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75768'05/01/2010 3 57 PM Fprm Department of the Treasury Internal Revenue Service

SCANNED JUL 2 0 2010

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

<u> </u>	For the 20	09 calendar ye	par, or tax year beginning , and ending				
В	Check if applic		C Name of organization	D	Emplo	yer identifica	ation number
	Address chang	ge use IRS	THE NEIGHBORS' PLACE, INC.				
\equiv	Name change	label or print or	Doing Business As	1 _	39-	164024	1
믁	Marile Glange	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telepho	one number	
	Initial return	See	745 SCOTT STREET]	•	-845-1	.966
	Termination	Specific	City or town, state or country, and ZIP + 4	GG	oss recei		626,322
	Amended retu	Instruc- m tions.	WAUSAU WI 54403	۳	000 10001	<i>5.0.</i> 4	
=		E Name	and address of principal officer	H/a)	le thre s	group return for	
	Application per	nding Finance	and address of principal officer	(",	affiliates		Yes X No
				H(b)	Are all a	affiliates 📉	Yes No
					included		. –
_	T	V	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	┪	II NU,	attach a list (see	e insudctions)
<u>!</u>	Tax-exempt		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	┧.,,_、			
	Website:] H(C)		exemption number	
		ization X Cor				M State of lega	il domicile
*	arti	Summar					
	1	•	ne organization's mission or most significant activities:	• •			
9	T	O HEPP 1	INDIVIDUALS IN NEED		•		
& Governance			,				
ē							
Š	2 Che	ck this box 🕨	if the organization discontinued its operations or disposed of more than 25% of its net asset	ets			
ಶ	3 Nun	nber of voting	members of the governing body (Part VI, line 1a)		3	17	
Activities	4 Nun	nber of indepe	endent voting members of the governing body (Part VI, line 1b)		4	16	
₹	5 Tota	al number of e	mployees (Part V, line 2a)		5	9	
Act	6 Tota	al number of v	olunteers (estimate if necessary) REULIVED	.	6	100	
			ated business revenue from Part VIIL Column (C), line 12	.	7a		
	b Net	unrelated bus			7b		0
-			Prior Ye				nt Year
•	8 Con	tributions and	grants (Part VIII, line 1h)	7,3			523,426
Revenue	9 Prog	gram service	revenue (Part VIII, line 2g)	1,3			19,136
Š	10 Inve	stment incom	e (Part VIII, column (A), lines 3, 4, and 70)		259		638
œ	11 Othe	er revenue (P	· · · · · · · · · · · · · · · · · · ·	3,0			83,122
	12 Tota	al revenue – a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,9	75		526,322
	13 Grad	nts and simila	r amounts paid (Part IX, column (A), lines 1–3)				
	14 Ben	efits paid to o	r for members (Part IX, column (A), line 4)]		
s	15 Sala	aries, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)	8,2	202	1	163,051
penses	16a Prof	essional fund	raising fees (Part IX, column (A), line 11e)				
Ē	b Tota	al fundraising	expenses (Part IX, column (D), line 25) > 7,426	•			
ŭ	ł .	_		28,2	252	1	19,457
	1			6,4		7	282,508
		•	penses. Subtract line 18 from line 12	5,5	21		343,814
58		··	Beginning of Cu				f Year
sets	20 Tota	al assets (Pari	· · · · · · · · · · · · · · · · · · ·	12,4			171,811
Net Assets or Fund Balances	21 Tota	al liabilities (Pa	· · · · · · · · · · · · · · · · · · ·	3,0			18,594
<u> </u>	22 Net	assets or fund	d balances Subtract line 21 from line 20	9,4	102		153,217
P	art II	Signatur	e Block				
		Under penalit	es of penury, I declare that I have examined this return, including accompanying schedules and statements, and	to the	best of r	ny knowledge	•
		and beliefyit i	strue, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer h	as any k	inowledge	
Sig	ın		day to the		.5	1121	2010
Hei		Signatur	e of officer		Date		
-	l	1 .	DMAS L. RAU EXECUTIVE DI	REC!			
			onnt name and title				
_			Date, Check	uf			entifying number
Pai	id	Preparer's signature	self-			(see instructi	ons) 83905
ore	eparer's		HACK CFA, S.C.	· 1	<u></u> _		0413591
	e Only	Firm's name	OF YOURS OF THE PARTY OF THE 201		IN P		A = 1 3 3 3 T
	1	If self-employ	· · · · · · · · · · · · · · · · · · ·		hone	715 0	48-5404
		address, and	←"'' WAUBAU, WI D44UI	l n	n 🕨	120-01	ェローフマレモ

If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No Yes X No
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code:) (Expenses \$ 252,742 including grants of \$) (Revenue \$ SERVICES PROVIDED INCLUDE THE DISTRIBUTION OF FOOD AND HOUSEHOLD ITEMS, YOUTH SERVICES, ADULT EDUATION, LANGUAGE	_
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SERVICES PROVIDED INCLUDE THE DISTRIBUTION OF FOOD AND HOUSEHOLD ITEMS, YOUTH SERVICES, ADULT EDUATION, LANGUAGE	
	-
	•
	• • • •
	•
	• •
4b (Code:) (Expenses \$	·)

	•
	•
	
4c (Code:) (Expenses \$)
	• •
	••
	•
	•
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 252,742	
4e Total program service expenses > ZJZ, 74Z	

Page 3

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete X 4 Schedule C, Part II 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 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." X 6 complete Schedule D. Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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," X complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • 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 related 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 12 X Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Page 4 Checklist of Required Schedules (continued) Yes No 21 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 X 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 X 25a 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 Schedule L, Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions). X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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. X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

38

. 172	ATTY Statements Regarding Other IRS Filings and Tax Compliance		Γ	
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	F	Yes	No
	U.S. Information Returns Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	goming (gombling) winnings to prize winners?	1c		x
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ī
_	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	1	x
ь	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	}		ļ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
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?	7c	ļ	X
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_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h_		X
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		1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	95		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		+	
42-	amounts due or received from them) Section 4947(a)(4) non-exempt charitable trusts to the exceptation filing Form 900 in least of Form 10412	12-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	\vdash	
O	n res, enter the amount of tax-exempt interest received of accrued during the year	<u>. </u>	1	

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.

<u> 5ec</u>	ction A. Governing Body and Management				_		т
4	Enter the contract of other contract the contract had	1	1	7	F	Yes	No
1a L	Enter the number of voting members of the governing body	1a	十		-		1
b	Enter the number of voting members that are independent	<u>1b</u>	1 -	<u> </u>	-{		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					•	.
	any other officer, director, trustee, or key employee?				2	├	X
3	Did the organization delegate control over management duties customanly performed by or under the direct					ĺ	-
_	supervision of officers, directors or trustees, or key employees to a management company or other person?				3	!	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d'7		•	4	 	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	•			5	 	X
6	Does the organization have members or stockholders?	•			6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				7a	<u> </u>	X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						ł
	the year by the following:						l
а	The governing body?				8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, 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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the In	terna	ĺ				
Rev	venue Code.)				_		
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					-	
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	• •	•				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	•	•				
	rise to conflicts?				12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	••	•				
	describe in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?	•••			13		X
14	Does the organization have a written document retention and destruction policy?	•		•	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	•					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The constitute OFO Eventilis Director and a segrence of significant				15a	X	ĺ
b	Other officers or key employees of the organization	•	• •		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	• • • •	•	••	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						ĺ
IVa	with a tayable entity during the year?				16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	•		•	100		 -
В	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						Ĺ
	the organization's exempt status with respect to such arrangements?				16b		Í
5				<u>.</u>	I IOD		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed WI						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)					
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st					
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	9					
	organization: ► TOM RAU 745 SCOTT STREET	_					
W	MI 5440	3		715	5-84	5-1	966

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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average	Pos	ition :		C) k all i	that a	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THOMAS L. RAU EXECUTIVE DI	40.00							43,680	0	0
SEAN VALISKA TREASURER					_			0	0	
JAMES FORCE PRESIDENT								0	0	0
JOAN BOULDIN MEMBER				_				0	0	0
WALTER CHILSEN VICE PRES								0	0	0
KATHY RUBINO MEMBER								0	0	C
RHONDA GRABOW SECRETARY								0	0	0
CALVIN DEXTER MEMBER								0	0	0
MARK BALDWIN MEMBER								0	0	0
CAROL LAMANSKY MEMBER								0	0	0
LINDA LAWRENCE PRESIDENT ELECT								0	0	0
BETHANY O'DAY MEMBER								0	0	0
ANN HERDA-RAPP MEMBER								о	0	0
JANE DOLAN MEMBER								0	0	0
TOM NEAL MEMBER								0	0	0
LIZ SHEAHAN MEMBER							_	0	0	0
GARY ZIMBRIC MEMBER DAA								o	o	O Form 990 (2009

Part VII Section A. Officers,		tees,			plo		, an	d Highest Compensated E	mployees (continued)		Page 0
(A) Name and Title	(B) Average			((C)	that ap		(D) Reportable	(E) Reportable	(F) Estimated	1
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount o other compensati from the organizatio and relate organizatio	on on d
·											
1b Total							>	43,680			
2 Total number of individuals (increportable compensation from t	Ū		to th O	ose	liste	d abo	ove)	who received more than \$	100,000 in		
 3 Did the organization list any for employee on line 1a? If "Yes," of the organization and related organization and related organization and related organization and related organization services rendered to the organization B. Independent Contractor 1 Complete this table for your five 	mer officer, direct complete Schedu 1a, is the sum of ganizations great a receive or accru zation? If "Yes," rs	ctor o ile J f f repo er tha ie con comp	or su ortab an \$ mpe olete	uch i le co 150, nsati Sch	ndiv ompe 0001 ion f edul	idual ensat ? If "\ irom a	tion /es, any or su	and other compensation fro complete Schedule J for s unrelated organization for uch person.	om uch	3 4 5	X X
compensation from the organiz	ation. (A) business address					-			(B) uon of services	Compo	C) ensation
Name and	ousiless address							Descript	JUNI OI SELVICES	Compe	TISAUOTI
					_						
								· · · · · · · · · · · · · · · · · · ·			
2 Total number of independent or	ontractors (includ	ına h	ut ne	ot lim	nited	to th	080	listed above) who received			
more than \$100,000 in compen		-								0 Enm 9	90 (2009)
DAA										rom y	→ (∠009)

P	ırt V	III Statement of Rev	/enue						i age v
•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a				12 1711 17 17 17 17 17 17 17 17 17 17 17 1	, , , , , , , , , , , , , , , , , , ,	
Program Service Revenue Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b						
s, g	c	Fundraising events	1c						
jift. ar	d	Related organizations	1d						
S E	e	Government grants (contributions)	1e		26,289				
tion	f	All other contributions, gifts, grants,							
₹ <u>₽</u>		and similar amounts not included above	1f		497,137				
d ri	۵	Noncash contributions included in lines		\$					
ပ္ပန	р h	Total. Add lines 1a–1f		Ψ		523,426			
<u>•</u>				· ·	Busn. Code				
ē	2a	GOVERNMENT CONTRAC	TS.			15,147	15,147		
æ	b					3,989	3,989		
<u>8</u>	c		·· · ···	•					
ē	d		- •• ••						
E	ء ا		• •					-	· · · · · · · · · · · · · · · · · · ·
gra	f	All other program service rev	enue	- · · ·				-	- ·-·· - · · -
Pro				· · · · · · ·	▶	19,136		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3	Investment income (including					· · · · · · · · · · · · · · · · · · ·	MANUAL IIII	,
		other similar amounts)			., ▶ _	638	638		
	4	Income from investment of ta	x-exem	ot bond or	· ·				
	5	Royalties			•				
	-	(ı) Real		(u) l	Personal				
	6a	Gross Rents				1			
	b	Less rental exps				1			
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			•	Ī			
	7a	Gross amount from (i) Securiti	es	(u) Other			··	,
		sales of assets other than inventory		 `		I			
	b	Less cost or other		†		I			
	_	basis & sales exps			İ				
	С	Gain or (loss)	-			I			
	d	Net gain or (loss)		·	•	1	1		
	8a	Gross income from fundraising even					,, ,, , , , , , , , , , , , , , , , , 		
Other Revenue		(not including C				1			
ě		of contributions reported on line 10				I			
8		See Part IV, line 18	a			I			
je	b	Less. direct expenses	. b						
ŏ		Net income or (loss) from fun		events	•	Ť		•	
		Gross income from gaming activitie							
		See Part IV, line 19	а			1			
	b	Less. direct expenses	b						
		Net income or (loss) from gar	ning act	ivities	▶				
		Gross sales of inventory, less	_					,	
			а			1			
	b	Less: cost of goods sold	b			I			
ļ		Net income or (loss) from sale	es of inv	entory	. •	Ī			
Ì		Miscellaneous Revenu			Busn. Code			· · · · · · · · · · · · · · · · · · ·	
ı	11a	MISC SPECIAL EVENTS				67,379	67,379		
ļ	b	SALES OF SALVAGE TEX	TILES			7,628	7,628		
	c	RENT INCOME				7,310	7,310		
ļ		All other revenue	••			805	805		
		Total. Add lines 11a-11d				83,122			
		Total Revenue. See instruction		•	· · ·	626,322	102,896	0	0

Form 990 (2009)

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).

	o not Include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	_ · · · · · · · · · · · · · · · · · · ·				······································
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the	ľ			
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	130,533	123,734	4,615	2,184
8	Pension plan contributions (include section 401(k)			- /	
,	and section 403(b) employer contributions)				
9	Other employee benefits	19,524	18,547	586	391
10	Payroll taxes	12,994	12,344	390	260
11	Fees for services (non-employees)				
а					
b					
-	Accounting	7,360		7,360	
q	Lobbying	7,555	· · · · · · · · · · · · · · · · · · ·	.,	
-	Professional fundraising services. See Part IV, line 17		,		
f	Investment management fees		***		
g	Othor				· · · · · · · · · · · · · · · · · · ·
9 12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses	11,707	10,246	1,262	199
14	Information technology	11/10/	10,240	1,202	
15					
16	· · · · · · · · · · · · · · · · · · ·	36,241	31,168	4,349	724
	Occupancy	2,207	2,207	7,349	127
17 18	Travel	2,201	2,201		
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	-			
19 20		7,624	6,557	915	152
20 24	Interest	7,024	6,337	913	132
21	Payments to affiliates	11,329	9,744	1,357	228
22	Depreciation, depletion, and amortization	11,329	9,144	1,337	220
23	Insurance	·	6 1007		
24	Other expenses. Itemize expenses not	•			
	covered above. (Expenses grouped together	1			
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below.)			1	
а	DIRECT PROGRAM COSTS	19,650	19,520	130	· · · · · · · · · · · · · · · · · · ·
a b	VEHICLE EXPENSE	8,246	8,246		
c	MISCELLANEOUS	5,971	4,725	1,246	
d	OFFICE SUPPLIES	4,320	4,104	130	86
	DIRECT MAIL EXPENSE	2,713	3,103		2,713
e f	All other expenses	2,089	1,600		489
-		282,508	252,742	22,340	7,426
25	Total functional expenses. Add lines 1 through 24f	202,300	434,144	22,340	1,420
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation		[l l	

Part	X Balance Sheet	INC.	39-1640241	-	Page 11
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		56,010	1	146,667
2	Savings and temporary cash investments		1,110	2	1,121
3	Pledges and grants receivable, net			3	
4				4	
5	Receivables from current and former officers, directors, t				
	employees, and highest compensated employees. Comp				
	Schedule L			5	
6	Receivables from other disqualified persons (as defined	under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(
	Part II of Schedule L	• •		6	
\$ 7	Notes and loans receivable, net			7	
Assets	Inventones for sale or use			8	
ă a	Drangid evanges and deferred charges			9	
10:	Prepaid expenses and deterred charges Land, buildings, and equipment: cost or				
'0"	other basis. Complete Part VI of Schedule D	10a 481,69	13		
١,		10ь 157,67		10c	324,023
11	Less: accumulated depreciation Investments—publicly traded securities			11	
12	Investments—other securities. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		12	•
13	Investments—program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		13	
14				14	
15	Intangible assets Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34	· · · · · · · · · · · · · · · · · · ·	392,471	16	471,811
17	Accounts payable and accrued expenses			17	
18				18	
19	Grants payable			19	
20	Deferred revenue Tax-exempt bond liabilities			20	
1	Escrow or custodial account liability. Complete Part IV of	Schodula D		21	
Liabilities 12 2	Payables to current and former officers, directors, trustee				
ξ "	employees, highest compensated employees, and disqua	-		ı	
<u>ia</u>			İ	22	
	persons Complete Part II of Schedule L		279,681	23	15,955
23	Secured mortgages and notes payable to unrelated third	parties	273,001	24	13,333
24	Unsecured notes and loans payable to unrelated third pa	irues	3,388		2,639
25	Other liabilities. Complete Part X of Schedule D		283,069		18,594
26	Total liabilities. Add lines 17 through 25		203,003	-20	
š	Organizations that follow SFAS 117, check here	K and		I	
Ĕ	complete lines 27 through 29, and lines 33 and 34.		109,402	27	453,217
<u>e</u> 27	Unrestricted net assets		109,402		433,211
m 28				28	
E 29	Permanently restricted net assets	· · · · · · · · · · · · · · · · ·		23	
<u> </u>	Organizations that do not follow SFAS 117, check her			I	
٥ ١	and complete lines 30 through 34.		a0 1		
S 30		, .E.m.d		30	
88 31	Paid-in or capital surplus, or land, building, or equipment	TUNO		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or		109,402	32	453,217
호 33	Total net assets or fund balances			33	471,811
Z 34	Total liabilities and net assets/fund balances		392,471	34	4/1,011

Form **990** (2009)

<u>Forn</u>	1990 (2009) THE NEIGHBORS' PLACE, INC. 39-1640241		Pa	ge 12
Pa	art 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	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	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 forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (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) 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

Name of the organization

THE NEIGHBORS' PLACE. INC

Employer identification number 39-1640241

	******			112 - 011201	W IMCE, INC.					1 33		<u> </u>		
P	art i	Reas	on for Pu	blic Charity	Status (All organization	ns must c	<u>complete</u>	e this p	oart.) S	ee in	structi	ons.		
The	orga	nization is not	a private fou	ndation because	e it is: (For lines 1 through 11,	check only	one box.)							
1		A church, co	nvention of cl	hurches, or ass	ociation of churches described	in section	170(b)(1)	(A)(i).						
2		A school des	cribed in sec	tion 170(b)(1)(/	A)(ii). (Attach Schedule E.)									
3					ce organization described in s	ection 170(I	o)(1)(A)(ii	i).						
4		A medical re	search organ	ization operated	d in conjunction with a hospital	l described i	n section	170(b)(1)(A)(iii)	. Enter t	the hosp	oital's name,		
		city, and stat	_	•	,						·	•		
5		•		for the benefit c	of a college or university owner	d or operate	d by a gov	vernmen	tal unit d	lescribe	ed in			
Ť	ш	_		(Complete Part		a or operate	a 5, a go							
6				•	•	coction 170	/b\/4\/A\/							
	X				overnmental unit described in				m tho a	onorol r	ublio			
7	•	-			substantial part of its support f	tom a gover	illientai t	init or it	iii uie g	enerai p	Jublic			
					omplete Part II.)									
8	\vdash				70(b)(1)(A)(vi). (Complete Par									
9		•		•	1) more than 33 1/3 % of its su				•		-	5		
		•			npt functions—subject to certain	· -								
					nd unrelated business taxable				from bus	inesse	S			
		-			0, 1975. See section 509(a)(2									
10	Щ	•	•	•	exclusively to test for public sa	-								
11		-	-	-	exclusively for the benefit of, to	•			_					
					ed organizations described in						ction			
		509(a)(3). Ch	eck the box t	hat describes th	he type of supporting organiza	tion and con	nplete line	s 11e th	rough 1	1h				
	_	a Type		Type II	c Type III–Function			ď		e III–Ot	her			
е					anization is not controlled direc									
		persons othe	r than founda	ition managers	and other than one or more pu	iblicly suppo	rted orga	nizations	describ	ed in se	ection			
		509(a)(1) or s	section 509(a	ı)(2).										
f		If the organiz	ation receive	d a written dete	rmination from the IRS that it i	s a Type I, T	ype II, or	Type III	supporti	ng				
		organization,	check this bo	эx							_			
g		Since August	t 17, 2006, ha	as the organizat	tion accepted any gift or contril	bution from a	any of the	,						
		following per	sons?											
		(i) A persor	n who directly	or indirectly co	ontrols, either alone or together	with persor	s describ	ed in (ii)					Yes	No
					f the supported organization?							11g(i)		
		, .			ped in (i) above?							11g(ii		
		• •		*	described in (i) or (ii) above?			•• •	•	•	- •	11g(ii		
h				,	he supported organization(s).			- •	• • • •	•				
'n	Nam	e of supported		i) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	Is the	(vii) An	nount of	
(.,		anization	\ <u>`</u> "	,	(described on lines 1–9	1	sted in your	the organ	nızatıon in	organizat	tion in col		port	
					above or IRC section	governing	document?		of your port?		zed in the S?			
			i		(see Instructions))	Yes	No	Yes	No	Yes	No			
					 	 100	1.10	100	 	100	'''			
_			<u> </u>	 			 							
			Ì			į					1			
								 	 -					
					·				 					
									<u> </u>		 			
]	}				
														
Tata			1		I .	I	4	ŧ	ł		i 1			

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

Sche	edule A (Form 990 or 990-EZ) 2009 THE	E NEIGHBOR	S' PLACE,	INC.	39-	-1640241	Page 2
P	Support Schedule for O (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support	ecked the box c	71 III 0, 7, 01	O OI Fait i.j	· · · · · ·		
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	168,927	190,375	220,386	237,318	523,426	1,340,432
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	168,927	190,375	220,386	237,318	523,426	1,340,432
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				:		
6	Public support. Subtract line 5 from line 4 .						1,340,432
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	168,927	190,375	220,386	237,318	523,426	1,340,432
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	354	356	458	259	638	2,065
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	53,224	50,106	56,323	52,864	70,566	283,083 1,625,580
12	Gross receipts from related activities, etc. (see instructions)	······································			12	60,560
13	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	organization's first, s				—	>
<u> </u>		· ·		n)		14	82.46%
14	Public support percentage for 2009 (line 6,			^{†))}		· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage from 2008 Sche				400		79.84%
16a	33 1/3 % support test—2009. If the organi			, and line 14 is 33	1/3 % or more, che	CK this dox	⊾ 👿
	and stop here. The organization qualifies a						► X
b	33 1/3 % support test—2008. If the organi				is 33 1/3 % or more	e, check this	
	box and stop here. The organization qualit						
17a	10%-facts-and-circumstances test—2009	•					
	more, and if the organization meets the "fa			-		/ how the	
	organization meets the "facts-and-circumst	-	•		_		. •
b	10%-facts-and-circumstances test—2008	•					
	more, and if the organization meets the "fac			~			
	organization meets the "facts-and-circumst						🏲 📙
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see in	structions	. ▶ ∟

DAA

Page 3

Schedule A (Form 990 or 990-EZ) 2009 THE NEIGHBORS' PLACE, INC. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	;				-	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u></u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year						
С	Add lines 7a and 7b						·
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					,	***
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	l				
4	First five years. If the Form 990 is for the c	•	second, third, four	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here		<u> </u>	<u></u> -	 	·	▶
Sec	tion C. Computation of Public Su		-				
5	Public support percentage for 2009 (line 8,	• • •	•	(f))		15	%_
6	Public support percentage from 2008 Sche				· ·	. 16	%
Sec	tion D. Computation of Investmen						
7	Investment income percentage for 2009 (lin	ne 10c, column (f) o	divided by line 13, o	column (f))		. 17	%_
8	Investment income percentage from 2008 S		-			. 18	
9a	33 1/3 % support tests—2009. If the organ						. —
	17 is not more than 33 1/3 %, check this bo		_				▶
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check the	-	-				▶
0	Private foundation. If the organization did	not check a box or	ı line 14, 19 <u>a, or 19</u>	b, check this box a			▶
AA					Sch	edule A (Form 990	or 990-EZ) 2009

Schedule /	A (Form 990 o	r 990-EZ) 200	9 THE 1	NEIGHBORS	' PLACE,	INC.		39-164024	11	Page 4
Part IV	Suppl	emental In	formation.	Complete thi	s part to prov	ide the exp		uired by Part II nation. See ins	, line 10;	
PART	TT T.T	NE 10 -	- OTHER	INCOME D	ETATT.					
		-				••				
MISC	SPECIA	L EVEN	rs		\$.	. 283,0	8.3			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public Inspection

39-1640241 THE NEIGHBORS' PLACE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (dunng year) 2 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 THE NEIGHE	30RS'	PLACE,	INC.		<u>39-164</u>	0241		Pa	age 2
	ert III Organizations Maintaining	Collect	ons of Art,	Historical Tre	asures, or	Other Si	milar Assets (d	ontinu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	, and othe	er records, che	ck any of the follow	ing that are a	significant u	ise of its			
а	Public exhibition		d Loan	or exchange progr	rams					
b	Scholarly research		e Othe	-						
c	Preservation for future generations		• <u> </u>	·						
4	Provide a description of the organization's colle Part XIV.	ections an	d explain how	they further the org	anızation's ex	empt purpo	se in			
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive do e maintai	nations of art, I	historical treasures, the organization's o	, or other simi	lar · · ·		Ye	s [No
Pa	IV Escrow and Custodial Arrai	ngemei	nts. Comple	te if the organ	ization ans	wered "Y	es" to Form 99	0, Part		
	Is the organization an agent, trustee, custodian					·+	 			
та						, ,		Ye		No
	included on Form 990, Part X?								• L_	,
D	If "Yes," explain the arrangement in Part XIV an	ia comple	te the lollowing	j labie.				Amount		
							1c	7 1110 2110		
C	Beginning balance						1d			
d						• •	1e			
e	Distributions during the year						1f			
f	Ending balance					•			_ [1
	Did the organization include an amount on Form	n 990, Pa	int X, line 217			• • •		Ye	s <u>∟</u>	No
	If "Yes," explain the arrangement in Part XIV.	to if on		nawarad "Vas"	" to Form (000 Port	IV line 10			
Pa	rt V Endowment Funds. Comple						(d) Three years back	(e) Four	Veare	hack
		(a) C	urrent year	(b) Pnor year	(c) Two y	ears back	(u) Tillee years back	(6) 1 001	years	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,				1					
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L.			l					
2	Provide the estimated percentage of the year e	nd baland	e held as.							
а	Board designated or quasi-endowment ▶		%							
b	Permanent endowment ▶		_							
С	Term endowment ▶ %									
	Are there endowment funds not in the possessi	on of the	organization th	at are held and adr	ministered for	the		_		
	organization by:		ū						Yes	No
	(i) unrelated organizations							3a(i)		
	(9) and the disconnections							3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations li			edule R?				3b		
4	Describe in Part XIV the intended uses of the o									
	irt VI Investments—Land, Buildin				90. Part X	line 10.				
	Description of investment	1	ost or other basis			(c) Accu	mulated	(d) Book	value	
	2000 past of all sources.	1 ''	investment)	basis (ot		depred				
	Lond	 			2,800				52,8	800
	Land	 			, 2,000					
	Buildings	<u> </u>								
	Leasehold improvements									
	Equipment									
	Other	15. 1	00 D- ()	(D) 1 = 40(1)					52,	800
Total	r and lines 12 through 14 /L'Ollimh (d) milst edil	iai rorm s	INU PATX COL	umn ist line 10(C).	1		▶		, '	$\neg \cdot \circ \circ$

Schedule D (Form 990) 2009 THE NEIGHBORS' PLACE,	INC.	39-1640241	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
Financial denvatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	l
		Cost or end-of-year market	value
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(E) Book value
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		<u></u> ▶ <u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 2	<u>5. </u>		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
FED/FICA W/H TAX PAYABLE	1,941		
WISCONSIN W/H TAX PAYABLE	397		
SUTA TAX PAYABLE	279		
UNITED WAY PLEDGES PAYABLE	22		
<u> </u>			
·	1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,639		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organic	zation's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48.			

$\overline{}$	dule D (Form 990) 2009 THE NEIGHBORS PLACE, INC.			-164024		Page 4
P	Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	cial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	626,322
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	282,508
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	343,814
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities				5	
6	Investment expenses			•••	6	
7	Dries period editestments			•••	7	
8	Other (Describe in Part XIV.)		•	,	8	1
9	Tatal adjustments (not). Add trace Athenrich 0	· ·	••		9	1
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	• •			10	343,815
	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Reven	ue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			<u></u>	1	629,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		••	•		
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b			1 1	
c		2c				
		2d		3,190	1 1	
d	Other (Describe in Part XIV.)	_ Zu		3,130	30	3,190
e	Add lines 2a through 2d	• •	• •		2e	626,322
3	Subtract line 2e from line 1	1 ' 1			3	020,322
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b			1.1	
С	Add lines 4a and 4b				4c	606 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5_	626,322
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses per R	eturn	
1	Total expenses and losses per audited financial statements			•	1	285,697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIV.)	2d		3,189		
е	Add lines 2a through 2d				2e	3,189
3	Subtract line 2e from line 1	• • •			3	282,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 [• ••			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4h	75			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• •	•	• •	5	282,508
	rt XIV Supplemental Information	•••••	******		<u> </u>	202,300
	<u> </u>	- 1	1 1. Dod IV	linna 1h	-	
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines					
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	s 2d and	1 4D. AISO CO	mpiete		
-	art to provide any additional information.	OMIT!				
_ 22	RT XI, LINE_8RECONCILATION_OF CHANGES -	O.H.	E <u>R</u> – –	- - -		
D:	RECT FUNDRAISING EXPENSES			\$		<u>3,190</u>
D	RECT FUNDRAISING EXPENSES			<u>\$</u>		<u>3,189</u>
P	RT XII, LINE 2D - REVENUE AMOUNTS INCLUDED	IN :	FINANC	IALS -	OTHE	R
ك	RECT FUNDRAISING EXPENSES			\$		<u> 3,190</u>

Schedule D	(Fo	rm 990	2009	I				HBC				CE,	<u>, I</u>	NC					:	39-	16	40	24	1	_				Page 5
Part XI	٧	Supp	olem	ental	Info	orm	natio	n (co	ontin	ue	d)																		
PART	<u>x</u> :	ΞΙ,	ΓI	NE_	2 <u>D</u>	<u>=</u>	EX	PEN	IS <u>E</u>	<u>A</u> l	MOU	NTS	<u> </u>	N <u>C</u>	ក្បា	ΣED	_ I <u>I</u>	<u>y</u> <u>F</u>	'I <u>N</u>	<u>AN</u> C	ΞA	тs		c	<u>T</u> E	ΙEF	₹_		
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_5,50	<u>-</u>	<u> </u>		<u> </u>		=	VE T	1101	_	_	_			_	-	-			_	_			¥	_	-	_	ر ج		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public trispection

Internal Revenue Service

Name of the organization

Department of the Treasury

THE NEIGHBORS' PLACE, INC.

Employer Identification number 39-1640241

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
AFTER THE COMPLETION OF THE AUDIT. THE TAX RETURN IS REVIEWED BY THE
EXECUTIVE DIRECTOR AND THE TREASURER BEFORE IT IS FILED. AFTER IS IS
FILED, IT IS MADE AVAIILABLE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ALL WAGES ARE APPROVED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS THE W-2 FORMS AT THE CLOSE OF EACH YEAR. THE PAYROLL AND RELATED PAYROLL TAX FORMS ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WHICH IS NOT THE FIRM THAT CONDUCTS THE ANNUAL AUDIT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL WAGES ARE APPROVED BY THE BOARD OF DIRECTORS. THE W-2 FORMS ARE

REVIEWED BY THE BOARD OF DIRECTORS AT THE END OF EACH YEAR. THE PAYROLL

AND RELATED PAYROLL TAX FORMS ARE PREPARED BY AN INDEPENDENT ACCOUNTING

FIRM WHICH IS NOT THE FIRM THAT CONDUCTS THE ANNUAL AUDIT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT PREPARES COMPARATIVE AUDITED FINANCIAL STATEMENTS AT THE END OF EACH YEAR. THESE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE LOCAL UNITED WAY AND OTHER ORGANIZATIONS AS REQUESTED. THEY ARE ALSO MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2009

tachment 67

Identifying number Name(s) shown on return 39-1640241 THE NEIGHBORS' PLACE, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010, Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election ... 15 15 10,847 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 482 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in penod only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property 25 yrs. 25-year property S/L Residential rental 27.5 yrs. MM property MM S/L 27 5 yrs MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs 12-year b S/L 40-year 40 yrs. MM C Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 11,329 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 990	1		Specia	al Events	Schedu	ile			2009
rom 930		or calendar year 2009, or to	nding	2009					
Name						<u> </u>		Employer Id	entification Number
THE NEIG	HBORS	' PLACE, INC.						39-164	0241
Gross receipts Less contributi Gross revenue Less direct exp Net income (loss	enses	70,566 0 70,566 3,187 67,379	(B)	0 0 0 0	(C)	0 0 0 0	Others	0 0 0 0	Total 70,566 0 70,566 3,187 67,379
	(A) (B) (C) Others	MISC SPECIAL	EVENTS	-					
					_				

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\$ 570	68 05/Ç4/2010 3 24 PM										
9	90 / 990-PF			ner Notes Payable		2009					
L Nam	<u></u>	For calendar year 2009	, or tax year beginning	, and ending	Employer Identif	ication Number					
	.•				Linployer identi	ication (tumpe)					
T	HE NEIGHBORS	PLACE, INC.			39-16402	41					
F	ORM 990, PART	r X, LINE 23	- ADDITIONAL	INFORMATION							
				T							
(1)	CITY OF WAUS	Name of lender SAU, WI		NONE Relationship to	disqualified person						
(2)	INTEGRITY F			NONE							
(3)	RIVER VALLEY	BANK		NONE							
<u>(4)</u>											
(5)				 							
(6) (7)				 							
(8)		····		 							
(9)											
(10)		·····									
		·····	T		·····						
	Original amount	5	Maturity			Interest					
(1)_	borrowed 59,83	Date of loan 3 12/31/99	date 12/31/14	Repayment terms \$3,989 PER YEAR		rate					
(2)	251,23		12/15/11	40,000 YEAR PLUS	INTEREST	6.500					
(3)	8,50	0 07/24/08	07/02/09	AT MATURITY		6.000					
(4)											
<u>(5)</u>											
(6)			ļ			-					
(7)			 	 							
(8) (9)			 	 							
(10)			 	<u> </u>		 					
			•								
		urity provided by borrower		Purpose	of loan	 					
(1)	REAL ESTATE			PURCHASE BUILDING							
(2) (3)		NESS SECURITY	Y AGREEMENT	PURCHASE BUILDING CURRENT OPERATIONS							
(4)					<u> </u>						
(5)											
<u>(6)</u>											
<u>(7)</u>				<u> </u>							
(8)											
(9) (10)			 								
1.07.	······································	······································									
	······			Balance due at	Baland	e due at					
	Considera	tion furnished by lender		beginning of year		of year					
(1)				19,944	 	15,955					
(2)				251,237 8,500	 						
(<u>3</u>)				8,300							
(4) (5)					+						
(6)											
(7)											
(8)			- 		 						
(9)				<u> </u>							

279,681

15,955

(10)

Totals