-1612100 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION CONTINUALLY REVIEWS THE USE OF THE FUNDS BY THE SUPPORTED (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED. ORGANIZATION THROUGH MONITORING OF EXPENDITURES AND GRANTS (c) Amount of cash grant NORTH AMERICAN RESOURCE CENTER (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

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Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

FOR CHILD WELFARE	31-1612100
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE COMPLETED FORM 990 IS PROVIDED TO JUDITH RYCUS, THE	HE SECRETARY TREASURER OF THE
ORGANIZATION, WHO THEN REVIEWS THE FORM ALONG WITH MAI	KING IT AVAILABLE TO THE OTHER
DIRECTORS.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS
THE ORGANIZATION ANNUALLY REQUIRES ALL DIRECTORS TO RI	EPORT ANY CONFLICTS OF
INTEREST.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS P	UBLICLY AVAILABLE
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF I	NTERESTS POLICY AND FORM 990
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	<del>_</del>
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