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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 <u> 2009</u> Open to Public Inspection

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ts operations or disposed of more VI, line 1a) ng body (Part VI, line 1b)		M 3 4	State of legal domicile
ts operations or disposed of more VI, line 1a) ng body (Part VI, line 1b)		3 4	12
ts operations or disposed of more VI, line 1a) ng body (Part VI, line 1b)	than 25% of its net asset	3 4	•
		5	8
			0
column (C), line 12		7a	<u> </u>
T, fine 34		7b	
1, iiie 34	Prior Ye		Current Year
			1,097,45
			32,04
d 7d)			31
			5,32
		<u> </u>	1,135,12
	•		109,39
i () ie 4)			
i¯07∣ IX⊻column (A), lines 5–10)			327,57
11e)):▶			
•			644,48
•			1,081,45
2			53,66
	Beginning of Cu	irrent Year	End of Year
			134,38
			59,23
20	2	1,482	75,15
	f-24f) column (A), line 25)	i 7d) 10c, and 11e) t VIII, column (A), line 12) ness 1-3) e 4) Xxcolumn (A), lines 5-10) 11e) 1-24f) column (A), line 25) Beginning of Cu 8 6 20	i 7d) 10c, and 11e) i VIII, column (A), line 12) nes 1–3) e (4) Xxcolumn (A), lines 5–10) 11e) 1-24f) olumn (A), line 25) Beginning of Current Year 81,993 60,511

DAA

Pa	rt III S	tatement of Program Se	rvice Accomplishments		
1		ibe the organization's mission			
H	UMAN SI	ERVICES FACILITA	ATOR		
2	Did the orga	nization undertake any significa	nt program services during the year which were	not listed on	
-	-	m 990 or 990-EZ?	in program services during the year which were	The fisted off	X Yes No
		cribe these new services on Sc	hedule O		E
3			ake significant changes in how it conducts, any	program	
	services?				X Yes No
	If "Yes," des	cnbe these changes on Schedu	le O		
4			for each of the organization's three largest pro		
			ns and section 4947(a)(1) trusts are required to		
	allocations to	o others, the total expenses, an	d revenue, if any, for each program service repo	orted	
4-	/C) /F::::	924 970 stabular state 6	109,395) (Revenue \$	
	(Code ∩MMITNIT')(Expenses \$	924,970 including grants of \$ FER FACILITATES MANY PR)
			E ABUSE PREVENTION PROG		ı
			GRAM, JUVENILE DRUG COU		
		, AND CANCER SE	•	itt, iidi.iiddaddiitadd i iidi	Divition
-		,			
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		<u></u>			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		<u> </u>			
4d	Other progra	ım services (Describe in Sched	lule O)		
	(Expenses		including grants of \$) (Revenue \$)
4e	Total progra	am service expenses	924,970		
					Form 990 (2009)

				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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		<u>X</u>
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	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 related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	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? If "Yes," complete				
12	Schedule D, Parts XI, XII, and XIII		12		X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	1		
13	_is_the_organization a.school described in section 170(b)(1)(A)(ii)?-if=Yes,"-complete Schedule E		_13 <u>_</u>		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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? If "Yes," complete Schedule F, Part II		15		X
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	ļ	<u>X</u>
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		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	<u> </u>	X
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	<u> </u>	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
				_ uun	(2000)

- 11	art iv Checklist of Required Schedules (Continued)			
04	Diddle consumation would be decided for the last		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
23	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			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 22		Х
24a	employees? If "Yes," complete Schedule J	23		
24a	gg.			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	245		х
b		24a	-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		\vdash
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(0.5		v
L	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			1
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			v
20	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			v
27	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 committee member, or to a person related to such an individual?			v
20	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		1	· ·
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	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,			3.5
20	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
0.4	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,			37
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
22	Schedule N, Part II	32-		-X-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			77
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			7,7
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			37
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			٦,
••	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

14 Enter the number reported in Box 3 of Form 1066. Annual Summary and Transmital of U.S. Information Returns Enter-0- find applicable 15 Enter the number of Forms W.2G included in line 18 Enter-0- find applicable 25 of the throughout the part of the properties of		otatomortogaranig otnor into i mingo ana Tax compilance	 		Yes	No
U. S. Information Returns Enterer-0if not applicable Enter the number of Forms WS-05 mounded on line is a Enter-0if not applicable Defined the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gamhing) winnings to preve winners? 22. Enter the number of enterpreve winners? 23. Estatements, Belle for the calendary ware unding with or within the year convent by this return. 24. Enter the number of enterprevent of the provided of the provided provided the provided of the prov	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			-10
b. Enter the number of Forms W-2G included in fine 1s. Enter-0-if not applicable 15 15 15 15 15 15 15 1		·	1a			
againing (gambhing) winnings to pinze winners? 2 Either the number of employees exported on Form W-3, Transmittal of Wage and Tax 5 Statements, filled for the calendar year ending with or within the year covered by this return 5 If all east one is reported on line 22, and the organization file all required federal employment tax returns? 7 Note. If the sum of filmes 1 and 12, and the organization file all required federal employment tax returns? 8 If If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation in Schedule O 9 If Yes, This stifled a Form 990-T for this year? If No.* provide an explanation of Francial Accounts 9 If Yes, Yes, This stifled a Form 990-T for this year, ye	b	· · · · · · · · · · · · · · · · · · ·	1b			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life for the calendary are anding with or within the year coovered by this return? b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is 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 moome of \$1,000 or more during the year covered by this return? 3a X X b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country level as a bank account, securities account, or other financial account in a foreign country level as a bank account, securities account, or other financial accountry and the security of the calendary and accountry over, a financial accountry and the security of the security (such as a bank account, securities account, or other financial accountry over, a financial accountry for the name of the foreign country level as a bank account, or other financial accountry over, a financial accountry for the name of the foreign country level as a bank account, or other financial accountry and the security (such as a bank accountry over, a financial accou	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	able			
Statements, filed for the calendar year ending with or within the year covered by this returns 2		gaming (gambling) winnings to prize winners?		1c		X
b If a least one is reported on line 2a, did the organization file ail required feefined employment tax intuinis? Note. If the sum of lines 1a and 2a is greater han 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? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 in a foreign country (such as a bank account, securities account, or other financial accounts accountry? 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 15 Was the organization a party to a prohibited tax shelter fransaction? 15 Was the organization and party to a prohibited tax shelter fransaction? 16 Did any textile party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 16 Did she tax Shelter Transaction? 17 See The Shelter Transaction? 18 Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductable? 18 Organizations that may receive deductable contributions under section 170(c). 29 Did the organization make any tax and the statement of the goods or services provided? 20 Organizations that may receive deductable contributions under section 170(c). 20 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 20 Did the organization will be playor? 21 Did the organization sell-exchange, o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note. If the sum of lines ta 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? 3b If 1'Yes, has if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, has if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, has if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, either the name of the foreign country (see the organization have an interest in, or a signature or other authority over, a financial account in Schedule O 3b If 'Yes,' either 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 4a X 1b If Yes, 'I do the 5a or 5b, do the organization that it was or is a party to a prohibited tax shelter fransaction? 5b Was the organization and party to a prohibited tax shelter fransaction? 5c If Yes, 'I do the 5a or 5b, do the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If Yes, 'I do the 5a or 5b, do the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If Yes, 'I do the 3a or 5b, do the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If Yes, 'I do the organization namel gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If Yes, 'I do the organization include with every solicitation an express statement that such contributions or office where the payor? 5c Organizations that may receive deductible contributions under section 170(c). 5d Organizations that may receive deductible contributions under section 170(c). 6d Organization that payor? 6d If Yes, 'Indicate the number of Forms 8282 filed during the year 7c Organizations		Statements, filed for the calendar year ending with or within the year covered by this return	2a 8			
amistructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We see the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We still be still be accounted to the organization and the was or is a party to a prohibited tax shelter transaction? So If Yes, "to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? So Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Organization solici any contributions that were not tax deductable? Organizations obtained that may receive deductable contributions under section 170(c). Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Did the organization self-exception of the value of the goods or services provided? To Did the organization and exception of the value of the goods or services provided? Did the organization of the form \$8282? Or all continuous of care, bolast application of the value of the goods or services provided? Did the organization and th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If Yes,* has if filed a Form 990-T for this year? If 'No,* provide an explanation in Schedule O 3b J 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 in a foreign country (such as a bank account, securities account, or other financial account in a 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 aparty to a prohibited tax shelter transaction? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b If Yes,* in the Sac 95, did the organization file Form 8887. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization for total deductible? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes,* did the organization metude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall may receive deductible contributions under section 170(c). 7c Organizations that may receive deductible contributions under section 170(c). 9c Did the organization enough the donor of the value of the goods or services provided? 9c Did the organization shall may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization shall endeduced property, did the organization file Form 8890 as required? 9c Did the organization shall entilectual property, did the organization file Form 8890 as required? 9c Sponsoring organizations maintaini		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
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		in res, enter the amount of tax-exempt interest received or accrued during the year	120	Face	. 000	(2000)

Form 990 (2009), COMMUNITY RESOURCE CENTER 83-0323844 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent-persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Х 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 Χ with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

- None List the states with which a copy of this Form 990 is required to be filed ▶ 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > TONI CERVENKA 777 FORT STREET, SUITE A

WY 82834

307-684-7933

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"

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	(C) Position (check all that apply)							(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JACK TARTER										-
CHAIRMAN	1.00	X	<u> </u>					0	0	0
ROBB HICKS										
V. CHAIRMAN	1.00	X						0	0	0
EDIE TAFFNER										
SEC/TREAS.	1.00	X						0	0	0
TROY STONE										
BOARD MEMBER	1.00	X						0	0	0
KIRA WAGES	,									
BOARD MEMBER	1.00	Х						0	0	0
JOHN MANZELLA										
BOARD MEMBER	1.00	X						0	0	0
NANCY SCHIFFER										
BOARD MEMBER	1.00	X		_				0	0	0
KARI PAVEY										
BOARD MEMBER	1.00	X						0	0	0
REV. CONNIE CRANS	TON									
BOARD MEMBER	1.00	X			<u> </u>	L_		0	0	0
SMOKEY WILDEMAN										
BOARD MEMBER	1.00	X					<u> </u>	0	0	0
MICHAEL CHAPMAN										
BOARD MEMBER	1.00	X						0	0	0
MARY KAY STAFFORD										
BOARD MEMBER	1.00	X	<u> </u>		L.	_		0	0	0
TONI CERVENKA										
EXEC. DIR.	40.00	<u> </u>		X				50,586	0	0

Part Vii Gection A. Officers	, Diroctors, 1145	T	,	,	· p · O	, 555,	, 411	Tighest Compensated E	p.oyooo (continued)							
(A) `Name and Title	(B) Average hours per		_		k all t	hat ap		- compensation	(E) Reportable compensation		(F) stimate mount					
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or aı	other mpensa from th ganizat nd relat ganizati	e tion ted				
	ļ															
												<u> </u>				
	<u> </u>															
		_			 	Н										
																
		-	_	-	-											
																
							-									
1b Total	<u> </u>						<u> </u>	50,586								
Total number of individuals (in reportable compensation from	_		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			1				
3 Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			3	Yes	No X			
4 For any individual listed on line the organization and related o	e 1a, is the sum o	f rep	ortab	le co	ompe	ensat	ion	and other compensation from complete Schedule J for su	much							
 individual Did any person listed on line 1 services rendered to the organ 											5		X			
Section B. Independent Contract			,,,,,,													
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation	nsate	ed inc	depe	nder	nt cor	ntra			,		(0)				
	(A) d business address						<u> </u>		(B) tion of services		Соп	(C) pensati	ion			
MIKE VERCANTEREN LARAMIE	WY	7 8	20			7 FF		MONT ST CONSULTING				104	,000			
										+	_					
-												··· - -				
2 Total number of independent of		-				to th	ose	e listed above) who received								
more than \$100,000 in compe	maduum nom the t	nyar	nzall	UI1 /	-					<u>I</u>	Form	990	(2009)			

Ha	rt V	III Statement of Reve	nue			·····			
		`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a				1000,100		
ant	1a	· -	1b						
₽Ğ	D	Membership dues	1						
Ta, E	C	Fundraising events	1c						
<u>.gʻā</u>	d	Related organizations	1d						
Sizi	е	Government grants (contributions)	1e	1,	077,095				
it e	f	All other contributions, gifts, grants,							
흔히		and similar amounts not included above	1f		20,357				
달	g	Noncash contributions included in lines 1a-1	lf \$	i					
O B	h	Total. Add lines 1a-1f			•	1,097,452			
활					Busn. Code				
ē	2a	Program Service Reve	nue			32,043	32,043		
æ	b								
<u>i</u>	С					·			
Ş	d			ľ					
E	9			Ì		,		•	
Ē	f	All other program service reven	III E	1					
Program Service Revenue Contributions, giffs, grants and other similar amounts		Total. Add lines 2a–2f	iuc		•	32,043		•	· · ·
\neg	3	Investment income (including d	ıvıdend	nterest		32,013			
	•	other similar amounts)		, ii koroot,	, u	311	311		
	4	•	evemnt	hand pro	reeds -		311		
	4 Income from investment of tax-exempt bond proce 5 Royalties (i) Real (ii) Pers				LCCu3				
					ersonal				
	6a			(,	J. 00.1.Q.				
			_						
	b	Less rental exps Rental inc or (loss)	\dashv						
	٦ 0	Net rental income or (loss)							Ť
	d 7a	Gross amount from (i) Securities		/n\ /	Other				
		sales of assets (ii) Securities (iii) (Julei					
	_	other than inventory							
	D	Less cost or other							
	_	basis & sales exps							
		Gain or (loss)							†
	d	Net gain or (loss)	Г						<u> </u>
92	oa	Gross income from fundraising ever	ils						
ē		(not including \$	j						
é		of contributions reported on line 1c)	į		11 205				
Other Rever		See Part IV, line 18	a l		11,325				
ᅗ		-Less direct expenses-	—-b [-		<u>6-,003</u>		5 000		·
		Net income or (loss) from fundr		events	<u> </u>	5,322	5,322		
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	ьĹ						
		Net income or (loss) from gami	ng activ F	ities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	a						
		Less cost of goods sold	ьĹ			İ			Ŧ
	С	Net income or (loss) from sales							<u> </u>
	4.	Miscellaneous Revenue			Busn. Code				‡
	11a			}					
	b					-		•-	
	C				······				
	d	All other revenue		Į	- :				
	9	Total. Add lines 11a–11d			•			······	
	12	Total Revenue. See instruction	าร		▶_	1,135,128	37,676	0	<u> </u>

Form 990 (2009) Part IX S

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).

			<u> </u>	(C)	
	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
	Grants and other assistance to governments and		evhenses	general expenses	exhemses
•	organizations in the U.S. See Part IV, line 21	109,395	109,395		
2	Grants and other assistance to individuals in	107/333	107/333		·····
-	the U.S. See Part IV, line 22			1	
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	50,586		50,586	
6	Compensation not included above, to disqualified	30,380		30,360	
•	·				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	211,583	186,141	25,442	
7	Other salaries and wages	211,363	100,141	25,442	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	25 104	+	25 104	
9	Other employee benefits	35,194	01 451	35,194	
10	Payroll taxes	30,213	21,451	8,762	
11	Fees for services (non-employees)				
a	Management	-			
b	Legal	F ((0)		- ccal	·
C	Accounting	5,660		5,660	
đ	Lobbying			, ;	
0	Professional fundraising services See Part IV, line 17			<u> </u>	
T	Investment management fees	461 051	460 772	270	
g	Other	461,051	460,773	278	
12	Advertising and promotion	20,862	20,652	210	<u> </u>
13	Office expenses	24,496	20,081	4,415	<u> </u>
14	Information technology	3,438	1,951	1,487	
15	Royalties	10 076		10.076	
16	Occupancy	12,276	41 012	12,276	
17	Travel	42,007	41,213	794	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	62 072	62 212		
19	Conferences, conventions, and meetings	63,872	63,313	559	
	Interest				
21	Payments to affiliates	F 470		- A 70	
22	Depreciation, depletion, and amortization	5,472		5,472	
23	Insurance	4,456		4,456	
	O.,	I			
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)	<u> </u>			
a	LOSS ON SALE OF ASSETS	608		608	.
b	BACKGROUND CHECKS	235		235	
c	DUES & SUBSCRIPTIONS	55		55	
d		-			
6	Au				
f	All other expenses	1 001 155		456 100	
25	Total functional expenses. Add lines 1 through 24f	1,081,459	924,970	156,489	
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u> </u>			Form 990 (2009)
					Form MMU (2009)

Part)	Balance Sheet		•		
	•		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		66,089	1	114,589
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, ti	rustees, key			
	employees, and highest compensated employees. Comp	lete Part II of		I	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined to	under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(li	3) Complete			
	Part II of Schedule L			6	
Assets 8 8	Notes and loans receivable, net			7	-
8 8	Inventories for sale or use			8	
و انخ	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
''	other basis Complete Part VI of Schedule D	10a 36,993			
Ь	Less accumulated depreciation	10b 17,201	15,904	10c	19,792
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)	81,993		134,381
17	Accounts payable and accrued expenses	,	60,511	17	59,230
18	Grants payable		00,011	18	37,237
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
•	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities 52	Payables to current and former officers, directors, trustee			-	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	employees, highest compensated employees, and disqui				
<u>ia</u>	persons Complete Part II of Schedule L	amed		22	
₂₃	Secured mortgages and notes payable to unrelated third	natios		23	
	Unsecured notes and loans payable to unrelated third pa			24	
24		itues		25	
25 26	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		60,511	26	59,230
	Organizations that follow SEAS 117 check here	and	00,311		377230
82 Balances 28 28	Organizations that follow SFAS 117, check here	and			
Ĕ ,,	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		,	27	
B 27	Temporanly-restricted net assets			-28	
-W-1-20	• •			29	
E 29	Permanently restricted net assets Organizations that do not follow SFAS 117, check he	► [♥]		23	
ᄪ		ILE N			
٥ ٥	and complete lines 30 through 34.			20	
\$ 30	Capital stock or trust principal, or current funds	find		30	
98 31	Paid-in or capital surplus, or land, building, or equipment		21,482	31	75 151
Net Assets or Fund 30 31 33 33 34	Retained earnings, endowment, accumulated income, or	other funds			75,151 75,151
₹ 33	Total net assets or fund balances		21,482		
2 34	Total liabilities and net assets/fund balances		81,993	34	134,381

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

COMMUNITY RESOURCE CENTER

Employer identification number 83 – 0323844

Pi	ert l	Reas	on for Public Charity S	Status (All organizations	must c	omplete	this p	art.) S	ee ins	truction	ons <u>.</u>		
The	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box.)		•					
1				ciation of churches described in	-		A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3				e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П			in conjunction with a hospital de				(A)(iii).	Enter th	e hospi	ital's name.		
	_	city, and state	=	,				,.					
5		• •		a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
	ш		b)(1)(A)(iv). (Complete Part I			-, - 5							
6	\Box	•		· , vemmental unit described in sec	tion 170(h)(1)(A)(v	Α						
7	X			ubstantial part of its support from				the de	neral nu	hlic			
•	نت	-	section 170(b)(1)(A)(vi). (Co		i a goveiii	memar an	01 11011	i inc gci	ici ai pu	Olic			
8	П			'0(b)(1)(A)(vi). (Complete Part II	١								
9	H	-			•	ntahution	e mamh	arehin fe	age and	l arnee			
•	لـــا	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											
10	\Box	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).											
11	H	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
••	لــا	-	-	d organizations described in sec				•		tion			
				=									
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III–Functionally integrated d Type III–Other											
A		a											
_	ш	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)											
f			, ,, ,	mination from the IRS that it is a	Type I, Ty	pe II. or T	vpe III s	upportin	a				
•		-	check this box		. 7	F	,,,		3				
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	nv of the							Ш
•		following per	· · ·			•							
				ntrols, either alone or together wi	th person	s describe	ed in (ii)					Ye	B No
		* -	pelow, the governing body of	•	•		` '				119	a)	
			member of a person describe	• • •							119		
		•	ontrolled entity of a person de	**							119		1
h		• •	ollowing information about the	''' ''							نت	<u> </u>	
	Name	e of supported	(ii)_EIN	(iii).Type of organization	(iv) Is the	organization -	—(v) Did y	ou notify—	(vi)	s the —	(vii)-	Amount	of —
	org	anization		(described on lines 1-9	1	sted in your	the organ	ization in	organizat		s	upport	
				above or IRC section (see instructions))	governing	document?	col (i)	or your ort?		zed in the S ?			
				(ace manacaona) /	Yes	No	Yes	No	Yes	No			
		•			_								
		_											
				·									
					<u> </u>	-							
					 								
					1				<u> </u>				
T-4-													
Tota	1		L		±	1	l	L	1	L	l .		

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 507,271 525.373 1,508,938 890,868 1,097,452 4,529,902 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities fumished by a governmental unit to the organization without charge Total. Add lines 1 through 3 507,273 525.373 1.508.938 890,868 1,097,452 4,529,902 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 4,529,902 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 507,271 525,373 1,508,938 890,868 1,097,452 4,529,902 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,500 2,974 5,474 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 18,800 (Explain in Part IV) 18,800 11 Total support. Add lines 7 through 10 4,554,176 12 Gross receipts from related activities, etc. (see instructions) 12 43,679 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.47 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99 39 % 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 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 thisbox and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	cked the box	OII IIIIE 9 OI Fa	1(1.)			
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						<u>-</u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				1		w
С 8	Add lines 7a and 7b Public support (Subtract line 7c from		 				
	line 6)						
_	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		ļ			-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					:	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12)	L	1				
14	First five years. If the Form 990 is for the o	_	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ ∟
	tion C. Computation of Public Su			40.1	·		
15	Public support percentage for 2009 (line 8,			(f))		15	<u>%</u>
16	Public support percentage from 2008 Sche					16	<u>%</u>
	tion D. Computation of Investmen					17	%
17 18	Investment income percentage for 2009 (lin Investment income percentage from 2008)			Joiumii (I))		18	%
18 19a	33 1/3 % support tests—2009. If the organ	•	-	14 and line 15 ie n	nore than 33 1/3 %		
, J a	17 is not more than 33 1/3 %, check this bo						▶ □
b	33 1/3 % support tests—2008. If the organ	-		•			
_	line 18 is not more than 33 1/3 %, check th						▶ [
20	Brigate foundation of the erganization did	•	•	•		-	_

Page 4

Schedule A (Form 990 or 990-EZ) 2009 COMMUNITY RESOURCE CENTER 83-0323844

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

MANAGEMENT

\$

18,800

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization COMMUNITY RESOURCE CENTER 83-0323844 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section -170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?----------In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 COMMUNITY	RESOURCE C	ENTER	<u>83 -</u>	<u>0323844</u>	Page 2			
Pa	rt III Organizations Maintaining (Collections of Ar	t, Historical Treas	ures, or Othe	r Similar Assets	(continued)			
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, ch	neck any of the following	that are a signific	ant use of its				
а	Public exhibition	d \square La	oan or exchange prograi	ms					
b	Scholarly research	=	ther						
С	Preservation for future generations	- 🖵 -							
4	Provide a description of the organization's collection Part XIV	ctions and explain hov	w they further the organ	zation's exempt p	urpose in				
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of ar	t, historical treasures, or	r other similar ection?		Yes No			
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part								
	IV, line 9, or reported an ame	ount on Form 99	0, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or other	r assets not	 				
	included on Form 990, Part X?					Yes No			
b	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ing table						
		·	•			Amount			
С	Beginning balance				1c				
ď	Additions during the year				1d				
e	Distributions during the year				1e	· · · · · · · · · · · · · · · · · · ·			
•	Ending balance				1f				
1	•	- 000 Dad V Ivaa 040	•		<u> </u>				
2a	Did the organization include an amount on Form	11 990, Part A, line 21	•			∐ Yes ∐ No			
	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.								
_Fa	ert v Endowment Funds. Comple	1				ok (a) Caus yaara baak			
		(a) Current year	(b) Pnor year	(c) Two years ba	(d) Three years ba	ck (e) Four years back			
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,			Ì					
	and losses								
d	Grants or scholarships								
θ	Other expenditures for facilities		į.						
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year el	nd balance held as		•					
a									
	b Permanent endowment \(\bigs\)								
									
Ja	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No								
	organization by								
	(i) unrelated organizations					3a(i)			
	_(ii)_related organizations					3a(ii)			
	If "Yes" to 3a(ii), are the related organizations lis	•				3b			
	Describe in Part XIV the intended uses of the or			0 D-4 V II	40				
<u> Pa</u>	rt VI Investments—Land, Buildin	1				(4) 5			
	Description of investment	(a) Cost or other ba	1 ''	1 ') Accumulated	(d) Book value			
		(investment)	basis (other	=1)	depreciation				
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment		3 (6,993	17,201	19,792			
ө	Other	<u> </u>							
Tota	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X,	column (B), line 10(c))		>	19,792			

Schedule D (Form 990) 2009

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

Sche	dule D (Form 990) 2009 COMMUNITY RESOURCE CENTER 83-032384	44	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
<u>1</u> 0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	ert XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	7 1	
С	Recovenes of prior year grants 2c	7 1	
d	Other (Describe in Part XIV)	7	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	7	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	╛	
b	Prior year adjustments 2b]	
C	Other losses 2c]	
d	Other (Describe in Part XIV)]	
0	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	art XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
	-		
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Sche	dule	D (For	ր 990	200	9	C	IMC	(UIN	II.	ГΥ	RI	Ξ SC)UF	CE	C	EI	1TE	ER.					8	33-	03	<u> 238</u>	344	ł					Page	5
Sche	irt)	ΚIV		Sup	olen	nent	tal I	Info	rma	atio	n (cor	ntin	ued)																				_
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2009

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X Yes Employer identification number 83-0323844 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ► Attach to Form 990. General Information on Grants and Assistance COMMUNITY RESOURCE CENTER Department of the Treasury Internal Revenue Service Name of the organization Part

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments and ecipient that re if additional s	d Organice is	izations in the Un nore than \$5,000 needed	ited States. Com Check this box i	plete if the org f no one recipi	janization ans ient received r	wered "Yes" to nore than \$5,000. Use
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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
BUFFALO	BUFFALO CHILDREN'S CENTER							
				54,103				
BOYS &	GIRLS CLUB OF THE BIG HORNS				i			
				12,786				
BUFFALO	SENIOR CENTER							
į				10,759				
JOHNSON	JOHNSON COUNTY FAMILY YMCA							
				11,961				
FAMILY (CRISIS CENTER							
				7,911				
CHILD ADVOCACY	DVOCACY							
				7,000				
2 Enter t	Enter total number of section 501(c)(3) and government organizations	ırganızatıons						A A
	total number of other organizations	-						

Schedule I (Form 990) 2009

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

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 83-0323844 (c) Amount of cash grant Schedule I (Form 990) 2009 COMMUNITY RESOURCE CENTER (b) Number of recipients (a) Type of grant or assistance Part III

		:
	I, line 2, and any other additional information.	
	rmation required in Part I,	
	the info	
1	nplete this part to	
	Supplemental Information. Con	
	Part IV	

l₹

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMUNITY RESOURCE CENTER

Employer identification number 83 - 0323844

Form 990, Part III, Line 2

SUBSTANCE ABUSE, CANCER SERVICES, AND HOMELESSNESS PREVENTION PROGRAMS

Form 990, Part III, Line 3

BOYS & GIRLS CLUB, DEPT OF CORRECTIONS, AND AFTER SCHOOL PROGRAMS HAVE BEEN CEASED AS WELL AS DEPT OF CORRECTION PROGRAM.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST

Form **8868**(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Re	enue Service	
If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box	
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	n).
	mplete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).
A corpora	ion required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete	
Part I only	•	▶ □
All other o	proprations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extern	neign of
	income tax returns.	islon of
Electroni	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti	ime to file
	returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88	
	Illy if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	
	a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Pa	• .
	more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonpro	
Type or	Name of Exempt Organization	Employer identification number
print	The state of the s	Zimpioyor idonanoadon nambor
File by the	COMMUNITY RESOURCE CENTER	83-0323844
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your return See	PO BOX 363	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BUFFALO WY 82834	
	e of return to be filed (file a separate application for each return):	_
X For	990 Form 990-T (corporation)	Form 4720
∐ Forт	990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
\mathbf{H}	1990-EZ Form 990-T (trust other than above)	Form 6069
☐ Forr	990-PF Form 1041-A	☐ Form 8870
Teleph If the c If this i for the who a list with the		► ☐ . If this is attach
	02/15/11 , to file the exempt organization return for the organization named above. The extension is	
	e organization's return for:	
▶ [7 · .	
▶ 3	calendar year or tax year beginning 07/01/09, and ending 06/30/10.	
-		
2 If this	tax year is for less than 12 months, check reason Initial return Final return Change	in accounting period
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
	ny nonrefundable credits. See instructions.	3a \$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	
	ents made Include any prior year overpayment allowed as a credit	3b \$
	ice Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
	at with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	1.4.
	m). See instructions	3c \$
aution. If	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-	EU