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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545 0047 2009

Department of the Treasury

Depar Intern	tment of t al Revenu	he Treasury e Service	_	► The organization may have to u	se a copy of this return to satis	fy state reporti	ng requireme	ents	Ope	n to Public Inspec
-	For the	2009 calend	lar year, o	r tax year beginning Jul	1 ,2009	9, and endir	ıg Jun	30		, 2010
	Check if ap			C Name of organization		·	<u> </u>			fication Number
	Addre	ss change	Please use IRS label	NEIGHBORHOOD SERV	CE CENTER, INC			52-0	09823	396
	Name	change	or print or type.	Number and street (or P O box		addr) Room/s	suite	E Telepho	ne numb	oer
	Ħ	return	See specific	126 PORT ST			1	(41)	0) 82	22-5015
	Ħ	nation	Instruc- tions.	City, town or country	State	ZIP code + 4	4			
	<del>                                     </del>	ded return		EASTON	MD	21601		G Gross re	eceiots S	1,619,224.
	<b>=</b>	ation pending	F Name a	nd address of principal officer			H(a) Is this a	a group retur		
		1		. Black 8672 Misty Brookw	av Easton M	ID 21601		affiliates incl		Yes
	Tay.ey	cempt status		(c) (3 ) <b>(</b> (insert no )	4947(a)(1) or	527	If 'No,'	attach a list	(see ins	tructions)
.l				hborhoodservicecer		1 102,	H(c) Group (	exemption ni	ımher ►	•
<del>-</del>		organization	X Corpora			Year of Forma				egal domicile MD
Pa		Summa		, , , , , , , , , , , , , , , , , , , ,	7 0 0 0 0	rear or roma	1001 1371	71	Julie Of It	agai delinicile 112
Ť				anization's mission or most s	significant activities T	he Orga	nizatio	on pro	vide	s homeless
				ough programs that						
Activities & Governance				ance, transitional						
Ē				all to assist the						
8		neck this bo		if the organization discontinu						
٥	3 No	umber of vo	ting mem	bers of the governing body (F	Part VI, line 1a)					14
98				t voting members of the gove	rning body (Part VI, line	: 1b)			$\rightarrow$	14
₹			•	yees (Part V, line 2a)						18
<b>5</b>				eers (estimate if necessary)					-	23
		-		usiness revenue from Part V	· ·		•		7a	
$\dashv$	D 146	et unrelated	business	taxable income from Form 9	90-1, line 34				7b	
	• •							Prior Year		Current Year
e l			_	ts (Part VIII, line 1h)		•	<u>-</u>	L,138,9	999.	1,606,2
Ē				ue (Part VIII, line-2g)			-		210	
Revenue	10 Investment income (Part V			may lift column (A); lines 3, 4	, and /d)		<del></del>		910.	2,3
_	11 Of	Other revenue (Part VIII, column (A), lines 5, 6d (8d, 9c, 10c, and 11e)  Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)							968.	9,2
	12 To	otal revenue	- agg, II	APH A AUG I I	Part VIII, Column (A), II	ne 12)	<del>-  </del>	1,157,8		1,617,8
	13 G	rants and si	milar ami	ounts paid (Rart X, column)	A), lines 1-3)		<u> </u>	592,9	921.	497,9
				members (Part IX, column (A	<u> </u>	407 1	174	400 5		
69	<b>15</b> Sa	alaries, othe	er comper	sation employee benefits (F	art IX, column (A), lines	5 5-10)		407,3	1/4.	488,5
Ехрепзез	16a P	rofessional	fundfaisir	g fees (Part IX, column (A),	line 11e)					
dx.	<b>b</b> To	otal fundrais	ing expe	nses (Part IX, column (D), lin	e 25) 🕨	0.	<u>.</u>			
ш	<b>17</b> O	ther expens	es (Part	X, column (A), lines 11a-11d	, 11f-24f)			203,	074.	233,7
	18 To	otal expense	es Add II	nes 13-17 (must equal Part I	K, column (A), line 25)			1,203,	169.	1,220,2
	<b>19</b> R	evenue less	expense	s Subtract line 18 from line	12			-45,2	292.	397,6
88							Begi	nning of \	(ear	End of Year
Net Assets or Fund Balancos	20 To	otal assets	(Part X. li	ne 16)				885,		1,430,6
₹		otal liabilitie		· · · · · · · · · · · · · · · · · · ·				154,		301,7
Š			•	ances Subtract line 21 from	lino 20			731,		1,128,9
D:	rt II		ure Blo		niie 20			131,	204.	1,120,9
. 6	11 11				<del></del>				<del></del>	
		true, correct,	and complete	I declare that I have examined this re Declaration of preparer other than	sturn, including accompanying si officer) is based on all ignormation	on of which pre	parer has any	knowledge	or my kn	owleage and belief, it is
Sig	·n	► /h/	201	260 200 /	SULFX 3	ı	1			
He	re	Signature	of officer	Justin /	sais fr	<del></del>	i	ate /		
	. •	► 1. N.	2/1/2	I lalala Black	1-			4/2	h//	)
		Type or p	rint name ar	d title	<del> </del>			/ PK	<u> </u>	<u> </u>
		<del></del>				Date	Т.	Check if	_ TP	reparer's identifying nun see instructions)
Pa	id	1		11. 9			s	ielt-		see instructions)
Pr		Preparer's signature	► \( \( \sigma^2 \)	Madrix I milli		والحياليا	ر ا°	employed	اال	りょうしょう
parer's										10100010.
Ùs	e	Firm's name ( yours if self-		RE ACCOUNTANTS				F	51-1	0561953
Or	ıly	employed), address, and		S PINEY RD STE 2				EIN -		<u>-</u>
		ZIP + 4		STER		<u> 519-2787</u>	/   F	Phone no	41	
Ma	v the IR	S discuss th	ns return	with the preparer shown abo	ve? (see instructions)					X Yes

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

TEEA0101 07/20/09

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
2	Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	
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		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		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,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments $^{\circ}$ If $^{\circ}$ Yes, $^{\circ}$ complete Schedule D, Part $^{\circ}$	10		X
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	4		
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	3		
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	Praga		:= ;;;
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X	, ,	, , , , , , , , , , , , , , , , , , ,	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No	1,4	1	
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional    12 A   X	12		—
	Is the organization a school described in section 170(b)(1)(A)(ii)? I <i>f 'Yes,' complete Schedule E</i> I Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the officer States?  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	14a		X
15		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009)' NEIGHBORHOOD SERVICE CENTER, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		х_
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		х
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		х
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		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		х
3AA		Forn	n <b>990</b>	(2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1<sub>b</sub> C c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 18 2b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 h 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) 42 Х **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

BAA

Form 990 (2009)

12b

b 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.

<u>se</u>	ction A. Governing Body and Management							
		1 1		Yes	No			
	a Enter the number of voting members of the governing body	1a 14			ŀ			
	<b>b</b> Enter the number of voting members that are independent	1b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business reliofficer, director, trustee or key employee?	ationship with any other	2					
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3					
4	Did the organization make any significant changes to its organizational documents	1,	4		<u>X</u>			
-	since the prior Form 990 was filed?		4					
5	·	la1-3	ا ۽ ا		v			
2		s assets,	6		- <u>X</u>			
6 Does the organization have members or stockholders?								
	a Does the organization have members, stockholders, or other persons who may elect one or m governing body?		7a		X			
	$oldsymbol{b}$ Are any decisions of the governing body subject to approval by members, stockholders, or oth	ner persons?	7b		<u>X</u>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	a The governing body?		8a	Х				
	<b>b</b> Each committee with authority to act on behalf of the governing body?		8b	Х				
9 Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at the								
50	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	required by the Internet	9		X			
	renue Code )	required by the internal						
1100	ende Code )		l	Yes	NI.			
10	a Does the organization have local chapters, branches, or affiliates?		10a	X	No			
	• • • • • • • • • • • • • • • • • • • •		104					
	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	•	10 ь	X X				
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
11 A 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								
	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b	Х				
	c Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done	icy? If 'Yes,' describe in	12c	х				
13	Does the organization have a written whistleblower policy?		13		Х			
14	Does the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent						
	a The organization's CEO, Executive Director, or top management official	131011:	15a		X			
	b Other officers of key employees of the organization		15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		130		<u> </u>			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a tayable						
10	entity during the year?	-	16a		Х			
	<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	161					
52	status with respect to such arrangements?		16b		<u> </u>			
		<del></del>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available Check all that apply	nd 990-T (501(c)(3)s only) ava	illable 1	for pu	blic			
	Own website X Another's website X Upon request							
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and fin statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the be	ooks and records of the organ	ızatıon					
	Sandra Redd, Executive Director 126 Port St. Easton	MD 21601 (4	10)_8	322-	<u>5015</u>			

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

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

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

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

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

(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)						Reportable	Reportable	Estimated
	per week	מלואולו אן לי זינ <del>ה כ</del>	anstructional fensive	Offir el	Key employee	High est connactisated employee	र्वासम्ब	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Walter W. Black			,							
Board Chairman	4.00	X		Х						
Walter E. Chase							ŀ			
Vice Chair	2.00	Х		Х						
Paulette Brooks										
Secretary	2.00	Х		Х						
Margaret Vance										
Treasurer	2.00	Х		Х	<u> </u>	ļ				
Corey Pack										
Director	1.00	Х			_		L.			
Pastor T.D. Hackett Director	1.00	х								
Megan_Cook										
Director	1.00	Х								
Ann Williams										
Director	1.00	Х	L							
Rosalee Potter					1					
Director	1.00	Х	<u> </u>		<u> </u>					
Mirza S. Ahmed										
Director	1.00	Х			ļ		<u> </u>			
Reggie Phillips										
Director	1.00	X		<u> </u>	<u> </u>		<u> </u>			
Otis Sampson	.									
Director	1.00	X		ļ	<u> </u>	1	_			
Molly Burgoyne Director	1.00	x								
Joyce Harrod							į			
Director	1.00	х		ļ						
Sandra B. Redd										
Executive Director	50.00			<u> </u>	х	<u> </u>	1	40,805.		
Cardeanor Robinson										
MEAP Director	40.00				$\perp$	Х	<u> </u>	42,916.		
	-									

Part VII   Section A. Officers, Directors, Trust	ees, K	еy	Em	plo	ye	es,	and	d Highest Com	pensated Emp	loyees	(con	t.)
(A)	(B)				<b>:</b> )			(D)	(E)		(F)	
Name and Title	Average hours	Posi	tion (	check	all t	hat ap	oply)	Reportable compensation from	Reportable compensation from		timated nt of othe	er
	per week	Indiv or di	Instit	Officer	ey	Highest compensate employee	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation om the	
		recto	ution	ᅋ	empl	est c	र्ष	( 5.055	( 2	orga	anization d related	
		ndıvıdual trustee or director	Institutional trustee		employee	gmp				orga	inizations	s
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	1											
		L_	<u> </u>				<u> </u>	•				
1 b Total			<del></del>	<del>.</del>			<b>•</b>	83,721.				
2 Total number of individuals (including but not limited	I to thos	e lis	ted	abov	ve) '	who	rece	eived more than \$	100,000 in reportab	le comp	ensatio	on
from the organization											Yes	No
											162	NO
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	oye	e, or	r hig	hest compensated	l employee	3		Х
4 For any individual listed on line 1a, is the sum of reg			nen	satı	on a	and o	othe	r compensation fro	om			
the organization and related organizations greater th	an \$150	0,000	7 /1	f 'Yε	s'c	omp	lete	Schedule J for su	ich	-		37
ındıvıdual										4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa	ation	froi	m ai	ny u	inrel	ated	l organization for s	services	5		X
Section B. Independent Contractors	edule 3	101 3	ucn	pei	3011			<del></del> .				Λ
1 Complete this table for your five highest compensate	ed indep	ende	ent d	cont	ract	ors t	that	received more tha	n \$100,000 of			
compensation from the organization								<del></del>	· · · · · · · · · · · · · · · · · · ·			
(A) (B)								. (	C)			
Name and business address Description of Services									Compe	ensatio	n	
								_	<del>-</del>			
											-	
2 Total number of independent contractors (including	but not	lımıtı	ed to	o the	ose	liste	d ah	ove) who received	d more than			
\$100,000 in compensation from the organization												

Par	t VIII   Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns 1a	57,000.			•	
NA S	<b>b</b> Membership dues 1 b					
\$ S	c Fundraising events 1c					
A H	d Related organizations 1 d					
S, E	e Government grants (contributions) 1e 1,1	41,927.	ļ			
S.F.	f All other contributions gifts grants and					
題と	f All other contributions, gifts, grants, and similar amounts not included above 1 f 4	07,330.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in lns 1a-1f \$3	81,979.				
	h Total. Add lines 1a-1f	•	1,606,257.			
Ä	, Busin	ness Code				
E.	2a					
E R	b					
N.	c					
A SE	d				-	
RA	e					_
PROGRAM SERVICE REVENUE	f All other program service revenue g Total. Add lines 2a-2f					
-						,
	3 Investment income (including dividends, interes other similar amounts)	st and	2,387.	0.	0.	2,387.
	4 Income from investment of tax-exempt bond pr	oceeds 🕨				
	5 Royalties	▶				
	(ı) Real (ıı)	) Personal	* * * *	4 2 2 4 4 4 4 4	* * * .	* 2
	6a Gross Rents			* * * * * *		
	<b>b</b> Less rental expenses		x	*	* * ' >	
	c Rental income or (loss)		* \$		* ^ ^	* * * * *
	d Net rental income or (loss)	-				
	/a Gross amount from sales of	(ii) Other	~ * * *	* * * * * *	* * * *	
	assets other than inventory			*	<i>n</i> •	· * >
	<b>b</b> Less cost or other basis		· * · ·	,	, ş	* * * * * * *
	and sales expenses  c Gain or (loss)		, ,	* ,	* (	
	d Net gain or (loss)	<b></b>				
ы	8a Gross income from fundraising events					
ĒN	(not including \$ of contributions reported on line 1c)					
Ē	0 0 11/4 10	2,888.	:			
OTHER REVENL	b Less direct expenses b	1,352.				
5	c Net income or (loss) from fundraising events	<u>⊥,552.</u>	1,536.	0.	0.	1,536.
	9a Gross income from gaming activities. See Part IV, line 19				·	1,330.
	b Less. direct expenses b					
	c Net income or (loss) from gaming activities	<b>&gt;</b>				
	10a Gross sales of inventory, less returns					
	and allowances a					
	<b>b</b> Less. cost of goods sold <b>b</b>					
	c Net income or (loss) from sales of inventory	•				
	· · · · · · · · · · · · · · · · · · ·	ness Code				<u> </u>
	11a MISCELLANEOUS 81399	90	7,692.	7,692.	0.	0.
	b		<u> </u>		<u> </u>	
	°					
	d All other revenue		7 (0)			<del> </del>
	e Total. Add lines 11a-11d	<b>•</b>	7,692.	7 77 7		2 2 2 2 2
	12 Total revenue. See instructions		1,617,872.	7,692.	0.	3,923.

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).

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	497,961.	497,961.		
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	40,805.	30,604.	10,201.	0.
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	354,750.	274,650.	80,100.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	55,307.	25,838.	29,469.	0.
10	Payroll taxes	37,681.	29,341.	8,340.	0.
11	Fees for services (non-employees)				
	Management	36,501.	7,965.	28,536.	0.
	Legal	44.555		44.555	
	: Accounting	14,575.	0.	14,575.	0.
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17 Investment management fees		* 4 .	* *	
	1 Other				
_	Advertising and promotion	12,630.	4,447.	8,183.	0.
13	Office expenses	20,371.	12,477.	7,894.	0.
14	Information technology	20,3,1.	12,4,7.	7,054.	<del></del>
15	Royalties				<del></del>
16	Occupancy	19,790.	7,004.	12,786.	0.
17	Travel	14,649.	8,925.	5,724.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,964.	11,157.	9,807.	0.
	Insurance .  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.)	19,810.	1,531.	18,279.	0.
	Contracted Services	36,830.	7,875.	28,955.	0.
	Dues and Subsciptions	4,591.	121.	4,470.	0.
	Telephone	11,143.	5,774.	5,369.	0.
	Supplies	9,996.	3,001.	6,995.	0.
	Misc.	805.	0.	805.	0.
	All other expenses	11,082.	8,672.	2,410.	0.
	Total functional expenses. Add lines 1 through 24f	1,220,241.	937,343.	282,898.	0.
∠0	Joint costs. Check here Lift 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				
BAA	· · · · · · · · · · · · · · · · · ·				Form <b>990</b> (2009)

Part X	Balance Sneet	(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	3,619.	1	8,074.
2	Savings and temporary cash investments	537,612.	2	680,534.
3	Pledges and grants receivable, net	100,297.	3	73,977.
4	Accounts receivable, net	7,771.	4	8,064.
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	
S 7 S 8 T 9	Notes and loans receivable, net		7	
Ĕ 8	Inventories for sale or use		8	
~ I ~	Prepaid expenses and deferred charges	13,180.	9	7,905.
10 a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D  10a 803,407.			
t	Less accumulated depreciation 10b 151,331.	. 222,880.	10 c	652,076.
11	Investments — publicly-traded securities		11	
12	Investments – other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	885,359.	16	1,430,630.
17	Accounts payable and accrued expenses	7,648.	17	15,818.
18	Grants payable	.,	18	
19	Deferred revenue		19	
ե 20	Tax-exempt bond liabilities		20	
Å 21	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		* * *	* * * * * *
I	of Schedule L		22	
E 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	146,427.	25	285,897.
26	Total liabilities. Add lines 17 through 25	154,075.	26	301,715.
N E T	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.	,		
§ 27	Unrestricted net assets	690,943.	27	1,089,708.
	Temporarily restricted net assets	40,341.	28	39,207.
§ 29	Permanently restricted net assets		29	
R	Organizations that do not follow SFAS 117, check here ▶ □ and complete			
	lines 30 through 34.			
F 30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, and equipment fund		31	
B 31 32 NC 33 S 34	Retained earnings, endowment, accumulated income, or other funds	<del> </del>	32	
Ñ 33	Total net assets or fund balances.	731,284.	33	1,128,915.
Š 34	Total liabilities and net assets/fund balances	885,359.	34	1,430,630.
BAA				Form <b>990</b> (2009)

		Yes	No			
1 Accounting method used to prepare the Form 990 🔲 Cash 🛛 Accrual 🔲 Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?	2b	Х				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,		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 consolidated basis, separate basis, or both:	⊦a					
Separate basis X Consolidated basis Both consolidated and separate basis			Í			
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?	e <b>3</b> a	х				
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit 3h	x				

**BAA** Form **990** (2009)

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

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Total** 

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

Employer identification number 52-0982396 NEIGHBORHOOD SERVICE CENTER, INC | Part | 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) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). 6 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) 7 Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h \_\_\_ Type III - Functionally integrated Type III- Other a | Type I Type II d [ ] C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the US? (i) Name of Supported Organization (vii) Amount of Support (ii) EIN (IV) Is the rganization in col (i) listed in your governing document? Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NEIGHBORHOOD SERVICE CENTER, INC. 52-0982396

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

	(Complete only if you checke	d the box on line t	o, 7, or 8 of Part I	<u>)                                    </u>						
Sec	tion A. Public Support									
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	755,157.	918,904.	880,347.	1,138,699.	1,606,2	57.	5,299,364.		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge									
4	Total. Add lines 1-through 3	755,157.	918,904.	880,347.	1,138,699.	1,606,2	57.	5,299,364.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
	Public support. Subtract line 5 from line 4		* * * *		> •			5,299,364.		
Sec	tion B. Total Support									
Cale: begi:	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
7	Amounts from line 4	75 <u>5</u> ,157.	918,904.	880,347.	1,138,699.	1,606,2	257.	5,299,364.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3,893.	8,378.	7,597.	3,910.	2,387.		26,165.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,362.	6,800.	4,394.	3,600.	·	0.	25,156.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17,595.	21,150.	11,476.	8,851.	8,8	312.	67,884.		
11	Total support. Add lines 7 through 10							5,418,569.		
12	Gross receipts from related activi	ties, etc (see inst	ructions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	<b>▶</b> □		
	tion C. Computation of Pul									
	Public support percentage for 20 Public support percentage from 2	-	•	11, column (f)			14 15	97.80 <u>%</u> %		
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or mor	e, che	ck this box		
t	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 box and stop here. The organization qualifies as a publicly supported organization									
17 a	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this t	oox and stop here	. Explain in l	Part I\	/ how		
	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									
18 RAA	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	3, 16a, 16b, 17a				ructions P 200		

# Schedule A (Form 990 or 990-EZ) 2009 NEIGHBORHOOD SERVICE CENTER, INC. Partille Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support		_				
Caler	idar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')					1,	32
	Gross receipts from						
-	admissions, merchandise sold						
	or services performed, or facilities furnished in a activity						
	that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						<del>                                     </del>
	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						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2						-
	and 3 received from other than						
	disqualified persons that exceed the greater of 1% of			1			
	the amount on line 13 for the						
_	year						
_	Add lines 7a and 7b		10 10 10 10 10 10 10 10 10 10 10 10 10 1			nakana se Secendária Lá	
8	Public support (Subtract line		34.5	And the second second		Chest to being	<u>#                                    </u>
Sac	7c from line 6 ) tion B. Total Support	L. B. SERVEY.	8 8		15 F7 B1 12	3 3 6 2 5	<b>***</b> *********************************
	·				1		
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income form similar sources			İ			
b	Unrelated business taxable			<u> </u>		_	
	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 inline 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in				1		
	Part IV)	45 L. Constitution		Contractor American	STEELEN CONTRACTOR OF THE STEELEN		%%.A
	Total support. (add ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organization here	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501 (d	c)(3) ► □
Sec	tion C. Computation of Pu		Percentage	<del></del>			
	Public support percentage for 20			e 13. column (ft)			15 %
	Public support percentage from 2		•	o 10, colaiiii (1))		<u> </u>	16 %
	tion D. Computation of Inv			e		<u>_</u>	1 /0
17				<del></del>	n (f))		17 %
18	Investment income percentage fi			•	577	<del>                                     </del>	18 %
	33-1/3 support tests — 2009. If the	he organization di	d not check the b	ox on line 14 and	d line 15 is more t	— han 33-1/3%_a	
	more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pul	olicly supported or	ganızatıon	▶ 📙
Ł	33-1/3 support tests — 2008. If the pot mare than 33 1/3% should	he organization di	d not check a box	on line 14 or 19a	, and line 16 is mi	ore than 33-1/3	3%, and line 18
20	is not more than 33-1/3%, check	· - ·	-	•		•	
20 BAA	Private foundation. If the organi	Zation did not che	ck a box on line 1	4, 19a, or 19b, cr	eck this box and s		S

Schedule A (Form 990 or 990-EZ) 2009	NEIGHBORHOOD	SERVICE	CENTER,	INC.	52-0982396	Page 4
Part IV Supplemental Informate Part II, line 17a or 17b;	t <b>ion.</b> Complete th and Part III, line	ıs part to p 12. Provid	rovide the le any othe	explanations re er additional inf	equired by Part II, lin ormation. See instru	e 10; ctions.
Not for fundacial and a				· · · · · · · · · · · · · · · · · · ·		
Net for fundraising and c	ondo associat	ion incom	me_to_ori	set expense	<u>.s</u>	<b></b>
		<b></b>			<b></b>	<b></b>
Other Income Part II, Lin	<u>e_10</u>					
Description: Special Even	<u>ts</u>	<b>-</b>	. <b></b>			
2005: 3349.	<b></b>					
2006: 9711.						
2007: 4681.						
2008: 1962.						
2009: 1536.						
Description: Other Income						
2005: 14246.						
2006: 11439.						
2007: 6795.						
2008: 6889.						
2009: 7276.						
		<b></b>	<b></b>	<del></del>		
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

NET	GHBORHOOD SERVICE CENTER, INC	! <u>.</u>		52-0982396
Par			Similar Funds or Acc	
	the organization answered 'Yes' t	o Form 990, Part IV, line	5	<u>'</u>
		(a) Donor advised fu	nds (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			<u> </u>
5	Did the organization inform all donors and don funds are the organization's property, subject to			Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor	that grant funds may be advisor or for any other	∏Yes ∏ No
Dar	t II Conservation Easements Comple		word 'Vos' to Form O'	
			<del></del>	90, Fart IV, mle 7.
•	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., re		Preservation of an historic	ally immertant land area
	Protection of natural habitat	ecreation or pleasure)	<b>=</b>	· ·
	Preservation of open space	L	Preservation of certified hi	stone structure
2		an hold a gualified conceniation.	and whether the form of a	announction accoment on the
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	contribution in the form of a	conservation easement on the
			y 3	Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easer	nents	2b	
c	: Number of conservation easements on a certif	ied historic structure included in	(a) 2c	
c	Number of conservation easements included in	(c) acquired after 8/17/06	2d	·
3	Number of conservation easements modified, year ►	transferred, released, extinguish	ed, or terminated by the orga	anization during the tax
4	Number of states where property subject to co	nservation easement is located	<b></b>	
5	Does the organization have a written policy reand enforcement of the conservation easement	it it holds?	,	tions, Yes No
6	Staff and volunteer hours devoted to monitoring the year -		_	<del></del>
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conserv	ation easements \$ _	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Ine 2(d) above satisfy the requ	irements of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	o the organization's financial sta	tements that describes the o	organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical 1 wered 'Yes' to Form 990,	reasures, or Other Sir Part IV, line 8.	milar Assets
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or resea	evenue statement and balan arch in furtherance of public	ce sheet works of art, historical service, provide, in Part XIV,
ŀ	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, to report in its reversic exhibition, education, or research	ue statement and balance s arch in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other s 116 relating to these items.	imilar assets for financial ga	ain, provide the following
á	a Revenues included in Form 990, Part VIII, line	: 1		<b>▶</b> \$
ı	Assets included in Form 990, Part X			<b>►</b> \$

Scriednie D (Louin 330) 5003 METCH				52-098	
Part III Organizations Maintai	ining Collec	tions of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	on accession ar	nd other records, check	any of the following that	at are a significant use o	of its collection
a Public exhibition		<b>d</b> Loan o	or exchange programs		
<b>b</b> Scholarly research		e 📙 Other			
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV			-		ın
5 During the year, did the organizat assets to be sold to raise funds ra					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	ents Complete if o 990, Part X, line	rganizatıon answer 21.	ed 'Yes' to Form 99	90, Part IV, line
1a is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or other intermediary f	or contributions or other	assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	complete the followin	g table <sup>.</sup>		Amount
c Beginning balance				1c	7 tiriodite
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				16	
2a Did the organization include an ai	mount on Form	000 Part Y line 212		[ 11]	Yes No
<b>b</b> If 'Yes,' explain the arrangement		330, Part X, line 217			1es10
Part V Endowment Funds Co		ranization answer	ad 'Ves' to Form 90	0 Part IV line 10	
Ture   Endowment   unds Co	(a) Current y	<del>_</del>		· · · · · · · · · · · · · · · · · · ·	(e) Four years back
1 a Beginning of year balance	(a) Current y	cai (b) Filoi yeai	(c) Iwo years back	(u) Three years back	(e) Four years back
<b>b</b> Contributions					
<b>D</b> Continuations			*	<u> </u>	8~
c Net Investment earnings, gains,					
and losses			<del></del>	7	* * *
d Grants or scholarships					
e Other expenditures for facilities and programs			* * * * * * * * * * * * * * * * * * * *	<u> </u>	* *
f Administrative expenses					
<b>g</b> End of year balance			4 1		
2 Provide the estimated percentage of the year end balance held as					
a Board designated or quasi-endow	/ment ►	<u> </u>			
<b>b</b> Permanent endowment ►	ક				
c Term endowment ►	· 8				
3a Are there endowment funds not in organization by:	n the possession	on of the organization t	hat are held and adminis	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations lis	ited as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B				. line 10.	<del></del>
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land		32,435.	, ,		32,435.
<b>b</b> Buildings	ľ	616,597.		99,899.	516,698.
c Leasehold improvements	ŀ			,	
d Equipment	ŀ	154,375.		51,432.	102,943.
e Other	ŀ	===,0.0.			
Total. Add lines 1a through 1e (Column	n (d) must eauz	al Form 990. Part X. co	olumn (B), line 10(c) )	<b>•</b>	652,076.
BAA				Sche	dule <b>D</b> (Form 990) 2009

Schedule D	(Form 990) 2009 NEIGHBORHOOD SEE	RVICE CENTER, INC.	52-0982396 Page 3
	Investments-Other Securities See		· · · · · · · · · · · · · · · · · · ·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d			
	d equity interests		
Other			
			<del></del>
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	<b></b>		
Total. (Colur	mn (b) must equal Form 990 Part X, col (B) line 12)		
	Investments-Program Related (Se	ee Form 990. Part X. line 1	13)
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
<del>.</del>			
	<del></del>	<del></del>	
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	·		
Total. (Colun	nn (b) must equal Form 990, Part X, Col (B) line 13)	<b>&gt;</b>	3 4
Part IX	Other Assets (See Form 990, Part	X, line 15)	
	(a	<b>)</b> Description	(b) Book value
			<del> </del>
Total. (Co	olumn (b) must equal Form 990, Part X, col (B)	), line 15)	<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Page 1990,		<u> </u>
	(a) Description of Liability	(b) Amount	
Federal Inc	come Taxes		
	d Expenses	52,221.	
Payrol.	l Taxes Payable	2,979.	
Refund	able Advances	230,697.	
	<del></del>	<del></del>	
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)	285,897.	
			ncial statements that reports the organization's liability
for uncerta	ain tax positions under FIN 48		

	dule D (Form 990) 2009 NEIGHBORHOOD SERVICE CENTER, INC.		<u>-0982</u>	2396 Page <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		L	1,617,872.
2	Total expenses (Form 990, Part IX, column (A), line 25)		⊢	1,220,241.
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u> </u>	397,631.
4	Net unrealized gains (losses) on investments		-	
5	Donated services and use of facilities		⊢	
6 7	Investment expenses  Programment adjustments		⊢	
8	Prior period adjustments Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		⊢	
10		and 9		397,631.
	t XII. Reconciliation of Revenue per Audited Financial Statemen		turn	337,031.
	Total revenue, gains, and other support per audited financial statements		1	1,619,216.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
á	Net unrealized gains on investments	2 a	, ·	
ŀ	Donated services and use of facilities	<b>2b</b> 0.		
•	Recoveries of prior year grants	2c	1.	
	Other (Describe in Part XIV)	2d 1,352.	, ,	
•	e Add lines 2a through 2d		2 e	1,352.
3	Subtract line 2e from line 1		3	1,617,864.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 '	
ä	Investments expenses not included on Form 990, Part VIII, line 7b	4a	] ; ]	
ı	Other (Describe in Part XIV)	4b	<b>*</b> . !	
•	Add lines 4a and 4b		4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	1,617,864.
	t XIII   Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
1	Total expenses and losses per audited financial statements		1	1,221,585.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		* 3	
	Donated services and use of facilities	2a	<b>√</b> "	
	o Prior year adjustments c Other losses	2b		
		2c	+	
	d Other (Describe in Part XIV) e Add lines <b>2a</b> through <b>2d</b>	2d 1,352.		1 252
3			2e	1,352. 1,220,233.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	-	1,220,233.
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	*	
	Other (Describe in Part XIV)	4b	33.4	
	c Add lines 4a and 4b	70	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	1,220,233.
	rt XIV Supplemental Information		<u> </u>	
Ine Infoi	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d airmation  XII Line 2d Fundraising Expenses of \$1,352  XIII Line 2d Fundraising Expenses of \$1,352	t III, lines 1a and 4, Part IV, I nd 4b Also complete this part	ines 1b to prov	and 2b, Part V, ide any additional
 			- <b></b> -	
BAA	TEEA3304 02/02/10		Sched	lule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 NEIGHBORHOOD SERVICE CENTER, INC.	52-0982390	Page <b>5</b>
Part XIV Supplemental Information (continued)		
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BAA

# Department of the Treasury SCHEDULE I (Form 990)

nd Other Assistance to Organizations,	ints and Individuals in the United States
<b>Grants and Other A</b>	Governments and Ir

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	Open to Public Inspection
Name of the organization	Employer ide	Employer identification number
NEIGHBORHOOD SI	NEIGHBORHOOD SERVICE CENTER, INC.	2396
Part I General In	Part I General Information on Grants and Assistance	
1 Does the organiza the selection criter	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes No
2 Describe in Part I	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	II
Part II Grants and	Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	Yes' to Form
990, Part I	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	5,000. Use
Part IV and	Part IV and Schedule I-1 (Form 990) if additional space is needed	<b>A</b>

1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	and government orgins	ganizations				<b>A A</b>	
	tion Act Notice, see	the Instructions fo	ır Form 990.	TEEA3901	02/10/10	Sched	Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 52-0982396 (e) Method of valuation (book, FMV, appraisal, other) Schedule of major grant programs part of audit fieldwork (d) Amount of non-cash assistance (c) Amount of cash grant NEIGHBORHOOD SERVICE CENTER, (a) Type of grant or assistance Schedule I (Form 990) 2009 Peril 1

BAA

Schedule I (Form 990) 2009

# **SCHEDULE M** (Form.990)

# **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2009
Open To Public

OMP No. 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

	Inspection
Employer identif	ication number

NEIGHBORHOOD SERVICE CENTER, INC.

52-0982396 Partil Types of Property (a) **(b)** (d) (c) Revenues reported on Form 990, Part VIII, line 1g Method of determining Check If Number of Contributions revenues applicable Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities-Publicly traded 9 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 11 Securities-Miscellaneous Qualified conservation contribution-Historic structures Qualified conservation contribution-Other 15 Real estate-Residential 16 Real estate-Commercial X 354,200. Assessed value at time of donation 17 Real estate-Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 999 25 Other ► (Food from Food Bank ) 27,779. receipts of value of donated food Х

29	Number of Forms 8283 received by the organization of	during the tax year for contributions for which the
	organization completed Form 8283, Part IV, Donee A	cknowledgement

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If 'Yes,' describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If 'Yes,' describe in Part II

27

28

Other ► (

Other ► (

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

		Yes	No
50 20 20 20 20 20 20 20 20 20 20 20 20 20	io.		
3			
	30 a		X
3.85		4	<b>9</b> ¢
L	31	Х	
	32 a		Х

29

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

Schedule M (Form 990) 2009

Schedule	M (Form 990) 2009	NEIGHBORHOOD	SERVICE	CENTER,	INC.		52-0982396	Page 2
Patl.	Supplemental In and 33. Also co	<b>nformation.</b> Comp	lete this p or any add	art to provitional info	vide the information.	ation required	by Part I, lines 3	30b, 32b,
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TEEA4602 07/21/09

Schedule M (Form 990) 2009

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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number Name of the organization 52-0982396 NEIGHBORHOOD SERVICE CENTER, Pt VI-B, Line 11A The Board of Directors reviews and approves the draft of the Form 990 before it is filed. Pt\_VI-B, Line 10b Branches are managed by Organization and they adhere to \_\_\_\_\_ <u>policies and practices of the organization.</u> Pt VI-B, Line 12c Each employee and Board Member signs a conflict of interest policy. These are reviewed by the Executive Director and updated each year. The Executive Director also meets with the Organization's Personnel Committee to ensure that these polices are documented, approved, \_\_\_\_on file, and up to date. Pt\_VI-C, Line 19 The Organization makes it's documents available upon\_ \_request\_

NEIGHBORHOOD	SERVICE	CENTER,	INC

NEIGHBORH	OOD SERVICE (	CENTER, INC	52-0982396
	· ,, ,	plemental Informati ne 1 (continued)	on to Form 990
Briefly descr	be the organizat	ion's mission:	
shelter s	ervices, foc	d pantry, and	operates a youth program all to assist
the econo	mically dis	advantaged ci	tizens of Talbot County
		ne 4d (continued)	
4d Describe	the exempt purp	ose achievements f	or each of the organization's other program
services.	Section 501(c)(3	) and (4) organızat	ions and 4947(a)(1) trusts are required to
report the	amount of grant	ts and allocations to	o others, the total expenses, and revenue, if any, for
each prog	ram service repo	orted	
Code	Description.	Provide food	pantry available to those in need in
Expenses _	66,578.	Talbot Count	y, MD.
Grants Of _	0.		
Revenue			