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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

Department of the Treasury Internal Revenue Service

Depa Inter	rtment nal Revi	of the Treasury enue Service		► The organization may have to use a copy of this return to satisfy state reporting	g requirements	Ope	n to Public Ins	pection		
	For th	ne 2009 calend	dar year, o	or tax year beginning , 2009, and ending		,				
В	Check i	f applicable		C Name of organization	D Employ	er Identii	fication Number			
	Ad	Idress change	Please use IRS label	NEIGHBORHOOD INVESTMENT CORPORATION	42-	15222	241			
	Na	ime change	or print or type	Number and street (or P O box if mail is not delivered to street addr) Room/suite	e <b>E</b> Telepho	ne numb	er			
	Ini	itial return	See specific	1620 PLEASANT STREET	(515) 288-0715					
	Те	ermination	Instruc- tions	City town or country State ZIP code + 4						
	An	mended return		DES MOINES IA 50314	G Gross r	eceipts \$	120,151			
	☐ Ap	plication pending	F Name a		(a) Is this a group retur		rates? Yes	Х ио		
			JACK P	ORTER 815 - 18TH STREET DES MOINES IA 50314	(b) Are all affiliates incl If 'No,' attach a list		ructions) Yes	∐ No		
<u> </u>	Tax	-exempt statu		(c) (3 ) (insert no) 4947(a)(1) or 527		•	,			
<u>J</u>	Wel	bsite: ► N/			(c) Group exemption nu	ımber 🏲	· 			
K		of organization	X Corpora	ation Trust Association Other ► L Year of Formation	1 2003 Ms	tate of le	egal domicile IA			
Pa		Summa			<del></del> _		<del></del>			
	1				N_ALTERNATE	SCH	OOL FACII	-T.T.A		
č				AT NO_COST_(70%_OF_GROUND_FLOOR)_AND_OFFI CILITY FOR NON-PROFIT ENTITIES AT A NOMIN			<b>-</b>	~ <del>-</del>		
пaг		CONFEREN	CE FAC	LILITI FOR NON-PROFIL ENTITLES AT A NOMIN	WT COST		<del></del> -			
Ve	2	Check this bo	× > []	If the organization discontinued its operations or disposed of more	 than 25% of its as	– – – - sets				
ŏ				bers of the governing body (Part VI, line 1a)		3	3			
Se			•	voting members of the governing body (Part VI, line 1b)		4 (	<del></del>			
ξ				yees (Part V, line 2a)		5 (				
Activities & Governance				eers (estimate if necessary) usiness revenue from Part VIII, Icolumn (C), ine 12		6 5 7a	5	0.		
•		_		taxable income from Form 990-T, line 34		7 b		<u> </u>		
_		1101 4111 014104		taxasio incomo montro ovin 550 1, mile o 1	Prior Year		Current Y	ear		
	8	Contributions	and gran	ts (Part VIII, line 1h)	13,5	00.		,945.		
Revenue			_	ue (Part VIII, line 2g)	181,8			,455.		
eve		-		rt VIII, column (A), lines 3, 4, and 7d)	16,0	35.	15	,751.		
ď				I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
				nes 8 through \(\frac{1}{11}\) (muss quasifer \(\frac{1}{11}\) (column (A), line 12)	211,3		120	<u>,151.</u>		
				ounts paid (Part IX column (Attaines 13)		0.		500.		
	14	Benefits paid	to or for i	nembers (Part X, column (A), line 4) Isalion, employee peneng (Pat IX, all In A), lines 5-10)			<del> </del>			
es				11.471						
Expenses				g fees (Part IX coumn (A), line 11e)	<del></del>	-				
쭚				ises (Part IX, column (D) Line 25 1 1 1 0 .						
		•	•	X, column (A), intes in a file, 111-24f)	79,3			<u>,391.</u>		
		•		nes 13-17 (must equal Part IX, column (A), line 25)	79,3			<u>,891.</u>		
	19_	Revenue less	expenses	Subtract line 18 from line 12	131,9			<u>,260.</u>		
Net Assets or Fund Balancos					Beginning of Y		End of Ye			
Balc		Total assets (		· ·	1,276,4		1,324			
Net		Total liabilitie	•	·	92,4			,198.		
	22 rt		ure Bloc	nces Subtract line 21 from line 20	1,184,0	30.[	1,235	, 290.		
<u></u>					needs and to the best o	f my kno	wledge and heliaf	ut us		
		true, correct, a	ind complete	I declare that I have examined this return, including accompanying schedules and statem Declaration of dreparer (other than officer) is based on all information of which prepare	r has any knowledge		wiedge and belief,	11 15		
Sig	ın		100	What her Dest Dest NIC	X 8/	9/1	o lo			
He	re	Signature	of officer	Con Da-	Date	7				
		<b>Y</b> -	MCK	C. PORTER, PRESIDENT NIC	_					
_		Type or pr	int name and							
<b>D</b> -	1		_	Date	Check if self	Pre (se	eparer s identifying e instructions)	number		
Pa Pre		Preparer's		1000 0 000 000 007/30/10	employed ►					
	rer's	signature		1 107/30/10						
Üs	е	Firm's name (i		·						
On	ly	employed), address, and		0 WESTOWN PKWY STE 130	EIN ►	1535				
Ma-	the "	ZiP + 4		I DES MOINES IA 50266	Phone no	(515		-		
ivia	une fi	กอ นเรตนรร ไท	ıs return v	vith the preparer shown above? (see instructions)			X Yes	No		

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

Form **990** (2009)

TEEA0101 07/20/09

Form 990 (2009) NEIGHBORHOOD INVESTMENT CORPORATION	42-1522241	Page 2
Part III Statement of Program Service Accomplishments		
Briefly describe the organization's mission		-
PROVIDE AN ALTERNATE SCHOOL FACILITY		
FOR 10 YEARS AT NO COST (70% OF GROUND FLOOR) AND OFFICE SPACE	- <b> </b>	
CONFERENCE FACILITY FOR NON-PROFIT ENTITIES AT A NOMINAL COST.		
CONFERENCE FACILITY FOR NON-PROFIT ENTITIES AT A NOMINAL COST.		
	lle en en en	
2 Did the organization undertake any significant program services during the year which were not listed on t		
Form 990 or 990-EZ?	Yes X	No
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 servi	ices? Yes X	No
If 'Yes,' describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest program services to	by expenses Section 501(c)(3	3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocations to others, the total	
expenses, and revenue, if any, for each program service reported		
4a (Code) (Expenses \$ 68,443. including grants of \$ 1,945.)	(Revenue \$ 139,8	314.)
PROVIDE AN ALTERNATE SCHOOL FACILITY FOR 10 YEARS AT NO COST (70		
GROUND FLOOR) AND OFFICE SPACE & CONFERENCE FACILITY FOR NON-PRO		
DUMENTO AND A MONTHAL COOM		
ENTITIES AT A NOMINAL COST.	- <b></b>	
	<b></b>	
	<b></b>	
<b>4b</b> (Code) (Expenses \$ including grants of \$)	(Revenue \$	)
	- <b></b>	
		- <b>-</b>
		<del>-</del>
	<del></del>	
		<b>-</b>
4c (Code) (Expenses \$ including grants of \$)	(Revenue \$	``
γ (25000 ) (Expenses φ including grants or φ)	(πονοιίας φ	
	<b></b>	
	<b></b>	
	• • • • • • • • • • • • • • • • • • •	
Ad Other program aggrees (Passacha et Cabadula O.)		<del></del>
4d Other program services (Describe in Schedule O )	_	
(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>	
4e Total program service expenses ► 68,443.		

			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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
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 I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		x
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		х
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		х
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  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	b 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		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		х
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		х
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		х
	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	<u> </u>	<u> </u>

Checklist of Required Schedules (continued)

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 Х 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 Х 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 Schedule J 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 24a Х 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 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 25 a Х 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 26 X 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 27 Х Schedule L, Part III 28 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV 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 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х **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 36 Х 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 38 X Note. All Form 990 filers are required to complete Schedule O

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Part IV

Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 0 Information Returns Enter -0- if not applicable 1a 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 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 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2<sub>b</sub> 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 Х 3 a this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х 5 b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х **7** q g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a 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 ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form 990 (2009)

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.

Sec	ction A. Governing Body and Management	· <del> · · · · · · · · · · · · · · · · ·</del>								
	vient in accounting weary and management		Yes	No						
1 a	a Enter the number of voting members of the governing body									
t	b Enter the number of voting members that are independent 1b 0									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	other 2		х						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its organizational documents	4		Х						
_	since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?									
		5		X						
	a Does the organization have members of stockholders, or other persons who may elect one or more members of the									
	governing body?	7a		X						
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	İ	<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye the following	ar by								
ā	a The governing body?	8a	_	<u> </u>						
ŧ	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х							
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	ction B. Policies (This Section B requests information about policies not required by the	Internal								
Reve	venue Code )		V	N <sub>2</sub>						
10.	a Does the organization have local chapters, branches, or affiliates?	10 a	Yes	No X						
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with those of the organization?	106	7,							
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 11	Х							
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 to Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		х						
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124								
	to conflicts?	12b								
(	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' described Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13	ļ	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 independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
ä	a The organization's CEO, Executive Director, or top management official	15a	ļ	X						
ŀ	b Other officers of key employees of the organization	15b		Х						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )									
16 a	ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	taxable 16a		х						
ŀ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its parti- in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's e- status with respect to such arrangements?	cipation xempt 16b								
Sec	ction C. Disclosures									
	List the states with which a copy of this Form 990 is required to be filed >									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) inspection. Indicate how you make these available. Check all that apply	s only) available	for pu	iblic						
	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 intestatements available to the public	rest policy, and	fınanc	ıal						
	State the name, physical address, and telephone number of the person who possesses the books and records of  NELDA BARROW MICKLE 1620 PLEASANT DES MOINES ID 50312	the organization (515)		0715						
		\		-==						

Page 7

Form 990 (2009)

BAA

42-1522241

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee (E) (F) (A) (c) Position (check all that apply) Average Reportable compensation from the organization (W 2/1099 MISC) Estimated Name and Title Reportable compensation from related organizations (W 2/1099 MISC) amount of other compensation from the hours Offi-i per week institutional trustee عطيمات الماجروة erriployee emphyee est care organization and related organizations ζ ensaled JACK PORTER PRESIDENT 5.00 X 0 0 0. DAVID MOWITZ TREASURER 5.00 0. 0. X 0. CARL VOSS SECRETARY 5.00 X 0 0. 0.

TEFA0107 11/10/09

Part VII   Section A. Officers, Directors, Trus	(B)		<u></u>		c)	<del>00,</del>	<u> </u>	(D)	(E)		(F)	11.7
Name and Title	Average	verage Position (check all that apply)						Reportable compensation from	Reportable compensation from	Estimated		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	cor or a	ount of observation of observation of the ganization of related ganization	on d
	-											
										<u> </u>		
	-											
	-											
1 b Total							_	0.	0		<del></del> -	0.
2 Total number of individuals (including but not limited	to those	e list	ted a	abov	/e) \	who	rece	eived more than \$	100,000 in reporta	ible comp	ensatio	on
from the organization						-					Yes	No
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, k	ey e	mpl	oye	e, or	r hig	hest compensated	l employee	3		х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com ),00(	pen )? <i>II</i>	satı F <i>'Ye</i>	on a	ind o	other <i>lete</i>	r compensation fro Schedule J for su	om ch	4		x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch.	mpensa	ation	froi	m aı	ny u	nrel	ated	organization for s	services	5		x
Section B. Independent Contractors	cauje 5	101 3	ucri	per	3011							
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent c	conti	ract	ors t	that	received more tha	n \$100,000 of			
(A) Name and business addres	s							Description of	) of Services	Comp	(C) ensatio	ın
	_											
					_							
2. Total number of independent in the first firs	vit set!			, jh.		101-	d a-	ovo) who recome	I mara than			
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out HOL II	mile	;u (0	, ti 10	ise i	יטנט(	u a0	ove) who received	iniore triair			

	· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a		revenue	<del> </del>	312, 313, 01 314
STS	1a Federated campaigns     1a       b Membership dues     1b				
A S					
AR.					
55	d Related organizations  e Government grants (contributions)  1 e				
SIS	e Government grants (contributions)				
PROGRAM SERVICE REVENUE   CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 1,945.				
ES	g Noncash contribns included in lns 1a-1f \$				
8 ₹	h Total. Add lines 1a-1f	1,945.			
Ä	Business Code				
E	2a				
Ä.	b	<del></del>			
<u>چ</u> ا	c	<del>.</del>			
SE	d				
RAN	e		100 155		
စ္တ	f All other program service revenue	102,455.	102,455.	0.	0.
-	g Total. Add liftes Za-Zi	102,455.		<del></del>	
	3 Investment income (including dividends, interest and other similar amounts)	15,751.	15,751.	0.	о.
	4 Income from investment of tax-exempt bond proceeds	15,751.	13,731.	<u> </u>	<u> </u>
	5 Royalties				
	(i) Real (ii) Personal				<u> </u>
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(v) Securities (vi) Other				
	7a Gross amount from sales of assets other than inventory				
	, <u> </u>				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
UE	8a Gross income from fundraising events				
	(not including \$		1		
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18				
Ë	b Less direct expenses b				
6	c Net income or (loss) from fundraising events		:		
	9a Gross income from gaming activities				
	b Less direct expenses c Net income or (loss) from gaming activities				
		<u> </u>			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11 a				
	<u> </u>				
		-			-
	d All other revenue				
l	e Total. Add lines 11a-11d				_
	12 Total revenue. See instructions	120.151.	118.206.	0.	0.

Part IX Statement of Functional Expenses

BAA

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).												
Do 1	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	500.	500.										
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 5	Benefits paid to or for members 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												
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)												
ä	Management												
ŀ	Legal												
(	Accounting	2,640.	2,640.	0.	0.								
(	<b>1</b> Lobbying												
•	Prof fundraising svcs See Part IV, In 17												
1	Investment management fees												
9	g Other												
12	Advertising and promotion												
13	Office expenses	273.	273.	0.	0.								
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	6,279.	6,279.	0.	0.								
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	11,987.	11,987.	0.	0.								
23	Insurance	3,092.	3,092.	0.	0.								
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )												
ä	UTILITIES & MAINTENANCE	39,989.	39,989.	0.	0.								
ı	TELEPHONE	1,618.	1,618.	0.	0.								
•	SUPPLIES	746.	746.	0.	0.								
•	MISCELLANEOUS	72.	72.	0.	0.								
•	PROPERTY TAXES	1,660.	1,660.	0.	0.								
1	All other expenses	35.	35.	0.	0.								
_25	Total functional expenses. Add lines 1 through 24f	68,891.	68,891.	0.	0.								
26	Joint costs. Check here ► if following												

SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)

Form 990 (2009)

BAA

**Balance Sheet** Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 36,590 1 38,903. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 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 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 9,991 7 9,991. Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 272,060. Complete Part VI of Schedule D 10b 189,115. 10 c **b** Less accumulated depreciation 70,244 201,816. 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 1,073,778. 1,040,762. 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 1,276,458. 16 1,324,488. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 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, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 92,428 23 23 Secured mortgages and notes payable to unrelated third parties 89,198. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 92,428. 89,198. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 1,184,030. 27 1,235,290. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,235,290. 1,184,030. 33 34 Total liabilities and net assets/fund balances 1,276,458. 34 1,324,488.

TEEA0111 01/30/10

# Form 990 (2009) NEIGHBORHOOD INVESTMENT CORPORATION Part XI | Financial Statements and Reporting

ratt Al Tinancial 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		<u>X</u> _				
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u> _				
c 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?							
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 issu consolidated basis, separate basis, or both	ed 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 forth in the Audit Act and OMB Circular A-133?	Single 3a		х				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit 3b						

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545 0047

Name	lame of the organization  NEIGHBORHOOD INVESTMENT CORPORATION  42-1522241																						
NEI																				522241			
Par	1	Rea	aso	n for F	<u>ub</u>	olic (	Char	ity Sta	<u>atu</u>	s (A	ll org	anız	zatıor	า <u>ร</u> ท	<u>nust c</u>	comple	ete this	part.	) See	<u>instruct</u>	ions		
The c	rgan	ıızatı	on is	not a p	rıva	ate fo	oundat	ion bed	aus	e it is	(For	lines	s 1 thr	ough	11, cl	neck on	ly one b	ox)					
1		A ch	urch	, convei	ntior	n of d	church	es or a	ISSO	ciatio	n of c	hurch	nes de	scrib	oed in s	section	170(b)(1	I)(A)(ı).					
2	П	A sc	hool	describ	ed II	n se	ction <sup>1</sup>	170(b)(	1)(A	(ii).	(Attac	h Sc	hedule	E)									
3	П	A ho	spita	l or coc	pera	atıve	hospi	ital serv	vice	orga	nızatıc	on de	scribe	d in	sectio	n 170(b	)(1)(A)(ii	i <b>).</b>					
4	П	A m	edica	il resea	rch d	orgai	nızatıc	n oper	ated	d in co	onjunc	tion	with a	hosp	pital de	escribed	ın sect	ion 170	(b)(1)(A)	(iii) Ente	er the hos	pital's	
				ty, and																			
5		An o <b>170(</b>	rgan <b>b)(1)</b>	ization (A)(iv).	oper (Cc	rated omple	for the tee Pa	ne bene irt II )	fit c	of a co	ollege	or ur	niversi	ty ov	wned o	r opera	led by a	governi	mental ı	ınıt descr	ibed in s	ection	
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)																						
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )																						
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after																						
	June 30, 1975 See section 509(a)(2). (Complete Part III )																						
10	10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).																						
11	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h																						
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other																						
е	_	By c than 509(	four	idation i	box man	k, I ce nager	ertify t s and	hat the other t	org han	anıza one	ition is or mo	s not re pu	contro ablicly	olled supp	directl orted	y or ind organiza	rectly b ations di	y one or escribed	r more o I in sect	lisqualifie ion 509(a	ed persor a)(1) or se	ns othe ection	r
f				anızatıc s box	n re	eceiv	ed a v	vritten (	dete	ermina	ation fi	rom t	the IRS	S tha	at is a	Type I,	Type II o	or Type	III suppo	orting org	anızatıon	,	
g		Sinc	e Au	gust 17	, 200	06, r	nas the	e organ	ızat	ion a	ccepte	d an	y gıft	or c	ontribu	tion fro	m any o	f the foll	lowing p	ersons?			
																				()		Yes	No
		(1)	a p bel	erson w ow, the	no d aovi	airec ernir	itly or na bod	indirect v of the	ily c e su	ontro	is, eitr ed ora	ner al Ianiza	ione o ation?	r tog	etner v	with per	sons de	scribed	ın (II) ar	na (III)	11 g (i)	,	
		(ii)		amily m	_		_	-			-										11 g (ii		$\top$
		٠,		5% con										ahov	/e?						11 g (n		+-
h		• •		he follo			-	•													1	·/	
		Name		pported		9	(II) E			(III (d	•	of orga d on lir r IRC s	nization nes 1 9 section		(iv) organizat (i) listed gove	is the non in cold in your traing	the organ	you notify nization in (i) of upport?	lorganiza	Is the tion in collized in the S ?	(vii) Amo	ount of S	upport
	_														Yes	No	Yes	No	Yes	No			
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					$\frac{1}{1}$								<del></del>					<u> </u>	<u> </u>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
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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

Schedule A (Form 990 or 990-EZ) 2009 NEIGHBORHOOD INVESTMENT CORPORATION 42-1522241

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

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I	)					
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	3,627.	7,303.	500.	13,500.	1,9	45.	26,875.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3	3,627.	7,303.	500.	13,500.	1,9	45.	26,875.	
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)								
	Public support. Subtract line 5 from line 4					· · <del>-</del>		26,875.	
Sec	tion B. Total Support	<del></del>	<del></del>						
Cale begi	ndar year (or fiscal year nning in) ►	9	(f) Total 26,875.						
7	7 Amounts from line 4 3,627. 7,303. 500. 13,500. 1,945.								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	51,335.	71,252.	45,914.	120,982.	51, <i>7</i>	60.	341,243.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10							368,118.	
12	Gross receipts from related activi	ties, etc (see inst	ructions)				12		
13	First five years. If the Form 990 organization, check this box and	s for the organizat stop here	ion's first, second	third, fourth, or	fifth tax year as a	section 501	(c)(3)	▶ □	
	tion C. Computation of Pul					<del> </del>	- <u></u>		
	Public support percentage for 200	•	••	11, column (f)			14	7.30%	
15	3					Į	15	8.66%	
	a 33-1/3 support test – 2009. If the and stop here. The organization	qualifies as a publ	icly supported orga	anızatıon				▶ 🗌	
	33-1/3 support test — 2008. If the and stop here. The organization of	qualifies as a publi	cly supported orga	anization				• 📙	
17 a	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-an	ıd-cırcumstances' ∶	test, check this bo	ox and stop here.	Explain in F	Part IV	how	
ı	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-an I-circumstances' t	id-circumstances' est The organiza	test, check this bo tion qualifies as a	ox and <b>stop here.</b> a publicly supporte	Explain in F ed organizat	Part IV ion	how the	
18	Private foundation. If the organiz	ation did not chec	k a box on line, 13	, 16a, 16b, 17a,					
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2009	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I)					
Sec	tion A. Public Support							
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 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)							
Sec	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
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included 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)							
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i	s for the organiza	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)	▶□
Sec	organization, check this box and tion C. Computation of Pul	<del></del>	ercentage	·	<del></del>	<del></del>		
	Public support percentage for 200			13 column (f)			15	%
				: 13, column (1))		}	16	
	Public support percentage from 2 tion D. Computation of Inv						10	70
	Investment income percentage for				nn (f))		17	%
	Investment income percentage for Investment income percentage from			-	III (17)	}	18	
	33-1/3 support tests - 2009. If th	ie organization did	I not check the bo	x on line 14, and	d line 15 is more the	L han 33-1/3%,		
b	more than 33·1/3%, check this bo 33-1/3 support tests – 2008. If the us not more than 33·1/3%, check	e organization did	not check a box	on line 14 or 19a	, and line 16 is me	ore than 33-1	/3%, a	and line 18
20	Private foundation. If the organiz	•	<del>-</del>					

Schedule A	<b>A</b> (Form 990 or 9	90-EZ) 2009	NEIGHBORE	IOOD :	INVEST	MENT	CORPO	ORATION	42-1522241	Page 4
Part IV	Supplemen	tal Informa	tion. Complet	e this	part to p	rovide	e the e	explanation	ns required by Part II, lin information. See instru	ne 10,
	Part II, line	17a or 17b;	and Part III,	line 1	2. Provid	de any	other	additional	information. See instru	ctions.
							<del>-</del> -			
		<b></b> .							<b></b>	
								<b></b>		<b></b> .
	<b></b>	. – – – – -	<b></b>					<b></b> .		
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<b>-</b>		<b></b> -							<b></b>	

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545 0047

2009

Open to Public Inspection

Name	of the organization			Employer Identification number			
				40 1500041			
	IGHBORHOOD INVESTMENT CORPORA		- da a A a a	42-1522241			
Pa	the organizations maintaining Dono	r Advised Funds or Other Similar Fur	ids or Acco	ounts Complete II			
	the organization anowored too t	(a) Donor advised funds	(b) F	unds and other accounts			
1	Total number at end of year	(a) Bonor devises rands	(2):	ariao aria otrio. aoceario			
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 don-		nor advised	☐Yes ☐ No			
6	Lines die die organizatione property, outspect de une organization de la constant						
Pa	rt II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line 7			
1	Purpose(s) of conservation easements held by	the organization (check all that apply)					
2	Preservation of land for public use (e.g., respective protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization	Preservation	of certified his				
	last day of the tax year	·					
				Held at the End of the Year			
	a Total number of conservation easements		2a				
	b Total acreage restricted by conservation easen		2b	·			
	c Number of conservation easements on a certifi	• •	2c				
3	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 tax						
3	vear ►	ransierreu, reieaseu, extinguisrieu, or terrimate	ed by the organ	ilzation during the tax			
4	Number of states where property subject to cor	nservation easement is located ►					
5	Does the organization have a written policy regand enforcement of the conservation easemen	arding the periodic monitoring, inspection, han	— dling of violati	ons, Yes No			
6	Staff and volunteer hours devoted to monitoring during the year •						
7	during the year ►		\$				
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements						
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Sim 8.	ilar Assets			
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furtherar	nt and balance nce of public so	e sheet works of art, historical ervice, provide, in Part XIV,			
I	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a c exhibition, education, or research in furtherar	nd balance sho nce of public so	eet works of art, historical ervice, provide the following			
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>▶</b> \$			
	(ii) Assets included in Form 990, Part X			►\$ ►\$			
2	amounts required to be reported under SFAS 1	16 relating to these items	r financial gai				
i	a Revenues included in Form 990, Part VIII, line	1		<b>*</b> \$			
-	<b>b</b> Assets included in Form 990, Part X			<b>►</b> \$			

Part III   Organizations Mainta	ining Collecti	ons of Art, Histo	ricai Treasures, o	r Other Similar ASS	ets (continued)
Using the organization's acquisition items (check all that apply)	on accession and	other records, check	any of the following th	nat are a significant use o	of its collection
a Public exhibition		<b>d</b> Loan o	or exchange programs		
<b>b</b> Scholarly research		e 🔲 Other			
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV	nization's collection	ons and explain how	they further the organiz	ation's exempt purpose	ın
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be r	naintained as part of	the organization's colle	ection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemer unt on Form S	its Complete if o 990, Part X, line	rganization answe 21.	red 'Yes' to Form 99	30, Part IV, line —————
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or	other intermediary f	or contributions or othe	r assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	omplete the following	g table		<del></del>
					Amount
c Beginning balance				1c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	<del>-</del>
2a Did the organization include an ai		90, Part X, line 21?			Yes No
b If 'Yes,' explain the arrangement		<del></del>	107 11 5 07	20 5 1 1/1 10	
Part V Endowment Funds Co					T
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net Investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance		<u></u>			<u> </u>
<ol><li>Provide the estimated percentage</li></ol>	of the year end	balance held as			
a Board designated or quasi-endow	ment -	%			
<b>b</b> Permanent endowment ►					
c Term endowment >	%				
3a Are there endowment funds not in	the possession	of the organization th	nat are held and admini	stered for the	r
organization by	, <b>F</b>	• · · · • · · <b>9</b> · · · · · · · ·			Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(iı)
b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R?					3b
4 Describe in Part XIV the intended					
Part VI Investments—Land, B	uildings, and	Equipment. See	Form 990, Part X	, line 10.	
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land		4,823.			4,823.
<b>b</b> Buildings		101,177.		18,969.	82,208.
c Leasehold improvements		137,188.		28,925.	108,263.
<b>d</b> Equipment		28,872.		22,350.	6,522.
e Other					
Total. Add lines 1a through 1e (Column	n (d) must equal l	orm 990, Part X, co	lumn (B), line 10(c))	<b>•</b>	201,816.
RΔΔ				Scheo	lule <b>n</b> (Form 990) 2009

Schedule D (Form 990) 2009 NEIGHBORHOOD INVE	<b>42-1522241</b> Page <b>3</b>			
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
	<u> </u>			
		ļ <u>.</u>		
			<u> </u>	
Total (Column (b) must equal Form 990 Part X, col (B) line 12)	000 Dark V	120		
Part VIII Investments-Program Related (See F		line 13)		
(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
EAST VILLAGE DEVELOPMENT	876,214.	Cost	observe and or your market value	
STOCKBRIDGE LP	84,281.		<del></del>	
WOODLAND BRICKSTONES	113,283.	Cost	•	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	1,073,778.			
Part IX Other Assets (See Form 990, Part X,	line 15)			
(a) De	scription	· · · · · · · · · · · · · · · · · ·	<b>(b)</b> Bo	ook value
				<del></del>
				<del> </del>
	<del></del>			
Total (Column (b) much as all Form 2000 Port V and (D) to	- 15)			
Total. (Column (b) must equal Form 990, Part X, col (B), lin Part X Other Liabilities (See Form 990, Part 1		<del></del>	<u> </u>	
<u> </u>	(b) Amount			
(a) Description of Liability Federal Income Taxes	(b) Amount			
rederal income taxes	<del>-   -</del>			
<del></del>		$\dashv$		
		_		
		_		
		<del> </del>		
		<del> </del>		
		_		
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 footnote	te to the organization's	financial sta	atements that reports the organization	's liability
for uncertain tax positions under FIN 48	J			

Schedule D (Form 990) 2009 NEIGHBURHOOD INVESTMENT CORPOR	RATION	42-1522241	raye 4
Part XI Reconciliation of Change in Net Assets from Form 99	30 to Financial Statemen	ts	
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 I	ines 3 and 9		
Part XII   Reconciliation of Revenue per Audited Financial Stat		er Return	
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			
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2 b	<del> </del>	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d	_24	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
	40		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	—— I	
b Other (Describe in Part XIV)	[ 40]		
c Add lines 4a and 4b	10.	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		Dotum	
Part XIII   Reconciliation of Expenses per Audited Financial Sta	atements with Expenses		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
a Donated services and use of facilities	2 a	<b></b>	
<b>b</b> Prior year adjustments	2 b	<del> </del>	
c Other losses	2c		
d Other (Describe in Part XIV)	_2d	<del> </del>	
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	e 18 )	5	
Part XIV   Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line information	9, Part III, lines 1a and 4, Part s 2d and 4b Also complete this	: IV, lines 1b and 2b, Pa s part to provide any add	t V, litional

Schedule D (Form 990) 2009 NEIGHBORHOOD INVESTMENT CORPORATION	42-1522241	Page 5
Schedule D (Form 990) 2009 NEIGHBORHOOD INVESTMENT CORPORATION  Part XIV   Supplemental Information (continued)		
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#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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.

Employer identification number Name of the organization 42-1522241 NEIGHBORHOOD INVESTMENT CORPORATION Pt VI-B, Line 11A THE ORGANIZATION HOLDS A MEETING OF ITS GOVERNING BODY TO GO OVER THE RETURN BEFORE IT IS SIGNED.