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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, and ending

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
North End Neighborhood Association

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO Box 1235

City, town, or country

State

ZIP + 4

Boise

ID

83701

D Employer identification number

82-0341286

E Telephone number

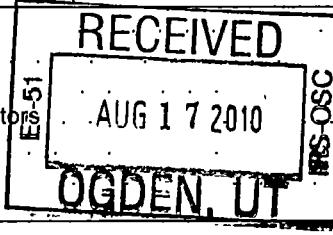
- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method
Other (specify) ► Cash AccrualI Website: ► www.northendboise.orgJ Tax-exempt status (check only one) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 101,527

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

1	Contributions, gifts, grants, and similar amounts received	1	9,970
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	236
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	88,751
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	71,092
b	Less: direct expenses other than fundraising expenses	6c	17,659
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	2,570
8	Other revenue (describe ► Newsletter advertising)	9	30,435
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	4,500
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	3,048
14	Occupancy, rent, utilities, and maintenance	14	644
15	Printing, publications, postage, and shipping	15	6,360
16	Other expenses (describe ► See Attached Statement)	16	11,335
17	Total expenses. Add lines 10 through 16	17	25,887
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,548
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,706
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	55,254



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,706	22
23 Land and buildings		23
24 Other assets (describe ►)	0	24
25 Total assets	50,706	25
26 Total liabilities (describe ►)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,706	27

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

(HTA)

Form 990-EZ (2009)

G5

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

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

What is the organization's primary exempt purpose? Represent the neighbors at city council & preservation meetings
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 FINE grants provide opportunities for neighbors to improve the liveability of the neighborhood and/or promote the historic character and/or education

(Grants \$ 4,500) If this amount includes foreign grants, check here ►

28a

4,500

29 Northend newsletter provides community, civic and historic preservation information to all residents defined in the bylaws

(Grants \$ 0) If this amount includes foreign grants, check here ►

29a

6,131

30 Neighborhood reinvestment grant received for LED street lighting retrofit

(Grants \$ 0) If this amount includes foreign grants, check here ►

30a

9,970

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here ►

31a

0

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

20,601

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Don Plum PO Box 1235 Boise ID 83701	Title President Hr/WK 8.00	0	0	0
Sheri Edmond PO Box 1235 Boise ID 83701	Title Vice president Hr/WK 3.00	0	0	0
Hollie High Woodings PO Box 1235 Boise ID 83701	Title Secretary Hr/WK 1.00	0	0	0
Garth Newman PO Box 1235 Boise ID 83701	Title Treasurer Hr/WK 2.00	0	0	0
Tracy Cochran PO Box 1235 Boise ID 83701	Title Director Hr/WK 2.00	0	0	0
Candice Beck PO Box 1235 Boise ID 83701	Title Director Hr/WK 1.00	0	0	0
Sheryl Gillogly PO Box 1235 Boise ID 83701	Title Director Hr/WK 1.00	0	0	0
Aaron Medvedov Scheff PO Box 1235 Boise ID 83701	Title Director Hr/WK 2.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0
	Title Hr/WK 0.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

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

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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

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

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No

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

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

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

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

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a Yes No

section 4912 ► 40b Yes No

section 4955 ► 40c Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g Yes No

41 List the states with which a copy of this return is filed ► NONE Yes No

42 a The organization's books are in care of ► Chelle Nystrom Telephone no ► (208) 860-5801 42a Yes No

Located at ► 1618 N 17th Street City Boise ST ID ZIP + 4 ► 83702 42b Yes No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c Yes No

If "Yes," enter the name of the foreign country. ► 42d Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42e Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42f Yes No

If "Yes," enter the name of the foreign country ► 42g Yes No

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

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

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No 46

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

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

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

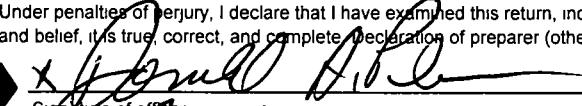
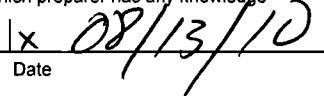
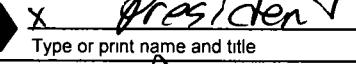
b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City _____ ST _____ ZIP _____	Title Hr/WK 00	0	0	0
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK 00	0	0	0
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK 00	0	0	0
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK .00	0	0	0
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK 00	0	0	0
f Total number of other employees paid over \$100,000 ► _____				

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer	 Date	
Type or print name and title  President			

Paid Preparer's Use Only	Preparer's signature 	Date 8/10/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) 518-72-2796
	Firm's name (or yours if self-employed), address, and ZIP + 4 Gibbons, Scott & Dean LLP 1803 Ellis Avenue, Caldwell, ID 83605	EIN ► 82-0230492	Phone no ► (208) 459-4649	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

North End Neighborhood Association

Employer identification number

82-0341286

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1 Street Fair (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	88,751	0	0	88,751
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	88,751	0	0	88,751
Direct Expenses	4 Cash prizes . . .	0	0	0	0
	5 Noncash prizes .	0	0	0	0
	6 Rent/facility costs	480	0	0	480
	7 Food and beverages	0	0	0	0
	8 Entertainment .	5,600	0	0	5,600
	9 Other direct expenses .	65,012	0	0	65,012
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (71,092)
	11 Net income summary Combine line 3, column (d), and line 10				► 17,659

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue .				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs . . .				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► (0)
	8 Net gaming income summary Combine line 1, column d, and line 7				► 0

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
	9a	
	10a	
	11	
	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	%
a The organization's facility	13b	%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$		
b If "Yes," enter the amount of gaming revenue retained by the third party ► \$		
c If "Yes," enter name and address of the third party.		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$	0	
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		