

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

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)

2009

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	= 2009 calendar year, or tax year beginning $$	g JUN 30, 20	10
В	Check if upplicable	Please Use IRS RESOURCE CONNECTIONS OF PRINCE GEORGE'		tification number
_				
<u>_</u>	Addre chang	e print or COUNTY, INC.		
느	Name chang	Doing Business As  See Number and street (or P 0 box if mail is not delivered to street address) Room		-3758711
느	Initial return	ber		
느	Termir ated	Instruction 1330 TORDES BOOTEVARD	301	1-429-9300
<u> </u>	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,544,102
L	Application pendii	DAMIAH, HD 20700	H(a) Is this a grou	
	p 0	F Name and address of principal officer: JUYCE SIMS	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates	included? Yes No
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		h a list (see instructions)
		otion number		
			Year of formation 2003	M State of legal domicile M
Pε	art I	Summary		
9		Briefly describe the organization's mission or most significant activities: ASSIST		
ě	i	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	<del></del>	IN PRINCE
) E	Į.	Check this box   If the organization discontinued its operations or disposed or	more than 25% of its ne	•
tivities & Governance	ł .	Number of voting members of the governing body (Part VI, line 1a)	Ļ	3 19
ــــــــــــــــــــــــــــــــــــــ		Number of independent voting members of the governing body (Part VI, line 1b)		4 19
ies		Fela Funde For pmployees (Part V, line 2a).	<u> </u>	5 7:
(Activities		Total-number of volunteers (estimate if necessary)	<u> </u>	6 2
Sec	7a N	Total gross unrelated Misiness revenue from Part VIII, column (C), line 12	<u>-</u>	7a 0
15	PA.	Net uhrelated business axable income from Form 990-T, line 34		7b 0
			Prior Year	Current Year
-9-		Control Strain grants (Part VIII, line 1h)	35,295	
7		Program sérvice revenué (Part VIII, line 2g)	3,656,520	
Revei		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,870	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,841	
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,701,526	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,105	31,293
	l	Benefits paid to or for members (Part IX, column (A), line 4)	2 042 076	2 766 600
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,842,976	2,766,688
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)		<del></del>
Exp	1	Total fundraising expenses (Part IX, column (D), line 25) 4,985.	706 77	(17 (22
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	706,773	
	۱. ـ	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,591,854	
-s	19	Revenue less expenses. Subtract line 18 from line 12	<del> </del> -	
Net Assets or Fund Balances	00	T. 1 (D. 1.V. b 40)	Beginning of Current Ye	
Asse Bala	l	Total assets (Part X, line 16)	701,139	
Vet /	l	Total liabilities (Part X, line 26)	208,052	<del></del>
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	493,087	611,132
FE	u 1 11	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and state	nents and to the best of my linear	dedge and helpf it is the access of
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knot	vledge	neage and belief, it is true, correct,
e:-		& Manufacio 10 Kondall	1 Almi	12 11 10
Sign		Signature of officer	Nate Nate	10/10 Y
Here			IRECTORS	•
		Type or print name and title	TVECTOVD	
		Preparer's Date	Check if Pre	parer's identifying number
Paid		signature \( \)	self- employed ▶ ☐	e instructions)
•	arer's	Firm's name (or MULLEN & SONDBERG', WIMBISH & STONE	PA EIN	
Use	Only	yours if self-employed), 2553 HOUSLEY ROAD, SUITE 200	EIN	
		address, and ZIP+4 ANNAPOLIS, MD 21401-6751	Phone no	(410)224-4920
May	the I	RS discuss this return with the preparer shown above? (see instructions)	Priorie no	<del></del> _
	_			
<b>93200</b>	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separat	e instructions.	Form <b>990</b> (2009

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	ASSIST INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
	WHO RESIDE IN PRINCE GEORGE'S COUNTY BY BUILDING SUPPORTIVE PARTNERSHIPS AND CONNECTING THEM TO RESOURCES THAT ENABLE THEM TO LIVE
	THE LIFE THEY CHOOSE.
2	
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?  Yes X No
3	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.
7	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.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	0.777.074
	RESOURCE COORDINATION - HELPS INDIVIDUALS WITH DISABILITIES TO
	IDENTIFY, CHOOSE AND ATTAIN THEIR PREFERRED LIFESTYLE, AS PARTICIPATING
	MEMBERS OF THEIR COMMUNITIES, WITH EQUAL RIGHTS AND RESPONSIBILITIES.
	THE RESOURCE COORDINATOR HELPS TO LOCATE AND DEVELOP NECESSARY SUPPORTS
	AND SERVICES, ASSURING THAT EACH INDIVIDUAL'S NEEDS AND PREFERENCES ARE
	ADDRESSED, AND THEN MONITORS THE DELIVERY OF SERVICES TO ENSURE
	EFFICACY AND INDIVIDUAL SATISFACTION. THIS PROGRAM SERVES
	APPROXIMATELY 1,800 INDIVIDUALS.
	CASE MANAGEMENT - ASSISTS INDIVIDUALS WHO ARE ON THE DEVELOPMENTAL
	DISABILITIES ADMINISTRATION'S (DDA) WAITING LIST FOR SERVICES. CASE
	MANAGERS CONNECT INDIVIDUALS WITH RESOURCES IN THEIR COMMUNITIES THAT
4b	(Code: ) (Expenses \$ 290, 248. including grants of \$ ) (Revenue \$ 223, 644.)
	ELIGIBILITY AND ACCESS - ASSISTS INDIVIDUALS WITH COMPLETING THE
	DEVELOPMENTAL DISABILITIES ADMINSTRATION (DDA) APPLICATION PROCESS. E & A COORDINATORS MEET FACE TO FACE WITH THE APPLICANTS AND THEIR
	CAREGIVERS, ASSESSES THE INDIVIDUAL'S CURRENT SITUATION, COLLECTS
	DOCUMENTATION OF DISABILITY(S), AND COMPILES ALL INFORMATION GATHERED
	INTO A DETAILED REPORT WITH THE COORDINATOR'S RECOMMENDATIONS REGARDING
	ELIGIBILITY. THE REPORT AND DOCUMENTATION OF DISABILITY IS SUBMITTED
	TO DDA FOR FINAL DETERMINATION. WHEN NECESSARY, E & A COORDINATORS
	ASSIST INDIVIDUALS WITH OBTAINING DOCUMENTATION OF DISABILITY. AT THE
	TIME OF THE INTERVIEW, THEY ALSO PROVIDE INDIVIDUALS WITH A
	COMPREHENSIVE PACKET OF COMMUNITY RESOURCES. E & A COORDINATOR'S
	OCCASIONALLY ASSIST THE INDIVIDUALS WITH RESOLVING CRISIS SITUATIONS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ 37,830 · including grants of \$ 27,657 · ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶\$ 3,105,952.
93200	Form <b>990</b> (2009)

Page 3

# Part IV Checklist of Required Schedules

			res	I NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
2		1	X	-
		2	Х	-
•		١.		l v
4		3	X	X
		4	^	l
•		_		
6	·	5		<del> </del>
				X
7		6		
		7		X
8		<b>-</b> '-		
		8		Х
9		°		-
		9		X
10		-		1
	If "Yes," complete Schedule D, Part V	10		х
# 1"Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? ## "Yes," complete Schedule C, Part II  Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations engage in lobbying activities? ## "Yes," complete Schedule C, Part II  Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations is the organization autylect to the section 6033(e) notice and reporting requirement and proxy tax? ## "Yes," complete Schedule C, Part II  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? ## "Yes," complete Schedule D, Part II  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? ## "Yes," complete Schedule D, Part II  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 investments to preserve open space, the environment, historical funds are accounted to the organization maintain collections of works of art, historical treasures, or other similar assets? ## "yes," complete Schedule D, Part II  Did the organization report an amount for the reputation services? ## "yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? ## "yes," complete Schedule D, Part IV  11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? ## "yes," complete Schedule D, Part IV  12 Is the organization report an amount for meeting and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, li				
		11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	· · · · · · · · · · · · · · · · · · ·			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•				
_				
•				
10				
12			]	
124	When the approximate and the state of the st	12	X	
124		-		
13				<del></del>
		13		$\frac{X}{X}$
		148		
		145		Х
15		140		
		15		Х
16				<del></del>
		16		Х
17				
		17	ł	Х
18			Ì	
		18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
		19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form 9	90 (2	2009)

Part IV 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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		l	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
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			
	Schedule L, Part I	25b		X
26	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		<u>X</u>
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	27		Χ
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity?			37
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			17
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	х	
	Note. All Form 990 filers are required to complete Schedule O	38		2000:
		Form	990 (2	2009)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	į		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 72		v	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X_
	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			Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	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			
<b>5</b> 0	Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		Х
		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5b		
·	Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
-	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			<del></del>
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		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		<u> X</u>
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		Х
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098·C as required?	.7h	.	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from 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.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	<b>990</b> (	2009)

04 - 3758711

Page 6

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	tion A. Governing Body and Management				<del></del>
4-	Fadorable annual or of making annual and of the community of the	الما	19	Yes	No
	Enter the number of voting members of the governing body	1a	19		
þ	Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other	ء ا	.	X
3	officer, director, trustee, or key employee?	o direct ou penince	2	+-	+^
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	١,	,	х
4	of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Fo	000aa filada	4		X
5	Did the organization make any significant changes to its organizational documents since the prior Po		5		X
6	Does the organization have members or stockholders?	Sf	6		X
	Does the organization have members or stockholders, or other persons who may elect one or more me	mbara of the	<u>                                   </u>		+^
	governing body?	inbers of the	78	_	X
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	eone?	71		$\frac{1}{x}$
8	Did the organization contemporaneously document the meetings held or written actions undertaken			<u> </u>	<del>  ^</del>
•	by the following:	duling the year			
а	The governing body?		88	a X	1
ь	Each committee with authority to act on behalf of the governing body?		81		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	- 01	<del>,   ^</del>	+
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ched at the	9	.	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )			
	tion by the trade (min decider brieflesse mornation about policies not required by the memarite	evenue code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10		X
	if "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates.		_	<del> </del>
	and branches to ensure their operations are consistent with those of the organization?	orraptoro, arrimatoo,	10	ь	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before file	ing the form?	11		+-
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	İ
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise			1
	to conflicts?	J	12	ьХ	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe			
	In Schedule O how this is done		12	c X	1
13	Does the organization have a written whistleblower policy?		13	3 X	
14	Does the organization have a written document retention and destruction policy?		14	ı X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	a X	
b	Other officers or key employees of the organization		15	ь	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16	a	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?	<u> </u>	16	ь	
Sec	tion C. Disclosure	24.1			
17	List the states with which a copy of this Form 990 is required to be filed MD	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	lable for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest poli	cy, and fi	nancial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books are	nd records of the orga	anization:	<b>-</b>	
	THE ORGANIZATION - 301-429-9300				
	4550 FORBES BOULEVARD, SUITE 120, LANHAM, MD 2070	<u> </u>		000	(0000
			101	rm <b>990</b>	(2009)

932006

Form 990 (2009)

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

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

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

- 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)	(B)	1			C)	,		(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(ct	neck	call 1	that	app	ity)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
		Individual trustee or director	28			Highest compensated employee		organization	(W-2/1099-MISC)	from the
		truste	Institutional trustee		8	E E		(W-2/1099-MISC)		organization
		donat	tation	₩ ₩	Key employee	loyee	<b>F</b>			and related organizations
		Indi	lust	Officer	ş	돌통	퉡			organizations
JACQUELINE RANDALL					$\vdash$	$\vdash$				
PRESIDENT	2.00	Х		Х				0.	0.	0.
STEVE PYLES										
VICE PRESIDENT	2.00	Х		X				0.	0.	0.
CAROL MARTIN										-
TREASURER	2.00	X		X		l		0.	0.	0.
JOAN QUINN										<del>,</del>
SECRETARY	2.00	X		Х				0.	0.	0.
DONALD BOONE										
DIRECTOR	2.00	X		L				0.	0.	0.
ELIZABETH BURLEY						İ	Ì			
DIRECTOR	2.00	Х				L.	L.,	0.	0.	0.
DENISE BAILEY CLARK									-	
DIRECTOR	2.00	Х				L.	L	0.	0.	0.
GENA GREENHOOD										
DIRECTOR	2.00	Х				L_		0.	0.	0.
RAMONA TIDWELL										
DIRECTOR	2.00	Х		<u> </u>	_			0.	0.	0.
LYNNDA KRATOVIL										
DIRECTOR	2.00	Х						0.	0.	0.
MARY ALYCE BAUER								_	_	
DIRECTOR	2.00	Х						0.	0.	0.
BRENDA MINOR		_								_
DIRECTOR	2.00	Х					<u> </u>	0.	0.	0.
TWILA MITCHELL									_	_
DIRECTOR	2.00	Х		_		<u> </u>		0.	0.	0.
EDWARD MIXON										_
DIRECTOR	2.00	Х						0.	0.	0.
JENNIFER MUSKUS	1 2 00	,,								•
DIRECTOR GERALD ADAMS	2.00	X.		H			$\vdash$	0.	0.	0.
DIRECTOR	2 00	ا ب							_	_
VALENCIA WOODFORK	2.00	Х				$\vdash$		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	^
DIRECTOR	1 2.00	Λ				L		<u> </u>	0.	0.

932007 02-04-10

Form 990 (2009)

RESOURCE CONNECTIONS OF PRINCE GEORGE'S 04 - 3758711Form 990 (2009) COUNTY, INC. Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Reportable Name and title Position Reportable Average Estimated (check all that apply) hours compensation compensation amount of from from related per other ndividual trustee or director the organizations week compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related Officer organizations MITZI REVELS DIRECTOR 2.00 X 0. 0 0. EDDA PEREZ 0. DIRECTOR 2.00 | X0. 0. BEATRICE RODGERS EXECUTIVE DIRECTOR 40.00 X 93,955 0. 1,829. THERESA THOMAS FINANCE DIRECTOR 40.00 X 64,818 0. 9,496. 158,773. 0. 11,325. 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to Х the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		- Componedion
Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	ose listed above) who received more than	
1	*****	5 000 105

Form 990 (2009)

COUNTY, INC.

Pa	rt VII	Statement of Rever	nue		-			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1 a	Federated campaigns	1a					
ğΞ	b	Membership dues	1b					
S, B	С	Fundraising events	1c					
gift ar	d	Related organizations	1d		1			
S, E	е	Government grants (contribut	tions) 1e	27,657.	1			
isi	f		, I <del></del>	<del></del>	1			
P P	_	similar amounts not included abo	i I	20,285.				
들	a	Noncash contributions included in lines						
Contributions, gifts, grants and other similar amounts		Total. Add lines 1a-1f			47,942.			
	*-			Business Code				
	2 a	RESOURCE COORDI	NATION	624100	3,254,486.	3,254,486.		
Ş	- b	ACCECC AND EXTO		624100	3,254,486. 223,644.	223,644		
Ser	c				220,0110	220,0111		
£ 9	d							
50	•	<del></del>		<del> </del>				
Program Service Revenue	f	All other program service reve	anue				· -	ļ
	a	Total. Add lines 2a-2f		<b></b>	3,478,130.			
	3	Investment income (including	dividends, inter-					
		other similar amounts)		•	2,622.			2,622.
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>	·			
	5	Royalties		•				
		·	(i) Real	(ii) Personal		<b></b>		
	6 a	Gross Rents		1				
	b	Less. rental expenses						İ
		Rental income or (loss)						
		Net rental income or (loss)		<b></b>	1			
		Gross amount from sales of	(i) Securities	(ii) Other	_		57	
		assets other than inventory		1	<del>,</del>			I
	ь	Less: cost or other basis		_				l
		and sales expenses						
	С	Gain or (loss)						}
	d	Net gain or (loss)		<b></b>			•	
Other Revenue		Gross income from fundraisin including \$	g events (not of					
Š		contributions reported on line				*		
Ę		Part IV, line 18	а	15,408.				
훒	ь	Less: direct expenses	- h	10,444.				
٥١		Net income or (loss) from fund	draising events	<b>•</b>	4,964.			4,964.
		Gross income from gaming ac	=					
		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gam	ning activities	<b>•</b>				
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	c	Net income or (loss) from sale	s of inventory	<u> </u>				
}	_	Miscellaneous Revenu	ie	Business Code				
	11 a							
	b				_			
	c	An						
- 1		All other revenue						
		Total. Add lines 11a-11d			3,533,658.	3 478 120	0.	7,586.
93200 02-04	12 9	Total revenue. See instructions			J,JJJ,0J0.	2,410,130.		Form <b>990</b> (2009)
U2-04	- 10							runn <b>330</b> (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 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	9,000.	9,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	22,293.	22,293.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	170,098.		170,098.	_
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	2,064,596.	2,004,096.	58,575.	1,925.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	17,467.	16,691.	776.	
9	Other employee benefits	333,174.	325,045.	8,106.	23.
10	Payroll taxes	181,353.	162,930.	18,267.	156.
11	Fees for services (non-employees):				
а	Management	45 454	11.015	1 056	
b	Legal	15,471.	14,215.	1,256.	
С	Accounting	12,271.	11,166.	1,105.	<del></del>
d	, ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	F.4. 000	F0 202	4 715	7.5
9		54,992.	50,202.	4,715.	75.
12	Advertising and promotion	2,633.	2,431.	202.	2 146
13	Office expenses	92,005.	82,813.	7,046.	2,146.
14	Information technology				
15	Royalties	271,358.	247,116.	24,242.	
16	Occupancy	58,949.	57,195.	1,754.	<del></del>
17	Travel	30,949.	37,193.	1,734.	<del></del>
18	Payments of travel or entertainment expenses		j		
	for any federal, state, or local public officials	19,425.	19,102.	323.	<del></del>
19	Conferences, conventions, and meetings	4,036.	3,681.	355.	
20	Interest	4,030.	3,001.	333.	-
21	Payments to affiliates	56,902.	51,781.	5,121.	
22	Depreciation, depletion, and amortization	14,572.	13,261.	1,311.	
23	Insurance Charge expanses not covered	14,312.	13,201.	1,311.	
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 )				
а	DUES AND SUBSCRIPTIONS	7,491.	6,755.	736.	0.
ь	MISCELLANEOUS	3,903.	3,300.	474.	129.
c	CERTIFICATIONS AND AWAR	2,020.	1,419.	70.	531.
d	REPAIRS AND MAINTENANCE	1,604.	1,460.	144.	0.
e		_,	-,		
f	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24f	3,415,613.	3,105,952.	304,676.	4,985.
26	Joint costs. Check here	- ,	•	-	
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

**Balance Sheet** (A) (B) Beginning of year End of year 1,423,586. 251,060. 1 Cash · non-interest-bearing 1 200,526. 355,375. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 31,209. 26,137. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 78,866. 91,138. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 352,554. basis. Complete Part VI of Schedule D 10a 255,761. 130,271. 96,793. 10b b Less: accumulated depreciation 10c 11 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 Intangible assets 14 14,279. 14,279. 15 Other assets. See Part IV, line 11 15 701,139. 2,012,380. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 170,301. 17 172,034 17 Accounts payable and accrued expenses 18 Grants payable 18 1,184,759. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 37,751. 44,455. 25 Other liabilities. Complete Part X of Schedule D 25 208,052. 401,248. 26 Total liabilities. Add lines 17 through 25 26 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 493,087. 611,132. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 493,087. 611,132. 33 Total net assets or fund balances 33 701,139. 2,012,380. Total liabilities and net assets/fund balances

Form **990** (2009)

COUNTY, INC. 04-3758711 **Financial Statements and Reporting** Yes No X Accrual Accounting method used to prepare the Form 990: Cash \_\_ 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 b Were the organization's financial statements audited by an independent accountant? 2b 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? Х 2c 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

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

За

X

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

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

**Public Charity Status and Public Support** 

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

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

2009

Name of the organization

Department of the Treasury Internal Revenue Service

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY. INC.

Inspection
Employer identification number

_		COUNTY,							04	-3758	711
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)				-
1 🖳	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170	(b)(1)(A)(i	).			
2 🖳	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach So	chedule E.)	)						
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 📙	A medical re	search organization	operated in conjunction	with a hos	sprtal desc	nbed in se	ection 170	(b)(1)(A)(ii	i <b>i).</b> Enter th	ne hospital	's name,
	city, and sta										
5 🔲		ion operated for the (b)(1)(A)(iv). (Comple	benefit of a college or u ete Part II.)	niversity o	wned or o	perated by	a govern	mental uni	t describe	d in	
6	A federal, sta	ate, or local governm	ent or governmental un	ıt describe	d in sectio	n 170(b)(	1)(A)(v).				
7 📙	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>(b)(1)(A)(vi)</b> . (Comple	te Part II.)								
8 🖳	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	butions, n	nembershi	p fees, and	d gross red	ceipts from
	activities rela	ated to its exempt fui	nctions - subject to certa	aın exceptı	ions, and (	2) no more	than 33 1	1/3% of its	support f	rom gross	investmen
	income and	unrelated business t	axable income (less sec	tion 511 ta	ex) from bu	isinesses a	acquired b	y the orga	ınızatıon al	fter June 3	0, 1975
_	See section	509(a)(2). (Complete	e Part III.)								
10	An organizat	ion organized and op	perated exclusively to te	est for publ	lic safety. S	See <b>sectio</b>	n 509(a)(4	<b>4)</b> .			
11 📙			perated exclusively for the							•	
	more publich	y supported organiza	ations described in secti	ion 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Chec	ck the box	that
			organization and compl		_						
	a Type			с 📖 Тур		-	-			Type III - C	
e 📖		· · · · · · · · · · · · · · · · · · ·	it the organization is not		-	-	-				
			han one or more publicl						9(a)(1) or s	ection 509	(a)(2).
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_
		rganization, check th									L,
9			organization accepted a								
		·	irectly controls, either a	lone or tog	ether with	persons o	lescribed	in (ii) and (	iii) below,		Yes No
	-	• •	upported organization?							11g(i)	
			n described in (i) above?		_					11g(ii)	<del>                                     </del>
			person described in (i)	• •				-		11g(iii)	L,
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
		I	(iii) Type of	(in) to the c		(m) Dud		(vi) Is	the		
	of supported	(ii) EIN	organization		organization sted in your			organizatio	on in col	(vii) Am	
urya	inization		(described on lines 1-9		document?			(i) organiz U S	ed in the	supi	ροπ
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(,	1					"		
				1							
					<del> </del>						
	<del></del>			1							
								ļ			
					-					_	
Total											

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

L	Support Schedule for (Complete only if you checke				)(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	/i)
Se	ction A. Public Support	THE BOX OIL IIIIE	5, 7, 01 0 01 Fait 1.)				<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(F) 2006	(6) 2007	(-A 2000	463,0000	<b>10.</b> T
1		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
٠	membership fees received. (Do not						
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-			<del>  -</del>		<del> </del>	
-	ization's benefit and either paid to						
	or expended on its behalf			ļ			
3	The value of services or facilities		-		-	_	
•	furnished by a governmental unit to			İ			
	the organization without charge						
4	Total. Add lines 1 through 3		<del></del>	1			
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly			İ			
	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	······	<b></b>		<u> </u>		<del>-</del>
	ction B. Total Support			<u> </u>		.t	<del></del>
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add tines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	
<del>-</del> -	organization, check this box and stor			<del></del>	<del></del>	<u> </u>	<b>▶</b>
	ction C. Computation of Publ					<del></del> _	
	Public support percentage for 2009 (I		•	column (f))		14	
15	Public support percentage from 2008	•	<u>.</u>			15	
ıoa	33 1/3% support test - 2009. If the o				14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies		-		h - 45 - 00 4 004		. •
	33 1/3% support test - 2008. If the o				line 15 is 33 1/3%	or more, check this	s box
170	and stop here. The organization qual	•			40 40 401	11: 44: 400/	▶∟
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					ιπ IV how the organ	ization
	meets the "facts-and-circumstances"						▶∟
	10% -facts-and-circumstances test						u% or
	more, and if the organization meets the				· · · · · · · · · · · · · · · · · · ·		
12	organization meets the 'facts-and-circ						<b>~</b>
10	Private foundation. If the organization	n did not check a	DOX On line 13, 16	a, 100, 1/a, or 1/t			
					Sch	edule A (Form 990	or <del>99</del> 0-EZ) 2009

	ction A. Public Support	- garnzationo	December 111	000(0)	1-7 (Complete only	n you checked the b	ox on line 9 of Part I)
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(a) 2000	/9 Total
	Gifts, grants, contributions, and	(a) 2003	(0) 2000	(0) 2001	(4) 2000	(e) 2009	(f) Total
•	membership fees received (Do not						
	include any "unusual grants ")	10,838.	14,606.	16,712.	35,295.	47.942.	125,393.
2	Gross receipts from admissions,	10,000.	11,000.	10,712.	337233.	177512.	123,333.
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2166421.	2690367.	3040064.	3656520.	3478130	15031502.
2	Gross receipts from activities that	2100121.	20300071	3010001.	3030320.	3470130.	13031302.
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	-			<del></del>		
•	ization's benefit and either paid to						
	or expended on its behalf						
_							<del></del>
Þ	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	· · · · · · · · · · · · · · · · · · ·	2177259.	2704973.	3056776.	3691815.	2526072	15156895.
	Total. Add lines 1 through 5	21/1239.	2/049/3.	3030776.	3091013.	3526072.	15156895.
/ a	Amounts included on lines 1, 2, and						۸ ا
	3 received from disqualified persons Amounts included on lines 2 and 3 received					<del></del>	0.
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
	Add lines 7a and 7b	<del> </del>				<del>, , ,,, ,,</del>	15156895.
	Public support (Subtract line 7c from line 6) : tion B. Total Support				······································		13136693.
	. 1	(=) 2005	(h) 000c	(-) 0007	(-N 0000	(-) 0000	(0 T
	endar year (or fiscal year beginning in)	(a) 2005 2177259.	(b) 2006 2704973.	(c) 2007 3056776.	(d) 2008 3691815.	(e) 2009 3536073	(f) Total 15156895.
	Gross income from interest,	21112376	2704373.	3030770.	3071013.	3320072.	13130033.
	dividends, payments received on						
	securities loans, rents, royalties	9,745.	24,857.	20,605.	4,870.	2,622.	62,699.
	and income from similar sources Unrelated business taxable income	7,143.	24,037.		4,070.	2,022.	02,099.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	9,745.	24,857.	20,605.	4,870.	2,622.	62,699.
	Net income from unrelated business	7,743.	24,037.	20,003.	4,070.	2,022.	02,099.
• •	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital			4,238.	4,841.	4,964.	14,043.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	2187004.	2729830.	3081619.	3701526.		15233637.
	First five years. If the Form 990 is for		,				
• •	check this box and stop here	the organization s	ilist, second, tillit	s, routin, or milita	A year as a section	11 30 1(c)(3) Organiz	.ation,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2009 (li			olumn (fl)		15	99.50 %
16	Public support percentage from 2008		•	Oldffill (i))		16	99.47 %
	ction D. Computation of Inves					10	JJ • 1 / 70
17	Investment income percentage for 20			e 13 column (fl)		17	.41 %
18	Investment income percentage from 2	,	• • • • • • • • • • • • • • • • • • • •	e 10, coloniii (i))		18	<del>- 47 %</del>
	33 1/3% support tests - 2009. If the			on line 14 and line	15 is more than 3	<del></del>	
	more than 33 1/3%, check this box ar						►X
H	33 1/3% support tests - 2008. If the			-			
	line 18 is not more than 33 1/3%, che						<b></b>
20	Private foundation. If the organization						
	Schedule A (Form 990 or 990-EZ) 2009						0 or 990-EZ) 2009

### **SCHEDULE C** (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

				RGE'S	Employer identification numb
	COUNTY, INC.				04-3758711
Part I-A Complet	e if the organization	is exempt under :	section 501(c)	or is a section 5	27 organization.
1 Provide a description	of the organization's direct	and indirect political ca	ampaign activities ii	n Part IV.	
2 Political expenditures	i				▶ \$
3 Volunteer hours					•
Part I-B Complet	e if the organization	is exempt under :	section 501(c)(	3).	
1 Enter the amount of a	any excise tax incurred by th	ne organization under s	ection 4955		<b>&gt;</b> \$
2 Enter the amount of a	any excise tax incurred by oi	rganization managers u	inder section 4955		<b>&gt;</b> \$
3 If the organization inc	urred a section 4955 tax, di	d it file Form 4720 for t	his year?		Yes N
4a Was a correction mad	de? .				Yes N
b If "Yes," describe in F					
Part I-C Complet	e if the organization	is exempt under s	section 501(c),	except section	501(c)(3).
<ol> <li>Enter the amount dire</li> </ol>	ectly expended by the filing o	organization for section	527 exempt funct	on activities	<b>&gt;</b> \$
2 Enter the amount of t	he filing organization's fund:	s contributed to other o	organizations for se	ction 527	
exempt function activ	rities				<b>▶</b> \$
3 Total exempt function	n expenditures. Add lines 1 a	and 2. Enter here and c	on Form 1120-POL,		
line 17b					<b>▶</b> \$
4 Did the filing organiza	ition file Form 1120-POL for	r this year?			L Yes L N
	• •		•	-	which payments were made.
For each organization	listed, enter the amount pa	ad from the filing organ	ization's funda. Ala		
-					•
that were promptly ar	•	•			of political contributions received and or a political action committee
that were promptly ar	nd directly delivered to a sep pace is needed, provide info	•			•
that were promptly ar	pace is needed, provide info	• •		d) Amount paid f	from (e) Amount of political
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	d) Amount paid f	from (e) Amount of political contributions received ar
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
that were promptly ar (PAC). If additional sp	pace is needed, provide info	rmation in Part IV.	ation, such as a ser	(d) Amount paid filing organizatio	from (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CC	UNTY, IN	NC.		04-3	758711 Page 2
Part II-A Complete if the organiz		mpt under section	on 501(c)(3) and fil	ed Form 5768	
(election under section	501(h)).				
A Check   if the filing organization b	elongs to an af	filiated group.			
B Check ▶ ☐ If the filing organization of	hecked box A a	and "limited control" pi	ovisions apply.		
Limits on (The term "expenditure	(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)		1,711.	
c Total lobbying expenditures (add lines 1	a and 1b)			1,711.	
d Other exempt purpose expenditures				3,413,902.	. ,
e Total exempt purpose expenditures (ade	lines 1c and 1	d)		3,415,613.	
f Lobbying nontaxable amount. Enter the	amount from th	ne following table in bo	th columns.	320,781.	
If the amount on line 1e, column (a) or (b) i	: The loi	bbying nontaxable an	nount is:		
Not over \$500,000	20% o	f the amount on line 1	e		
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
		<u>-</u>			
g Grassroots nontaxable amount (enter 25	5% of line 1f)			80,195.	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		,	0.	
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-			0.	
j If there is an amount other than zero on	either line 1h oi	r line 1i, did the organi:	zation file Form 4720	F	
reporting section 4911 tax for this year?		·····			Yes No
•	s that made a	• •	r Section 501(h) on do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying nontaxable amount			329,600.	320,781.	650,381.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					975,572.
c Total lobbying expenditures			1,101.	1,711.	2,812.
d Grassroots nontaxable amount			82,400.	80,195.	162,595.
e Grassroots ceiling amount (150% of line 2d, column (e))	<del></del>				243,893.
f Grassroots lobbying expenditures			100.		100

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	n)	(b)		
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?			-		
	Publications, or published or broadcast statements?			_		
	Grants to other organizations for lobbying purposes?	<u> </u>				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		·			
	Other activities? If "Yes," describe in Part IV		T	-		
_	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ		<del></del>		
	If "Yes," enter the amount of any tax incurred under section 4912			<del>-</del>		
	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	<del>  "  </del>				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)	(5) or se	ction		
,	501(c)(6).		(O), OI 36	CHOIT		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u> </u>	
	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		ļ <u> </u>	
1	"Yes."  Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
	Total .		2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex			İ		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		ļ		
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	<del></del>	
Parl	######################################					
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 11. Also	), complete	this par	
for an	y additional information.					
	<del></del>		·	· · · · · · · · · · · · · · · · · · ·		

# 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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC.

Employer identification number 04-3758711

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line 6					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year .					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		<del>-</del>			
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pa	rt    Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	2d				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIV, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for			
-	conservation easements.					
Pai	Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	ther 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, no					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of			
	the footnote to its financial statements that describes these r					
b	If the organization elected, as permitted under SFAS 116, to					
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to			
	these items:					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical treatments		al gain, provide			
	the following amounts required to be reported under SFAS 1	16 relating to these items:	-			
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>			
b	Assets included in Form 990, Part X		► \$ ► \$			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

	edule D (Form 990) 2009 COUNTY,	INC.								Page <b>2</b>
Pa	rt III   Organizations Maintaining (	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simila	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following the	at are a s	ignificant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	•	a 🖳	Loan or exc	change progr	ams				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	the organizat	ion's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, h	iistorical trea	asures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pai	tiv Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>igements.</b> Comp art X, line 21.	lete if or	ganizatıon a	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custod	lan or other interme	diary for	contribution	ns or other as	ssets not	ıncluded	-		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
	•		- · · · · · · · · · · · · · · ·				[		Amount	
С	Beginning balance						1c			
	Additions during the year				•		1d			
	Distributions during the year			•			1e		-	
f	Ending balance						1f			
2a	Did the organization include an amount on F	form 990. Part X. line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV							·	03	
1	t V Endowment Funds. Complete		nswered	l "Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year		onor year	(c) Two yea		(d) Three y	ears back	(e) Four	vears back
1a	Beginning of year balance				1.7		1-7		X=7	700.0
	Contributions		1	<u> </u>	**************************************	"	<del>, _ ,</del>	.,,		
c	Net investment earnings, gains, and losses						***************************************			
d	Grants or scholarships					•		· · · · · · · · · · · · · · · · · · ·		*14.,, ***
е	Other expenditures for facilities						<del></del>	***************************************		
	and programs									
f	Administrative expenses						······································			
g	End of year balance				· · · · · · · · · · · · · · · · · · ·	· · · · · · ·				
2	Provide the estimated percentage of the year	r end balance held	as:					***************************************	L	
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
С	Term endowment ▶	<del></del>								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for th	he organiz	ation		
	by.						_		<u></u>	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			_					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	ee Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o		1 ''	or other (other)		ccumulate preciation	d	(d) Book	value
	Land			- 33313				-		
	Buildings				. ,	<u> </u>				
	Leasehold improvements			1 3	3,494.	··	23,91	4	Q	,580.
	Equipment				9,265.	<del>  -                                   </del>	157,50			,765.
	Other		<del></del>		9,795.		74,34			,448.
	. Add lines 1a through 1e. (Column (d) must e	ogual Form 900 Port	Y colu				, 4, 3,	- / •		, <del>440.</del> ,793.
iotal	- Add intes i a unough re. (Column (d) must e	quai ruiin 990, Pan	A, COIUI	ıııı (D), line l	(C).)	·			30	1193.

Schedule D (Form 990) 2009 COUNTY, IN			04-3758711 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			<u></u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	,	****	
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13.	
			Method of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
		-	
	<del>-  </del>		
			*******
			<del></del>
T-1-1 (0.1(1)	_		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ►  Part IX Other Assets. See Form 990, Part X, III		<u> </u>	
<u> </u>			(h) De alevatua
	a) Description	<del>-</del>	(b) Book value
	<del> </del>		
	<del></del>		
<del> </del>			
		· · · · · · · · · · · · · · · · · · ·	
	<del>-</del>		
Total. (Column (b) must equal Form 990, Part X, col (B) I			<u> </u>
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
CAPITAL LEASE OBLIGATIONS		44,455.	
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ne 25 )	44,455.	
2. FIN 48 Footnote. In Part XIV, provide the text of the f			reports the ergenization?
	outlible to the organization	i o inialicial otalemento (nati	reports the organization's liability for
uncertain tax positions under FIN 48.			

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

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.

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RESOURCE CONNECTIONS OF PRINCE GEORGE'S

**Employer identification number** 

COUNTY,	<u> </u>				04-3/58	/11
Part I Fundraising Activities. required to complete this part	Complete if the organization answ t.	/ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicates</li> </ul>	e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with pividuals or entities (fundraisers) pure	ation of ation of al fundra al (includ profess	non-g gover dising ding o	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	<del></del>
compensated at least \$5,000 by the  (i) Name of individual or entity (fundraiser)	organization. (ii) Activity	(iii) fundr have con contribution	ustody trol of	(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		noted in con (i)	
· ·		-			,	<del></del>
						<u></u> -
						<u> </u>
Total  3 List all states in which the organization	n is registered or licensed to solicit	funds o	or has	been notified it is ex	empt from registration	on or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

Pŧ	art	·				t IV, line 18, or rep	orted	more t	han \$	15,00	0
_		on Form 990-EZ, line 6a List events with		han \$		·					
			(a) Event #1		(b) Event #2	(c) Other ever	nts	1		l even a) thro	
			AUCTION	-	(	# - A - I I -			col.		Ŭ
en e			(event type)	├-	(event type)	(total numbe	er)	<del> </del>			
Revenue	1	Gross receipts	15,408.						1	5,4	08.
	2	Less: Chantable contributions	10,444.						1	0,4	44.
	3	Gross income (line 1 minus line 2)	4,964.	ļ						4,9	64.
	4	Cash prizes									
ses	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs									
Direct	7	Food and beverages									
	8	Entertainment									
	9 10	Other direct expenses  Direct expense summary. Add lines 4 through	l	L		L		<del>                                     </del>			
	11							<del> </del>	-	4,9	$\frac{1}{64}$
Pa				990	Part IV, line 19, or r	reported more tha	n	1			
		\$15,000 on Form 990-EZ, line 6a.									
e			(a) Bingo		) Pull tabs/instant	(c) Other gam	ına			aming	
Revenue			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ping	jo/progressive bingo	(4) 5 9		col (a)	) throu	igh co	ol. <b>(c)</b> )
Ŗ											
	1	Gross revenue									
S	2	Cash prizes									
nse		•									
Direct Expenses	3	Noncash prizes									
Direc	4	Rent/facility costs									
	5	Other direct expenses									
-			Yes %		Yes%	Yes	%				
	6	Volunteer labor	No No		No _	☐ No			·		
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)				•				)
	8	Net gaming income summary. Combine line 1	, column (d), and line 7				•				
			,					1		Yes	No
9	En	ter the state(s) in which the organization opera	tes gaming activities:					ſ			
а	ls	the organization licensed to operate gaming ac	tivities in each of these s	state	s?			ļ	9a		
b	lf '	No," explain:									
	_										
10a	١٨/،	ere any of the organization's gaming licenses re	woked suspended or to	rmin	atad duraa tha tay i	uoor?		ŀ	10a		
		Yes," explain:	evoked, suspended or te	7111111	ated during the tax y	year,		ŀ	iva		<del></del>
_	_										
	_										
		es the organization operate gaming activities w						Ļ	11		
12		the organization a grantor, beneficiary or truste	e of a trust or a member	of a	partnership or other	r entity formed to			.		
		minister charitable gaming?				Schedule	G IE-	m 000	12		2000
5020	JZ U	2-03-10		29		Schedule	<b>4</b> (POI	3 <b>3</b> U	JI 33	U-E <b>Z</b> )	2009

Schedule G (Form 990 or 990-EZ) 2009 COUNTY, INC.	<u> </u>	<u>3 / T</u>	I Pa	age 3
	_		Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%		,	
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
Name				
Address ►	Ì			
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 ▶\$ and the amount	unt			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				1
		l		
Name				l
				1
Address				ĺ
46. Company and the state of th				ĺ
16 Gaming manager information.				
Name ▶				
Name				ĺ
Gaming manager compensation > \$				ĺ
Description of services provided >		ĺ		ĺ
				ĺ
				ĺ
Director/officer Employee Independent contractor			1	
				ĺ
17 Mandatory distributions:				ĺ
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			1	İ
retain the state gaming license?	F	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the			İ
organization's own exempt activities during the tax year > \$	ı		. 1	ı

Schedule G (Form 990 or 990-EZ) 2009

**Employer identification number** TRANSITIONING YOUTH LIFE 04 - 3758711Open to Public 2009 Inspection EMPLOYABILITY SKILLS (h) Purpose of grant or assistance TO SUPPLEMENT THE FRAINING SOURCE'S X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. valuation (book, FMV, appraisal, (f) Method of other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. RESOURCE CONNECTIONS OF PRINCE GEORGE'S (d) Amount of 000 6 cash grant (c) IRC section if applicable 501 (C) 3 52-1843341 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization COUNTY, THE TRAINING SOURCE, INC. or government SEAT PLEASANT, MD 20743 Name of the organization Department of the Treasury Internal Revenue Service 59 YOST PLACE SCHEDULE (Form 990) Part I Part II

**ջ** 

SEE PART IV FOR COLUMN (H) DESCRIPTIONS For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

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

COUNTY,

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule | (Form 990) 2009

Page 2

04-3758711

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PART I, LINE 2: THE ORGANIZATION MONITORS USE OF GRANT FUNDS BY Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT THE TRAINING SOURCE'S TRANSITIONING YOUTH LIFE EMPLOYABILITY SKILLS TRAINING (TYLEST) PROGRAM REQUESTING GRANT RECIPIENTS TO PROVIDE AN ACCOUNTING OF HOW FUNDS ARE THE TRAINING SOURCE IS A COLLABORATIVE PUBLIC-PRIVATE (d) Amount of non-cash assistance Ö NAME OF ORGANIZATION OR GOVERNMENT: THE TRAINING SOURCE, INC. 22,293. (c) Amount of cash grant (b) Number of recipients 99 COLUMN (H): (a) Type of grant or assistance SPECIFIC ASSISTANCE TO CONSUMERS PART II, LINE 1, SCHEDULE I, EXPENDED FUNDING.

932102 02-02-10

Part IV Supplemental Information
PARTNERSHIP WITH TWELVE FUNDING AGENCIES IN PRINCE GEORGE'S COUNTY, OF
WHICH RESOURCE CONNECTIONS IS A KEY PARTNER AND A MEMBER OF UNITED WAY.
RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC. APPPLIED FOR THE
UNITED WAY COMMUNITY IMPACT GRANT (CIG) AND AGREED TO PASS THE FUNDING TO
THE PARTNER, THE TRAINING SOURCE, INC. THIS PROGRAM HELPS YOUNG ADULTS
WITH DEVELOPMENTAL DISABILITIES WHO ARE AGING OUT OF THE COUNTY PUBLIC
SCHOOL SPECIAL EDUCATION SYSTEM TO DEVELOP THE SKILLS NECESSARY FOR
EMPLOYMENT SUCCESS AS THEY TRANSITION FROM A SCHOOL SUPPORTED ENVIRONMENT
TO INDEPENDENT EMPLOYMENT. THE CIG FUNDS ASSISTED 17 PARTICIPANTS TO
ENROLL AND COMPLETE THE 8 WEEK PROGRAM AND 82% OF THE ENROLLE'S SECURED
PAID EMPLOYMENT OR WORK EXPERIENCE PLACEMENT.

# **SCHEDULE O**

# Supplemental Information to Form 990

(Form 990) 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.

CMB No 1545-0047 Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S

**Employer identification number** 

COUNTY, INC.	04-3758711						
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
GEORGE'S COUNTY BY BUILDING SUPPORTIVE PARTNERSHIPS AND CONNECTING THEM							
TO RESOURCES THAT ENABLE THEM TO LIVE THE LIFE THEY CHOOSE.							
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:						
CAN ASSIST THEM WHILE THEY WAIT FOR DDA FUNDING TO BECOME	AVAILABLE FOR						
THE SERVICES THEY NEED. THE PROGRAM SUPPORTS 200 INDIVID	UALS AT ANY						
GIVEN TIME.							
	·						
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:						
THE E & A PROGRAM PROCESSES APPROXIMATELY 500 APPLICATION	S EACH YEAR.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							
IMPACT OF CONSENT PROJECT: PROMOTES QUALITY HEALTHCARE F	OR PEOPLE WITH						
DISARILITIES THROUGH FRUCATION OF FAMILY MEMBERS SERVIC	F DROVIDERS						

HEALTHCARE PROVIDERS, AND THE INDIVIDUALS THEMSELVES, ABOUT ISSUES OF BUILDING ON AN EXISITING DECISION MAKING AND TRUE INFORMED CONSENT. TRAINING PROGRAM THAT TEACHES PEOPLE WITH INTELLECTUAL DISABILITIES HOW TO MAXIMIZE THEIR PARTICIPATION IN THEIR HEALTHCARE SERVICES AND THE DECISION MAKING PROCESS, WE ARE HELPING STAKEHOLDERS TO SUPPORT THAT PARTICIPATION AND TO LEARN ABOUT THE LEGAL OPTIONS BEYOND GUARDIANSHIP. THE IMPACT OF CONSENT PROGRAM TRAINS APPROXIMATLEY 100 INDIVIDUALS.

UNITED WAY ART SHOWCASE AND PRINCE GEORGE'S COUNTY ART'S COUNCIL GRANTS PROVIDE A FORUM FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES AND THEIR SIBLINGS TO EXPRESS THEIR CREATIVITY IN VARIOUS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

# SCHEDULE O

# Supplemental Information to Form 990

(Form 990)

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.

2009
Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC.

Employer identification number 04-3758711

ART	FORM	4S SUCH	AS I	PAINTI	NG, WR	ITING	G, DRAWING	, SE	WING,	ETC.	THIS	
<u>FUNI</u>	DING	PROVIDE	ED OI	PPORTU	NITIES	FOR	APPROXIMA'	rely	200	INDIVI	DUALS	то
SHO	WCASI	E THEIR	WORI	KS OF	ART.							

UNITED WAY LIFE AND EMPLOYMENT SKILLS TRAINING GRANT - PROVIDE TRAINING

FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES TO ASSIST THEM IN

SEEKING EMPLOYMENT.

EXPENSES \$ 37830. INCLUDING GRANTS OF \$ 27657. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE AGENCY HAS DESIGNATED A SUB

COMMITTEE OF THE BOARD TO REVIEW 990 AND OFFER RECOMMENDATIONS TO THE BOARD

FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO SUBMIT ANNUAL STATEMENTS DISCLOSING ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE FROM THE BOARD OF DIRECTORS UTILIZING DATA FROM SIMILAR TYPES OF ORGANIZATIONS WITHIN THE METROPOLITAN WASHINGTON D.C. OR BALTIMORE AREAS AS WELL AS PERFORMANCE RELATED TO ESTABLISHED GOALS OF THE ORGANIZATION FOR PERFORMANCE BASED COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATIONS FORM 990 IS

AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST. THE FORM 990 IS ALSO

AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDSTAR WEBSITE.

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

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

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.

2009 Open to Public Inspection

Name of the organization RES

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC.

Employer identification number 04-3758711

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AT THE ORGANIZATIONS OFFICE.
FORM 990 PART XI LINE 2 C
FINANCIAL STATEMENTS
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE
INDEPENDENT AUDITOR AND THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL
STATEMENTS. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.