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SCANNED JUN 2 0 2011

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2009** Open to Public Inspection

<u>A</u>	For the 200	09 cal <u>endar y</u>	ear, or tax year beginning $07/01/09$, and ending $06/30/1$	0		
	Check if applica	use IRS	C Name of organization Neighborhood Association for		D Employ	er identification number
	Address change	e label or	Intercultural Affairs, Inc.		12 /	0005100
Ш	Name change	print or type	Doing Business As Number and street (or P O box if mail is not delivered to street address)	Room/suite		2995128 ne number
	Initial return	See	1075 Grand Concourse	1B		-538-3344
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4	I ID	G Gross receip	
\Box	Amended return	l l	Bronx NY 10452		S Gross rooting	
\exists	Application per	nding F Name	and address of principal officer		H(a) Is this a	group return for
_					affiliates	
					H(b) Are all a included	? Yes No
_	_		2 . 41		If "No," a	attach a list (see instructions)
	Tax-exempt Website: ▶		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		-	
	Type of organia		poration Trust Association Other ▶ L	Year of formation 1		xemption number ► ## State of legal domicile NY
	art I	Summa		Year of formation 1	. 9 / O N	n State of legal domicile 14.1
	T		he organization's mission or most significant activities			
	1	ee Sche				
auc						
ñ.						
Activities & Governance	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 2	25% of its net as	sets	
⊗ ⊗	3 Num	nber of voting	members of the governing body (Part VI, line 1a)		3	10
ies	4 Num	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	10
š	5 Tota	al number of	employees (Part V, line 2a)		5	12
Act			volunteers (estimate if necessary)		6	
	7a Tota	al gross unre	ated business revenue from Part VIII, column (C), line 12 siness taxable income from Form 990-T, line 34 RECEIVED		7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	T	7b	0
	8 Con	tributione an		Prior Ye	9,910	Current Year 805, 153
an.			revenue (Part VIII, line 2g)		8,054	383,162
Revenue	_	_	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 10) MAY 2 0 2011		9,244	7,507
æ			revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	J, Z 3 3	41,420	
			add lines 8 through 11 (must equal Part VIII, column (A) line (2)	1,07	8,720	1,237,242
	I		ar amounts paid (Part IX, column (A), lines 1-3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
S	15 Sala	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	54	5,157	715 , 375
penses	16a Prof	essional fun	draising fees (Part IX, column (A), line 11e)			
	b Tota	al fundraising	expenses (Part IX, column (D), line 25) ► 8,709			
ũ	1		(Part IX, column (A), lines 11a–11d, 11f–24f)		4,608	384,141
	1	-	Add lines 13–17 (must equal Part IX, column (A), line 25)		9,765	1,099,516
- 0	19 Rev	enue less ex	penses Subtract line 18 from line 12	Beginning of Cu	8,955	137,726 End of Year
Net Assets or Fund Balances	20 Tota	al assets (Pa	t X line 16)		2,791	609,679
Ass	21 Tota	•	Part X, line 26)		8,834	77,961
E SE	22 Net		d balances Subtract line 21 from line 20		3,957	531,718
	art II		re Block		<u></u>	
		Under pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements,	and to the best	of my knowledge
		and belief, i	is true correct, and complete Declaration of preparer (other than officer) is based on all in	iformation of which	preparer has a	iny knowledge
Sig	yn		241		////	M 13, YOI
He	re	Şignatı	repor officed		Date	/ /
		W	itred Kewia			<u>.</u>
		Type or	print name and title			
Pa	_{id}	Preparer's	Date Date	Check self-	c if	Preparer's identifying number (see instructions)
	eparer's	signature		3/11 emplo	yed 🕨 📙	P00645103
	e Only	Firm's name	(or yours \ Vargas, Ghigliotty & Rivera, LL	P	EIN ▶	13-3747593
J	Ciny	ıf self-emplo	yed), > 586 Route 304		Phone	
		address, an	_ New City, Ni 10330		no 🕨	845-638-3113
May	y the IRS d	liscuss this re	eturn with the preparer shown above? (see instructions)			Yes No

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

13-2995128 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Χ Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Χ complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Χ complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Χ 11 VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more

• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

13	
14a	
	Γ
14b	L
	ľ
15	
16	ĺ

No

Yes

20 Form 990 (2009)

17

18

19

Χ

Χ

X 12

•			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		Χ_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_		<u>X</u>
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		<u>X</u>
þ		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			i
	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		<u>X</u>
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?			3.7
20	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		_ X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
D	Schedule L, Part IV	28b		Х
С		200		
Ŭ	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 3.3		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? 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)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2000)
				(0000)

	Otatemento Rogarding Other Mo Finings and Tax Compilance	 		1	·
19	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable	1a			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rej				
·	gaming (gambling) winnings to prize winners?	Jortabio	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 12			
b	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)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?		3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders of the control of	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е			37
L	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	66		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
ʻa	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	zoode			
a	and services provided to the payor?	joods	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs			
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			
	required?		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1
	organization, have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				,,
a	Did the organization make any taxable distributions under section 4966?		9a	 	X
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
11	Section 501(c)(12) organizations. Enter				
''a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Form 990 (2009) Neighborhood Association for 13-2995128 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? Χ 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? Χ 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? Χ 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

Bronx

organization ▶ Wilfred Renta

1075 Grand Concourse

NY 10452

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition ((chec	C) k all t	(F) Estimated				
	hours per week	Individual trustee or director			Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Terry Irving	1.00							0		
Secretary Elizabeth Ferrera					-			0	0	<u> </u>
Member	4								0	_
Ricardo Martinez	1.00	+	-					0	0	
Member	1.00							0	0	_
Ralina M. Cardona	1.00				<u> </u>			<u> </u>	0	(
Member	1.00							0	0	
Julio Munoz	1.00			\vdash	<u> </u>	\vdash	_	0		<u> </u>
Member	1.00							o	0	
Joel R. Rivera	1.00			\vdash	 				0	
Member	1.00				•			0	0	
Anthony Curry	1.00				<u> </u>					
Member	1.00							ol	0	
Edmond D. Coleman	h									
Member	1.00							ol	0	
Luis W. Osorio										
Chairman	1.00	X						0	0	
Marcos Castro										
Treasurer	1.00	X						0	0	(
Eduardo Laguerre										
Exec. Director				Χ	<u></u>			125,901	0	(
		_								

Part VII	(A) lame and Title	(B) (C) Average Position (check all that app								(E) Reportable	(F) Estimate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount other compens from th organizat and relat organizati	ation e tion ted
							_					
45 7-4-1									125 001			
	umber of individuals (in			_	thos	e lıs	ted a	bov	re) who received more than	\$100,000 in		
employ 4 For any	/ee on line 1a? If "Yes," y individual listed on line janization and related o	complete Schede 1a, is the sum	lule of re	J for porta	suci able	h inc	lividu ipens	ial satio	oyee, or highest compensation and other compensations," complete Schedule J fo	from	3	Yes No X
service	es rendered to the organ	nization? If "Yes,							ny unrelated organization fo such person	r 	5	Х
1 Comple	nsation from the organi	ve highest comp	ensa	ted ı	ndep	end	ent o	cont	ractors that received more	than \$100,000 of		-
La Vil	Name and	(A) business address				663	Mt		Descrip Prospect Avenue	(B) tion of services	Com	(C) pensation
Newar		<u>NJ</u>	0	<u>71</u>					Social Service	9		130,340
2 Total n	number of independent	contractors (inclu	ıdıng	but	not	limite	ed to	tho	se listed above) who receiv	ved		
	han \$100,000 in compe										1 Form	990 (2009)

Part V	/III Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>د</u> 1a	Federated campaigns	1a					
and other similar amounts	Membership dues	1b					[
c Big	Fundraising events	1c					
ar d	Related organizations	1d					
E e	Government grants (contributions)	1e	796,653				
S f	All other contributions, gifts, grants,		· · · · · · · · · · · · · · · · · · ·				
ŧ,	and similar amounts not included above	; _{1f}	8,500				•
g g	Noncash contributions included in lines						
	Total. Add lines 1a-1f		▶ 1	805,153			
2a b c d e f c			Busn Code				
ਙ 2a	Social Service Fee	es		383,162	383,162		
В В)						
<u>3</u> c	;			_	***		
d g	I						Ī
≣ e	•						
ਤੌਂ f	All other program service re	venue					
g	Total. Add lines 2a-2f		>	383,162			
3	Investment income (including	ıg dıvıden	ds, interest, and				
	other similar amounts)		>	7,507			7,507
4	Income from investment of t	tax-exem _l	ot bond proceeds >				
5	Royalties		>				
	(ı) Rea	ıl	(II) Personal				
6a	Gross Rents						
b	Less rental exps						
С	Rental inc or (loss)						
d 7a	Cross amount from		•				ļ
1 ' "	sales of assets (i) Securi	ties	(II) Other				
	other than inventory						
b	Less cost or other						[
	basis & sales exps						
	Gain or (loss)						
	Net gain or (loss)	. г	>				
≝	Gross income from fundraising e	events					
Other Revenu	(not including \$	4-5					
8	of contributions reported on line						
ے <u>ا</u>	See Part IV, line 18	a					
5 2	Less direct expenses	b		Ì	1		
	 Net income or (loss) from full Gross income from gaming active 		events >				
74	See Part IV, line 19						
	Less direct expenses	a b	· · · · · · · · · · · · · · · · · · ·				
1	Net income or (loss) from g		ivities				<u> </u>
	Gross sales of inventory, les		ivities				
1.00	returns and allowances	a					
h	Less cost of goods sold	ь					
1	Net income or (loss) from sa	[ventory •	İ			İ
	Miscellaneous Rever		Busn. Code				
11a				41,420			41,420
b				,			11,120
C						· · ·	
1 -						-	
d	All other revenue						
1	Total. Add lines 11a–11d			41,420			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	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				3							
•	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,				······································						
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	125,901	90,649	31,475	3,777						
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	476,539	433,474	40,818	2,247						
8	Pension plan contributions (include section 401(k)				,						
	and section 403(b) employer contributions)										
9	Other employee benefits	62,449	54,331	7,494	624						
10	Payroll taxes	50,486	43,922	6,059	505						
11	Fees for services (non-employees)			-, , , , ,							
а	Management										
b	Legal										
С	Accounting	7,000	6,090	840	70						
d	Lobbying		37.0.0	- 0.0	, ,						
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other	194,749	186,749	8,000							
12	Advertising and promotion	1,000	870	120	10						
13	Office expenses	56,481	49,138	6,779	564						
14	Information technology	30,401	40,100	0,115	304						
15	Royalties										
16	Occupancy	66,790	58,107	8,015	668						
17	Travel	6,275	5,459	753	63						
18	Payments of travel or entertainment expenses	0/2/0	3, 133								
	for any federal, state, or local public officials	-									
19	Conferences, conventions, and meetings	4,221	3,672	507	42						
20	Interest	1,355	1,179	162	14						
21	Payments to affiliates	1,333	±,±13	102							
22	Depreciation, depletion, and amortization										
23	Insurance	3,753	3,265	450	38						
_•		3,733	3,203	400							
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	Comm. Social Service Exp.	29,719	4,747	24,972							
b	Repairs & Maintenance	8,683	7,554	1,042	87						
c	Social Svc -Program Event	4,115	4,115	1,042	01						
d	Journal Dear Frogram Delic	7,11	4,11								
	}										
e	All other expenses				·						
	All other expenses	1,099,516	052 221	127 406	0.700						
25		1,033,310	953,321	137,486	8,709						
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
DAA	Turner and the state of the sta				Form 990 (2000)						

Part)	K Balance Sheet			raye II
`		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	77,379	1	202,824
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	286,989	3	249,583
4	Accounts receivable, net	14,648	4	15,323
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	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	
Assets 8 8	Notes and loans receivable, net		7	
SS 8	Inventories for sale or use		8	
و ¥	Prepaid expenses and deferred charges	8,197	9	18,190
10a	Land, buildings, and equipment cost or	,		
	· · · · · · · · · · · · · · · · · · ·	43.787		
ь	Less accumulated depreciation 10b	43,787 43,787	10c	
11	Investments—publicly traded securities	57,261	11	114,772
12	Investments—other securities See Part IV. line 11	3.7232	12	
13	Investments—program-related See Part IV, line 11		13	· · ·
14	Intangible assets		14	
15	Other assets See Part IV, line 11	8,317	15	8,987
16	Total assets. Add lines 1 through 15 (must equal line 34)	452,791	16	609,679
17	Accounts payable and accrued expenses	40,908		23,813
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified			
<u>.e</u>	persons Complete Part II of Schedule L		22	
23	•		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	17,926		54,148
26	Total liabilities. Add lines 17 through 25	58,834	26	77,961
	Organizations that follow SFAS 117, check here ▶ X and	30,031		777301
<u>ဗ</u> ္ဗ	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	393,957	27	531,718
Net Assets or Fund Balances 22 28 29 30 31 32 33 34	Temporarily restricted net assets	333,331	28	
드 29	Permanently restricted net assets		29	
`` جَ.	Organizations that do not follow SFAS 117, check here ▶			
֡֡֡֡֡֡֡֡֡֡֡֡֡֡	and complete lines 30 through 34.			
O 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 33	Total net assets or fund balances	393,957	33	531,718
2 34	Total liabilities and net assets/fund balances	452,791	34	609,679
- 134	rotal navintes and het assets/fully palatices	404,191	J4	009,079

Form **990** (2009)

Form 990 (2009) Neighborhood Association for 13-2995128 Part XI Financial Statements and Reporting						
Fa	. I mancial otatements and Keporting		V			
1	Accounting method used to prepare the Form 990	-	Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х		
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	l .		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Neighborhood Association for Intercultural Affairs, Inc.

Employer identification number 13-2995128

P	art i	Reas	on for Public Charity	Status (All organizations	s must d	complet	e this	part.)	See ir	struct	ions		•
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11,	check only	y one box	:)						_
1				ociation of churches described	-								
2	П	A school des	cribed in section 170(b)(1)(a	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	П			d in conjunction with a hospital)(1)(A)(i	ii). Ente	er the ho	spital's name		
		city, and state		,			•	,, ,, ,,	•		•		
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a q	overnme	ental uni	t descri	bed in			
			b)(1)(A)(iv). (Complete Part			, . 3							
6		•		overnmental unit described in s	ection 17	0(b)(1)(A)(v).						
7	X							from the	genera	al public			
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	П) more than 33 1/3 % of its sup		contribut	ions. me	mbersh	ıp fees.	and are	oss		
	_	_		pt functions—subject to certain	•					•			
				id unrelated business taxable in	·-	•	•						
			-	0, 1975 See section 509(a)(2)	· ·			•					
10				exclusively to test for public safe									
11	П			exclusively for the benefit of, to					out the	е			
				ed organizations described in s									
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	mplete lu	nes 11e	through	11h				
		a Type	I b Type II	c Type III-Function	ally integr	ated	d	Тур	e III–Ot	her			
е		By checking t	this box, I certify that the org	anization is not controlled direc	tly or indir	ectly by	ne or m	ore disc	ualified				
		persons othe	r than foundation managers	and other than one or more pul	blicly supp	orted org	anizatio	ns desc	rıbed in	section			
	509(a)(1) or section 509(a)(2)												
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	ог Туре	III suppe	orting				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne						
		following per	sons?										
		(i) A persor	who directly or indirectly co	introls, either alone or together	with perso	ons descr	ibed in (II)				Yes	No
		and (III) I	pelow, the governing body o	the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?							11g(iı)		
		(iii) A 35% c	ontrolled entity of a person of	lescribed in (i) or (ii) above?							11g(III)		
<u>h</u>		Provide the f	ollowing information about t	ne supported organization(s)									
(i)		e of supported	(iı) EIN	(III) Type of organization		organization		ou notify		is the	(vii) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	zed in the	supp	ort	
				(see instructions))	governing	document		port?	U	S?			
					Yes	No	Yes	No	Yes	No			
										1			
					1					ļ ļ			
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		<u> </u>			 	-		 	-	 	·	_	
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Tota	.1												
1 OLG			F .		t	t	í	1	1	t I			

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
	organization, check this box and stop here		▶ [
Sec	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.89 %							
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	97.62 %							
16a	33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this	s box								

57,000

and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

1,900

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

41,420

12

100,320

383,162

3,976,648

10

11

12

Other income Do not include gain or loss from the sale of capital assets

Total support. Add lines 7 through 10

Gross receipts from related activities, etc. (see instructions)

(Explain in Part IV)

Schedule A (Form 990 or 990-EZ) 2009 Neighborhood Association for Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Cai	endar year (or nocar year beginning in)	(a) 2005	(b) 2000	(6) 2007	(u) 2006	(e) 2009		(1) 10(a)	_
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								_
3	Gross receipts from activities that are not an unrelated trade or business under section 513								_
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								_
5	The value of services or facilities furnished by a governmental unit to the organization without charge								_
6	Total. Add lines 1 through 5								_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the			1					
	amount on line 13 for the year								_
С	Add lines 7a and 7b								_
8	Public support (Subtract line 7c from								
	line 6)		L						_
	tion B. Total Support	() 0005	T #1.0000	() 0007	4 11 2000	1 4 1 0000			_
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\rightarrow	(f) Total	_
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b			_			-		-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ve	ar as a section 501	I(c)(3)			_
	organization, check this box and stop her	•						> [_
Sec	tion C. Computation of Public Su	upport Percen	tage						
15	Public support percentage for 2009 (line 8	s, column (f) divide	d by line 13, colun	nn (f))			15	%	_
16	Public support percentage from 2008 Sch						16	%	
<u>Sec</u>	tion D. Computation of Investme					 			_
17	Investment income percentage for 2009 (I	ine 10c, column (f	divided by line 13	3, column (f))			17	%	_
18	Investment income percentage from 2008					L	18	%	_
19a	33 1/3 % support tests—2009. If the orga							. г	_
_	17 is not more than 33 1/3 %, check this b	=	-	•				▶ L	_
b	33 1/3 % support tests—2008. If the orga						and	⊾ Γ	_
20	line 18 is not more than 33 1/3 %, check t		-	•		_			_
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19D, check this bo	x and see instruct	ions		<u> </u>	_

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.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Neighborhood Association for Intercultural Affairs, Inc. 13-2995128 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 Neighborho				995128	Page 2								
Pa	rt III Organizations Maintaining					s (continued)								
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	neck any of the follow	ring that are a signific	cant use of its									
а	Public exhibition	d 🗌 Loai	n or exchange progra	ms										
b														
С														
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV													
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar													
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part													
	IV, line 9, or reported an am													
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or o	ther assets not										
	included on Form 990, Part X?					Yes No								
Þ	If "Yes," explain the arrangement in Part XIV as	nd complete the follow	ing table											
	_					Amount								
	Beginning balance				1c									
d	Additions during the year				1d									
е	Distributions during the year				1e									
f	Ending balance				1f									
	Did the organization include an amount on For	m 990, Part X, line 217	•			Yes No								
	If "Yes," explain the arrangement in Part XIV													
Pa	ert V Endowment Funds. Comple	te if organization	answered "Yes"	to Form 990, P	art IV, line 10.	_ _								
	ļ	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back								
1a	Beginning of year balance													
b	Contributions													
С	Net investment earnings, gains,													
	and losses													
d	Grants or scholarships													
е	Other expenditures for facilities													
	and programs													
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage of the year e	end balance held as		•		-1								
а	Board designated or quasi-endowment ▶	%												
b	Permanent endowment ▶ %													
c	Term endowment ▶ %													
3a	Are there endowment funds not in the possess	sion of the organization	that are held and ad-	ministered for the										
	organization by	non or and organization				Yes No								
	(i) unrelated organizations					3a(i)								
	(ii) related organizations					3a(ii)								
h	If "Yes" to 3a(ii), are the related organizations I	listed as required on So	rhedule R2			3b								
4	Describe in Part XIV the intended uses of the c	•				_3b								
	et VI Investments—Land, Buildir			90 Part X line 1	in									
	Description of investment	(a) Cost or other basis			ccumulated	(d) Book value								
		(investment)	basis (othe	' '	preciation	(a) Dook value								
1a	Land													
b	Buildings													
	Leasehold improvements													
	Equipment		4.3	3,787	43,787									
	Other				<u> </u>									
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X. o	column (B), line 10(c)	+)	•									
	, , , , , , , , , , , , , , , , , , , ,		(= /, (0)	•	Sahadi									

	990. Part X. line 12		
Part VII Investments—Other Securities. See Form			
• (a) Description of security or category	(b) Book value	(c) Method of val	uation
(including name of security)	(1,7221111111111111111111111111111111111	Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
	_	· · · · · · · · · · · · · · · · · · ·	
 	-		
	_		
	_		
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Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. See Form	n 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of val	uation
		Cost or end-of-year m	
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Total. (Column (b) must equal Form 990 Part X col. (B) line 13.)			
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Part IX Other Assets. See Form 990, Part X, line 1	5.		
	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 1	5.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 1	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15)	5.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description	5.	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15)	5.	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. ne 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability Federal income taxes	5. ne 25. (b) Amount		(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 1 (a) Description Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability Federal income taxes	5. ne 25. (b) Amount	>	(b) Book value
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Sche	dule D (Form 990) 2009 Neighborhood Association for	r 13-299512	28	Page 4
_	rt XI Reconciliation of Change in Net Assets from Form 990			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,237,242
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,099,516
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	137,726
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10	137,726
	art XII Reconciliation of Revenue per Audited Financial State		eturn	
1	Total revenue, gains, and other support per audited financial statements		1 1	1,237,242
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,237,242
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T I	-	1,231,242
	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a	• • • • • • • • • • • • • • • • • • • •	4a 4b	1 1	
b	Other (Describe in Part XIV)	40	┥ 。 ╽	
c	Add lines 4a and 4b		4c	1,237,242
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	amonto With Evanges nov		
	art XIII Reconciliation of Expenses per Audited Financial State	ements with Expenses per	T . T	1,099,516
1	Total expenses and losses per audited financial statements		1	1,099,516
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	4 1	
C	Other losses	2c	-	
d	Other (Describe in Part XIV)	2d	-	
e	Add lines 2a through 2d		2e	1 000 510
3	Subtract line 2e from line 1	i i	3	1,099,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV)	4b	4	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	1,099,516
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	II, lines 1a and 4, Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	II, lines 2d and 4b Also complete		
this p	part to provide any additional information			

Sched	lul <u>e</u> [) <u>(</u> Fc	orm 9	90)	2009	N	eı	gh.	bo1	<u>rh</u>	000	d <i>I</i>	<u> 18</u>	<u> </u>	<u>ci</u>	<u>at</u>	10	n	fo	r				<u> 13</u>	-29) 95	<u>12</u>	8						Page	5
Sched	t XI	٧	Su	ppl	eme	ental	Inf	orn	natio	on	(co	ntin	ue	<u>d)</u>																					
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SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Neighborhood Association for Inc.

Employer identification number 13-2995128

Form 990 - Organization's Mission or Most Significant Activities

Its mission is to build and maintain affordable housing, to provide housing mediation and legal representation to area residents and to help them become active and contributing citizens, and to provide educational-cultural programs aimed at bringing together the myriad cultures that make up the Bronx while providing the necessary skills to gain for them meaningful employment and/or higher educational opportunities.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 The Executive Director and Fiscal Director review the annual filings for completeness and accurancy. The annual filings are then presented to the Board for final approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
On an annual basis, each Board Member is required to complete a disclosure statement.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.