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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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 Inspection Internal Revenue Service 7/1/2009 For the 2009 calendar year, or tax year beginning and ending 6/30/2010 HAGERSTOWN NEIGHBORHOOD DEVELOP Check if applicable C Name of organization D Employer identification number use IRS Address change Doing Business As 42-1616359 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. Initial return 21 EAST FRANKLIN STREET 301-797-0900 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-HAGERSTOWN MD 21740 G Gross receipts \$ Amended return 1.475.936 tions Application pending Name and address of principal officer Yes X H(a) Is this a group return for affiliates? SHARON DISQUE 21 EAST FRANKLIN ST, HAGERSTOWN, MD 21740 H(b) Are all affiliates included? X 501(c) ( If "No," attach a list (see instructions) Tax-exempt status 3) **◄** (insert no) 4947(a)(1) or 527 J Website: ▶ www hagerstownhomestore.org H(c) Group exemption number ► N/A X Corporation K Form of organization Trust Association Other > L Year of formation 2003 M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities. Encourage the creation, development, expansion and retention of housing, community and economic development for the benefit of the City of Hagerstown. The HNDP intends to SCANNED JAN 2 0 2011 increase financial investments in housing, commercial and industrial projects in Hagerstown by providing loans and equity investments and leveraging other funding sources to make projects feasible in distressed areas. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 11 Number of independent voting members of the governing body (Part VI, line 1b) . 4 11 Total number of employees (Part V, line 2a) . . . 5 5 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C), line 12. . . 7a Net unrelated business taxable income from Form 990-T, line 34. 7b 0 Current Year Contributions and grants (Part VIII, line 1h). . . 174,687 226,378 9 Program service revenue (Part VIII, line 2g). 25,696 78,276 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 10 215.343 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9.188 793 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 209,571 520,790 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . 42,000 14 Benefits paid to or for members (Part IX, column (A), line 4). . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 213,114 231,202 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f 101,561 59,728 Total expenses. Add lines 13-17 (must equal Part IX, column (A) Vine 23 18 314,675 332.930 19 Revenue less expenses Subtract line 18 from line 12 -105.104187,860 Beginning of Current Year **End of Year** 2011 0 20 Total assets (Part X, line 16) . . . 1,189,674 386,191 21 Total liabilities (Part X, line 26) . . . 1,005,980 14,637 Net assets or fund balances. Subtract line 21 from line 202 183,694 371,554 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here SHARON DISQUE **EXECUTIVE DIRECTOR** Type or print name and title Preparer's Date Preparer's identifying number Check if SOHNOZ signature Paid self-(see instructions) ► X 1/5/2011 employed Preparer's Firm's name (or yours N.Y.T. CERTIFIED PUBLIC ACCOUNTANTS, LLC EIN **Use Only** if self-employed), 864 JEFFERSON BLVD, HAGERSTOWN, MD 21740 ▶ (301) 797-6609 address, and ZIP + 4 Phone no

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Гб	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	The HNDP was organized to encourage the creation, development, expansion and retention of housing, community and	
		stments
		2001
	iefly describe the organization's mission  HNDP was organized to encourage the creation, development, expansion and retention of housing, community and conomic development for the benefit of the City of Hagerstown. In addition, the HNDP intends to increase financial investments, housing, commercial and industrial projects in Hagerstown by providing loans and equity investments and leveraging other inding sources to make projects feasible in distressed or specifically designated target areas  I die organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-E27.  I ves. "describe these environments or Schedule O.  I die organization cease conducting, or make significant changes in how it conducts, any program rivices?  I ves. "describe these changes on Schedule O.  I describe the exempt purpose achievements for each of the organization's three largest program services by expenses, action 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and occations to others, the total expenses, and revenue, if any, for each program service reported.  I dee.  I (Expenses \$ 252,575 including grants of \$ 0 ) (Revenue \$ 0) recurage the greation, development, expansion and retention of housing, Increase financial investments in housing, immercial and industrial projects by providing loans & equity investments and leveraging other funding purces to make projects feasible in distressed or targeted areas. The organization also provides housing and reclosure counseling.  I described the creation of the organization also provides housing and reclosure counseling.	
2		
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting or make significant changes in how it conducts, any program	
•		X No
		NO
4		
		nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
12	(Code. ) (Expenses \$ 252,575 including grants of \$ 0 ) (Revenue \$	0)
4a		
	,	
	foreclosure counseling.	
	•	
	·	
	·	
	,	
	·	
4h	、(Code \ \ (Evnenses \$ □ including grants of \$ □ \ \ (Revenue \$	Λ)
4b		
4c		
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	

•	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<b>↓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	├
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	complete Schedule D, Part IV	9	Х	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.		i	
•	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	Ì		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	-		1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI, XII, and XIII	12	Х	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? <i>If</i> "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>	-	<del>  ``</del>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	Х

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	•		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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	\		١
	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	04-		
_	24b through 24d and complete Schedule K. If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	<u> </u>	_ X_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
LVa	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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l ,		
	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		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b>-</b>	X
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i> Schedule L, Part IV	206		v
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		X
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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,			
	Part I	31		Х
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		<u> </u>
34	III, IV, and V, line 1	34		V
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		<u> </u>
00	Schedule R, Part V, line 2	35		Х
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		Х
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	<u> </u>	

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Par	t 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			
L	U.S Information Returns Enter -0- if not applicable	<del>-</del>	ļ	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	.		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	·   - 10		<del>  ^</del>
Za	Statements, filed for the calendar year ending with or within the year covered by this return  2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see			$\vdash$
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	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?	. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			١
_	Prohibited Tax Shelter Transaction?	. <u>5c</u>		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	.   6ь		
7	Organizations that may receive deductible contributions under section 170(c).	. 00		<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	. 7a	·	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>  ^</del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·   · · ·		<u> </u>
	required to file Form 8282?	. 7c	l	x
d	If "Yes," indicate the number of Forms 8282 filed during the year		$\neg \neg$	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		L
h	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			
0	organization, have excess business holdings at any time during the year?	. 8		<del> </del>
9				-
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	30		<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	<b>-</b>	ļ	1
	against amounts due or received from them )			l

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

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			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	x	1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
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	Х	
13	Does the organization have a written whistleblower policy?	13	Χ	
14	Does the organization have a written document retention and destruction policy?	14	Χ	1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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?	16a		Χ
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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the conflict of inter	st		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► VICKI BENDER (301) 797-09	00		
	21 EAST FRANKLIN STREET, HAGERSTOWN, MD 21740			

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

- 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)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per week		<del>-</del> -	_	,	that ap	Former	Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ē	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
RICHARD W PHOEBUS PRESIDENT	1	. x		х				0	0	
JOHN M MENARD VICE PRESIDENT		X		х				0	0	
PHILLIP KELLY FREASURER		X		х				0	0	
JOSEPH KUHNA SECRETARY		. x		х				0	0	
JOSEPH A MARSCHNER MEMBER	1	. x						0	0	
ANN BASS MEMBER	1	. x						0	0	
STEPHEN BASS MEMBER	1	x			İ			0	0	
DENNIS MILLER MEMBER	1	х						0	0	
ERIC HASTINGS MEMBER	1	. x						0	0	
JUDITH WHEELER MEMBER	1	x						0	0	
JANICE KELSH MEMBER	1	. x						0	0	
SHARON DISQUE EXEC DIR	40	J		х		Х		82,435	0	

Pa	rt VII Section A. Officers, Directors, Tre	ustees, Key Em	ploy	ees.	, and	j Hiç	jhes	t Co	mpensated Em	ployees (contin	nued)	
	` (A)	(B)			-	C)			(D)	(E)	(F)	
	Name and title	Average hours per week	Position (checonic or direction)			_			Reportable compensation from	Reportable compensation from related	Estima amour othe	t of
			Individual trustee or director	nstitutional trustee	ær	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from to organize and relations organize	sation he ation ated
									-	***		
											-	
												· ·
<u>1b</u>	Total	<u> </u>	<u>.</u>			<u> </u>		. ▶	82,435	0		
2	Total number of individuals (including but no reportable compensation from the organization)	ot limited to thos	e list	ed a	_	e) wh	no re	ceive	ed more than \$1	00,000 in		
	reportable compensation from the organization				0						Yes	No
3	Did the organization list any <b>former</b> officer, of employee on line 1a? <i>If "Yes," complete Sch</i>	director or truste	e, ke	ey er	nplo	yee,	or h	ighe:	st compensated	-41 - 1-41		
4	For any individual listed on line 1a, is the sur									_	3	<u> </u>
•	the organization and related organizations g individual	reater than \$15	0,00	)? <i>If</i>	"Yes	s, " co	omple			ıch	4	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	ccrue compens	ation	fron	n any	y uni	elate					
Sec	tion B. Independent Contractors	os, compiete of	JIIGU	uie J	101 3	sucri	pers	SUIT	· · · · ·		5	<u>X</u>
1	Complete this table for your five highest comcompensation from the organization.	pensated indep	end	ent c	ontra	acto	rs tha	at red	ceived more that	n \$100,000 of		
	(A) Name and business ad	ddress							(B) Description of serv	ices Co	(C)	
												0
												0
							-					0
2	Total number of independent contractors (inc	cluding but set !	imito	d to	thos	مالم	tod c	hour	a) who received		<del></del>	0
-	more than \$100.000 in compensation from the	-		u iU	แเบร	C 112	iea a ה		e) with received	ļ		

Par	t VIII	Statement of Revenue					1		
	,	•			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns		1a	0				
ᆵ	b	Membership dues		1b	0				
S, C	С	Fundraising events		1c	0				
gift	d	Related organizations		1d	0				
ž, <u>Ē</u>	е	Government grants (contributions)		1e	186,178				
tion	f	All other contributions, gifts, grants	, and						
ig ş		similar amounts not included above	e	1f	40,200				
盲	g	Noncash contributions included in	ines 1a-1f: \$	<u> </u>	0				
<u>သူ</u>	h	Total. Add lines 1a-1f				226,378			
- e					Business Code				-
en (	2a	HOUSING COUNSELING				33,158			
Ŗ	b	DEVELOPMENT PROPERTY FEE	S			40,000			
ဦ	С	COLLOCK FOR THE ACTO FFF				1,618			
ě	d	CPIP PROGRAM RECAPTURE				3,500			
Ē	е					0			
gra	f	All other program service revenue		•		0			
Pro	a	Total. Add lines 2a-2f		. '		78,276			<del></del>
	3	Investment income (including divide							
		, -			" <b>.</b> ▶[	489			
	4	Income from investment of tax-exe				0	<del></del>		
	5	Royalties				0	<del></del> -		
	J	Noyalles	(i) Real	• •	(II) Personal	0			
	6a	Gross Rents	(i) iteal		(ii) r ersonar				
	b	Less. rental expenses	· - ·						
		Rental income or (loss) .		0	0				
	2		_						
	d	Net rental income or (loss) Gross amount from sales of				0			
	7a		(ı) Securitie	* 0	(II) Other				
	L	assets other than inventory		씍	1,170,000				
	D	Less. cost or other basis			055 440				
	_	and sales expenses		0					
	C	• •			= : :,00 :				
	d	Net gain or (loss)			<u> </u>	214,854			
<u>o</u>	8a	Gross income from fundraising	•					!	
ักเ เ		events (not including \$							
Other Revenue		of contributions reported on line 1c							
	_	See Part IV, line 18			0				
he		Less direct expenses		b	0				
	C	Net income or (loss) from fundraising		٠	<b>.</b>	0			
	9a	Gross income from gaming activitie		j	ا				
	_	See Part IV, line 19		,	0				
		Less. direct expenses		b	0				<del></del>
		Net income or (loss) from gaming a	ctivities	٠.	<u></u> ▶	0			
	10a	Gross sales of inventory, less							
	_			· · · · · ·	0				
		Less cost of goods sold		b	0				
	С	Net income or (loss) from sales of i	nventory	<del>-: i</del>	T	0			
-		Miscellaneous Revenue			Business Code				- 1000
		OTHER INCOME				793			
	b			.		0			
	C			.		0			
	d	All other revenue		l		0			
	е	Total. Add lines 11a-11d			▶[	793			
	12	Total revenue. See instructions			<b></b>	520 790	0	<u>ا</u>	

### 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	I (A) but are not led	dired to complete	Columns (B), (C), a	iria (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	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21	ol			
2	Grants and other assistance to individuals in	,,,,,			
	the U.S See Part IV, line 22	42,000	42,000		
3	Grants and other assistance to governments,			······	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	ol		=	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	82,435	57,705	24,730	
6	Compensation not included above, to disqualified	52,	3,1,49	21,700	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	106,048	81,765	24,283	
8	Pension plan contributions (include section 401(k)				·
•	and section 403(b) employer contributions).	3,684	2,726	958	
9	Other employee benefits	24,138	17,380	6,758	
10	Payroll taxes	14,897	11,031	3,866	
11	Fees for services (non-employees):	, ,,,,,,,,	11,001	0,000	<del></del> -
а	Management	o			
b	Legal	0	• ,		
C	Accounting	3,895	****	3,895	- "
d	Lobbying	0		0,000	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0		,	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	2,852	1,426	1,426	
14	Information technology	0	.,,,20	1, 120	
15	Royalties	0			
16	Occupancy	6,466	3,466	3,000	
17	Travel	0,100	9,1,00	5,550	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	اه			
19	Conferences, conventions, and meetings	3,823	1,636	2,187	<del></del>
20	Interest	0			·
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,728	13,526	2,202	0
23	insurance	2,945	0	2,945	-
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	Real Estate Taxes - Development Property	15,856	15,856		
þ	Credit Reports	2,877	2,877		
C	Due and Subsriptions	2,560		2,560	
d	Telephone	1,680	840	840	
е	Mischellaneous	1,046	341	705	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	332,930	252,575	80,355	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization		]		
	reported in column (B) joint costs from a combined		ł		
	educational campaign and fundraising				
	solicitation				

Form 990 (2009)

**Balance Sheet** Part X (A) (B) Beginning of year End of year 1 216,422 375,638 1 2 2 0 3 0 3 0 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net . . . 7 0 8 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . . 9 2,207 9 Land, buildings, and equipment: cost or 10a 10a other basis Complete Part VI of Schedule D **b** Less: accumulated depreciation . . . . 10b 973,252 10c 8,346 11 0 11 0 Investments—other securities. See Part IV, line 11. 0 12 0 12 13 Investments—program-related. See Part IV, line 11 . . . ol 0 13 0 0 14 14 ol 15 0 15 1.189.674 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 386,191 5,980 17 17 14,637 18 18 Deferred revenue . . . . . 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0 Unsecured notes and loans payable to unrelated third parties . . . 1.000.000 24 24 0 25 25 0 26 Total liabilities. Add lines 17 through 25 . 1,005,980 14,637 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 183,209 27 27 371,069 485 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 183,694 33 371,554 Total liabilities and net assets/fund balances . . . . 1,189,674 34 386,191

Form **990** (2009)

Form 990 (2009) Part XI **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: X Cash Accrual 1 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . . 2a 2a Χ Were the organization's financial statements audited by an independent accountant?. 2b 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 Х 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 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**

OMB No 1545-0047

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

► See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Employer identification number Name of the organization HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP. INC. 42-1616359 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public ΓXI 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III-Functionally integrated a | Type I Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EiN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No 0 0 0 0

Total

Schedule A (Form 990 or 990-EZ) 2009 HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC. 42-1616359 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 263,469 include any "unusual grants"). 425,519 308,552 174,687 229,878 1,402,105 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . 14,662 14,662 14,662 14,662 14,662 73,310 Total. Add lines 1 through 3 . . . . . 440,181 278,131 323,214 244,540 189,349 1,475,415 The portion of total contributions by each person (other than a governmental unit or publicly supported organization)

	included on line 1 that exceeds 2% of the	J					
	amount shown on line 11, column (f)					1	
6	Public support. Subtract line 5 from line 4.						1,475,415
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	440,181	278,131	323,214	189,349	244,540	1,475,415
8	Gross income from interest, dividends,						.,,,,,,
	payments received on securities loans,			j			
	rents, royalties and income from similar						
	sources	0	0				0
9	Net income from unrelated business						
	activities, whether or not the business is						
4.0	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	40.600	00.070	50.004	0.400		
11	Total support. Add lines 7 through 10	48,688	93,278	53,221	9,188	793	205,168
12	Gross receipts from related activities, etc. (s	ee instructions	l			12	1,680,583
13	First five years. If the Form 990 is for the or				[		\(\alpha\)
13	organization, check this box and stop here				•	•	
C			· · · · · ·	· · · · ·	• • • • •	<u> </u>	▶∟
<u>Sec</u> 14	tion C. Computation of Public Support						
14 15	Public support percentage for 2009 (line 6, c					14	87.79%
-	Public support percentage from 2008 Sched					15	86.42%
16a	33 1/3% support test-2009. If the organizar	tion did not che	ck the box on	line 13, and lin	e 14 is 33 1/3%	% or more, che	ck this box
	and stop here. The organization qualifies as						
b	33 1/3% support test-2008. If the organization	tion did not che	ck a box on lin	e 13 or 16a, a	nd line 15 is 33	3 1/3% or more	, check this
4	box and <b>stop here</b> . The organization qualified	es as a publicly	supported org	anization			▶ 🗀
17a	10%-facts-and-circumstances test-2009.	if the organizati	ion did not che	ck a box on lin	e 13, 16a, or 1	16b, and line 14	l is 10%
	or more, and if the organization meets the "f	acts-and-circun	nstances" test,	check this box	cand stop her	e. Explain in P	art IV how
_	the organization meets the "facts-and-circum	istances" test.	i ne organizati	on qualifies as	a publicly sup	ported organiza	ation 🕨 🔝
b	10%-facts-and-circumstances test-2008.	ii iiie organizati	ion ala not che	ck a box on lin	e 13, 16a, 16b	o, or 1/a, and li	ne 15 is 10%
	or more, and if the organization meets the "f	acts-and-circun	nstances" test,	cneck this box	and stop her	e. ⊨xplain in F	art IV how
	the organization meets the "facts-and-circun					_	ation 🕨 💹
18	Private foundation. If the organization did not che	eck a box on line	13, 16a, 16b, 17	7a ,or 17b, check	this box and se	e instructions	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2009 HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC 42-1616359

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

<u> </u>	(Complete only if you checked to	ne box on line	9 of Paπ I.)		<del></del>	<del></del>	
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(C) 2007	(u) 2006	(e) 2009	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0				0
	include any unusual grants )	<del></del>					
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	0	0				0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						_ 0
4	Tax revenues levied for the organization's benefit and either paid to or expended on						. <u> </u>
_	its behalf	0	0				0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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				ı		
	amount on line 13 for the year						0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
_	line 6.)						0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	o	. 0	. o	0	0	0
10a	Gross income from interest, dividends,					, ,	<u></u>
	payments received on securities loans, rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less		<u> </u>				
	section 511 taxes) from businesses	1		i			_
	acquired after June 30, 1975						0
	Add lines 10a and 10b	_ 0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	1					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	ol	o				0
13	Total support. (Add lines 9, 10c, 11,						<del>-</del>
	and 12.)	o	o	o	o	o	0
14	First five years. If the Form 990 is for the org	janization's firs	t, second, third	l, fourth, or fifth	tax year as a	section 501(c)	(3)
	organization, check this box and stop here.						`.´ <b>▶</b> [
Sect	tion C. Computation of Public Support	Percentage	<del></del>	<del></del>	<del></del>		
15	Public support percentage for 2009 (line 8, co		d by line 13. co	olumn (fl)		15	0.00%
16	Public support percentage from 2008 Schedu					16	0.00%
	tion D. Computation of Investment Inco			<u> </u>			0.0070
17	Investment income percentage for 2009 (line			e 13, column (1	3)	17	0.00%
18	Investment income percentage from 2008 Sc					18	0.00%
	33 1/3% support tests-2009. If the organization						
	not more than 33 1/3%, check this box and st						. ▶ [
b	33 1/3% support tests-2008. If the organization di	-	-	•		•	
_	line 18 is not more than 33 1/3%, check this box an						▶ [
20	Private foundation. If the organization did no		-			-	. ▶⊨

Schedule A (Form 9	990 or 990-EZ) 2009	HAGERSTOV	VN NEIGHBO	RHOOD D	EVELOPM	IENT PARTNE	RSHIP, INC.	1616359	Page 4
Part IV	Supplemental	Information.	Complete thi	s part to p	provide the	explanations	s required by	Part II, line 10	);
•	Part II, line 17a	or 17b: and P	art III. line 12	2. Provide	any other	additional inf	ormation S	ee instructions	•
		<u>,</u>			y ••.			<u> </u>	<u> </u>
•									
		- <b>-</b>							
		• • • • • • • • • • • • • • • • • • • •			· <b></b>				
					· <b></b>				
								•	
			· • • • • • • • • • • • • • • • • •						

# SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC. 42-1616359 Organizations Maintaining Donor Advised Funds or Other Similar Funds 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) . . . 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 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area | X | Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 2a 2b Number of conservation easements on a certified historic structure included in (a). 2c 1 Number of conservation easements included in (c) acquired after 8/17/06 . . . . . 2d 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year ▶ \_\_\_\_0 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X . . . . . . . . . . . . .

Part	III Organizations Maintaining C	Collections of	Art, His	torical 1	reasures, o	r Oth	er Similar As	sets (c	ontinu	ied)
3.	Using the organization's acquisition, ac		ther reco	ords, chec	ck any of the fo	ollowii	ng that are a s	ignificant		
	use of its collection items (check all the	at apply).	. —	1.						
a	Public exhibition		d	i	or exchange p	_				
b	Scholarly research		e	Other						
С	Preservation for future generation	ons								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Part	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a										
b	If "Yes," explain the arrangement in Pa					• •	• •	□ ''	, <b>s</b> []	140
,	ii res, explain the alrangement ii re	are Arv and Con	ipicie ine	TOHOWING	, table			Amount		
С	Beginning balance					1c	-	willount		
d	Additions during the year					1d	-			
e	Distributions during the year					1e				
f	Ending balance					1f	-			
_	•						·		. V	
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
Part			uzation a	newere	d "Yes" to Fo	rm Q	90 Part IV lis	ne 10		
ıaıı		(a) Current year		or year	(c) Two years ba		(d) Three years bac		ur years	back
1a	Beginning of year balance		(2)	<del></del>	(0) (110 )0010 01	-	(2)	(6), (	ur youro	
b	Contributions									
C	Net investment earnings, gains,	·				_				
	and losses					l		ļ		į
d	Grants or scholarships	<del></del> .			<del></del>			<del> </del>	·····	
e	Other expenditures for facilities									
•	and programs							İ		
f	Administrative expenses									
g	End of year balance	0		0			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
2	Provide the estimated percentage of the year end balance held as:									
а	a Board designated or quasi-endowment									
b	Parameter de la decompant									
С	<b>T</b>									
3a										
	organization by:		_						Yes	No
	(i) unrelated organizations	<i>.</i>						3a(i)	ĺ	
	(ii) related organizations						<i>.</i> .	3a(ii)		
b	If "Yes" to 3a(ii), are the related organic	zations listed a	s require	d on Sche	edule R?			3b		
4	Describe in Part XIV the intended uses	of the organiz	ation's er	<u>idowme</u> n	t funds					
Part	VI Investments—Land, Buildir	ngs, and Equ	ipment.	See For	m 990, Part.	X, lın	e 10.			
	Description of investment	(a) Cost or ot (investm			st or other s (other)		ocumulated preciation	(d) Bo	ok value	9
1a	Land		0		450,000					
b	Buildings		0		571,186		0			0
С	Leasehold improvements		ō		8,500		1,841		•	3,659
d	Equipment		0		7,996		6,309			1,687
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d)	must equal For	m 990, P	art X, col	umn (B), line 1	10(c).	) •			8,346

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12	
. (6	a) Description of security or category     (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial de	erivatives	0		
Closely-hel-	d equity interests	0		
Other		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0	<del></del>	
		0		
	p) must equal Form 990, Part X, col (B) line 12)	0	<u> </u>	
Part VIII	Investments—Program Relate	<b>d.</b> See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
	n) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P			
		a) Description		(b) Book value
	<del></del>	<del></del>		
	<del> </del>			<u>C</u>
		**-		0
<del></del>				
				<u>_</u>
Total (Colu	ımn (b) must equal Form 990, Part X, o	col (P) line 15 )		0
Part X	Other Liabilities. See Form 990		<u> </u>	C
1.	(a) Description of liability	(b) Amount		··· <u>-</u>
Federal inco		(b) Amount	0	
i ederal liice	one taxes		0	
			0	
			<u> </u>	
	<del></del>	·····	<u> </u>	
		<del></del>	0	
			0	
	<del></del>	<u> </u>	<del></del>	
			<u>0</u> 0	
	1		0	
		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Total (Column /h	) must equal Form 990, Part X, col (B) line 25 )		0	
Julia (Column (b)	y musi equal Form 990, Fall A, CUI (B) line 20 )		_0	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	uie D (Form 990) 2009					Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Aud	ited Financia	Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		520,790
<b>Ž</b>	Total expenses (Form 990, Part IX, column (A), line 25)			2		332,930
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		187,860
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		0
10	Excess or (deficit) for the year per audited financial statements. Combine li			10	<u> </u>	187,860
	t XII Reconciliation of Revenue per Audited Financial Statem			per		
1	Total revenue, gains, and other support per audited financial statements.			$\vdash$	1	535,452
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ ا				
а	Net unrealized gains on investments	2a	446			
b	Donated services and use of facilities	2b	14,6	62		
C	Recoveries of prior year grants	2c		<b></b> ∤		
d	Other (Describe in Part XIV.)	2d				44.000
е	Add lines 2a through 2d			H	2e	14,662
3	Subtract line 2e from line 1	· · · · ·		-	3	520,790
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_			ł	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b		$\dashv$		
b	Other (Describe in Part XIV.)			<del></del>	4-	0
C				. F.	4c	<u>0</u> 520,790
5 Dat	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statem			e n		520,790
1	Total expenses and losses per audited financial statements			cs p	1	347,592
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			<b></b>		J+1,032
a	Donated services and use of facilities	2a	14,6	162		
b	Prior year adjustments	2b	17,0	,0 <u>2</u>		
C	Other losses	2c		$\dashv$		
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d			<del></del>		14,662
3	Subtract line 2e from line 1				3	332,930
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 '1'				002,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b			$\Box$	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	332,930
	t XIV Supplemental Information	, .	, , , , , ,		<u></u> .	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and part to provide any additional information	l Part X	III, lines 2d and	4b /	Also comple	te
Part	II Line 9 The City of Hagerstown entered into a deed of preservation easem	<u>ent wit</u> l	<u> </u>			
the !	Maryland Historical Trust for property located at 9-11 South Potomac Street					
Hag	erstown, Maryland. The City transferred title of the property, to the organizati	ion for				
no c	onsideration. In conjunction with the property transfer, the organization enter	red into	)			
a lease/purchase agreement with the Board of Education of Washington County. The						
orga	nization has only mere legal title to the property.					·
Dort	II Line Q (contd) - As such the organization does not report the conservation					

## HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC 42-1616359

Schedule D (Form		Page <b>5</b>
Part XIV	Supplemental Information (continued)	<del> </del>
eàsement in it	its revenues and expenses statement or balance sheet.	
		••
		<b></b>
	•	
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

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Open to Public Inspection

42-1616359

Part I General Information on Grants and Assistance	on Grants	and Assistance					
1 Does the organization maintain records to substantiate	tain records to s	ubstantiate the am	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, the grantee	s' eligibility for the gran	nts or assistance, and	
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	o award the gran nization's proce	its or assistance? dures for monitorin	g the use of grant fund	ts in the United States			X Yes
Part II Grants and Other Assistance to Governme	Assistance to	<b>Governments a</b>	ents and Organizations in the United States. Complete if the organization answered "Yes" to	n the United States	. Complete if the org	janization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient th	line 21, for any	recipient that rec	nat received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use	000 Check this box	if no one recipient re	eceived more than \$	55,000. Use
railly alid Schedu	36 IIIOL) I -I 21	au additional st	rait i Valid Schedule I-1 (Politi 990) il additional space is rieeded .		.		
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

2 Enter total number of section 501(c)(3) and government organizations.
 3 Enter total number of other organizations.
 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC

42-1616359

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 0 (d) Amount of non-cash assistance 0 42,000 Ö 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 12 0 0 0 0 ō (b) Number of recipients DOWNPAYMENT ASSISTANCE PROGRAM (a) Type of grant or assistance Part III Part IV

Schedule I (Form 990) 2009

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC.	42-1616359
Form 990 Part VI Section B Line 11 The organization distributes a draft 990 in electron	nic
format to the members of its governing body for review prior to filing.	
Form 990 Part VI Section B Line 12C The organization requires all board members to	complete
and update the conflict of interest policy.	
Form 990 Part VI Section B Line 15A When the Executive Director was hired an inde	pendent third
party was retained to establish a compensation package. All subsequent increases h	ave been
cost of living increases.	
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