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Form **990**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)

OMB No 1545-0047

2011Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable	C Name of organization PEOPLE'S RESOURCE CENTER		D Employer identification number 36-3157600
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As		E Telephone number 630-682-5402
Number and street (or P.O. box if mail is not delivered to street address) 201 S. NAPERVILLE ROAD		Room/suite	G Gross receipts \$ 9,999,702.
City or town, state or country, and ZIP + 4 WHEATON, IL 60187		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer KIMBERLEY C PEREZ SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
J Website: ► WWW.PEOPLESRC.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1980 M State of legal domicile IL	

Part I **Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities RESPOND TO BASIC HUMAN NEEDS, PROMOTE DIGNITY & JUSTICE & CREATE A FUTURE OF HOPE & OPPORTUNITY	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 40
	6 Total number of volunteers (estimate if necessary)	6 1600
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,942,819. Current Year 9,140,982.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,218. 15,959.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,457. 3,860.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,976,494. 9,160,801.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,973,516. 6,414,269.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,284,005. 1,399,823.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	205,442.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	475,816. 547,046.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,733,337. 8,361,138.
19 Revenue less expenses Subtract line 18 from line 12	243,157. 799,663.	
Expenses	20 Total assets (Part X, line 16)	Beginning of Current Year 3,887,828. End of Year 4,689,801.
	21 Total liabilities (Part X, line 26)	96,907. 110,400.
	22 Net assets or fund balances Subtract line 21 from line 20	3,790,921. 4,579,401.
	Net Assets or Fund Balances	

Part II **Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer BARBARA TARTAGLIONE, BOARD PRESIDENT	Date 10/9/12
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KAREN OLSON	Preparer's signature Karen M. Olson
	Date 10-5-12	Check if self-employed <input type="checkbox"/> PTIN P00085441
	Firm's name ► DUGAN & LOPATKA, CPA'S PC	Firm's EIN ► 36-2886485
	Firm's address ► 104 E. ROOSEVELT ROAD SUITE 102 WHEATON, IL 60187-5267	Phone no 630-665-4440

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2011)

G16

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 5,706,205. including grants of \$ 5,179,081.) (Revenue \$ _____)**FOOD PANTRIES - 7,971 FAMILIES RECEIVED 37,702 GROCERY CARTS WITH A WEEK'S WORTH OF FOOD.**4b (Code _____) (Expenses \$ 418,241. including grants of \$ 255,340.) (Revenue \$ 1,080.)**COMPUTER ACCESS AND TRAINING - 1,100 ADULTS REGISTERED FOR COMPUTER CLASSES. 751 FAMILIES RECEIVED FREE REFURBISHED COMPUTERS FOR THEIR HOMES. 843 FAMILIES RECEIVED FREE REPAIRS AND MAINTENANCE FOR THEIR HOME COMPUTERS.**4c (Code _____) (Expenses \$ 598,219. including grants of \$ 536,498.) (Revenue \$ _____)**CLOTHES CLOSET - 1,733 UNIQUE HOUSEHOLDS SELECTED GENTLY USED, SEASONALLY APPROPRIATE CLOTHING FOR THEIR FAMILIES.**

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,234,450. including grants of \$ 443,350.) (Revenue \$ 600.)4e Total program service expenses ► 7,957,115.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b 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? <i>If "Yes," complete Schedule D, Part VII</i> c 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? <i>If "Yes," complete Schedule D, Part VIII</i> d 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X 11b X 11c X 11d X 11e X 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <ul style="list-style-type: none"> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20a X 20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	40
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16
1b		1b	16
2	Enter the number of voting members included in line 1a, above, who are independent	2	X
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	X
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X
7a	Did the organization have members or stockholders?	7a	X
7b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b	X
8a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	X
8b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8b	X
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>IL</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>LINDA CHEATHAM - 630-682-5402</u> <u>201 S. NAPERVILLE ROAD, WHEATON, IL 60187</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) BARBARA TARTAGLIONE <u>PRESIDENT</u>	0.50	X		X			0.	0.	0.
(2) THOMAS OKARMA <u>FORMER PRESIDENT</u>	0.50	X		X			0.	0.	0.
(3) MARK DEMICH <u>VICE PRESIDENT</u>	0.50	X		X			0.	0.	0.
(4) WILLIAM BLUM <u>TREASURER</u>	0.50	X		X			0.	0.	0.
(5) HENRY DAVIS, JR. <u>SECRETARY</u>	0.50	X		X			0.	0.	0.
(6) BETTY BRADSHAW <u>FORMER SECRETARY</u>	0.50	X		X			0.	0.	0.
(7) JIM DOYLE <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(8) PAUL LEFORT <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(9) CONNIE SUNDERHAUS <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(10) TOM PAULICK <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(11) KRIS MAYBACH <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(12) ROBERT RUSSO <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(13) ANDREW SCHLICKMAN <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(14) KEITH SUCHY, DDS <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(15) JIM ZAK <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(16) KATHRYN MILSNA <u>DIRECTOR</u>	0.50	X					0.	0.	0.
(17) SR MARIETTE KALBAC <u>DIRECTOR</u>	0.50	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) DAVE WOOD DIRECTOR	0.50	X					0.	0.	0.
(19) WARREN ROTH FORMER DIRECTOR	0.50	X					0.	0.	0.
(20) KIMBERLY C PEREZ EXECUTIVE DIRECTOR	40.00		X				91,348.	0.	12,437.
(21) LINDA CHEATHAM DIRECTOR OF OPERATIONS	40.00		X				54,181.	0.	14,224.
1b Sub-total							145,529.	0.	26,661.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							145,529.	0.	26,661.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	49,541.		
	d Related organizations	1d			
	e Government grants (contributions)	1e	359,734.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8731707.		
	g Noncash contributions included in lines 1a-1f \$		5841268.		
	h Total. Add lines 1a-1f		► 9140982.		
Program Service Revenue	2 a		Business Code		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		►		
	3 Investment income (including dividends, interest, and other similar amounts)		► 12,332.		12,332.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	813717.				
c Gain or (loss)					
d Net gain or (loss)	810090.				
	3,627.				
8 a Gross income from fundraising events (not including \$ 49,541. of contributions reported on line 1c) See Part IV, line 18	a 30,991.				
b Less direct expenses	b 28,811.				
c Net income or (loss) from fundraising events		► 2,180.		2,180.	
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11 a MISC. INCOME	900099	1,680.	1,680.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		► 1,680.			
12 Total revenue See instructions.		► 9160801.	1,680.	0.	18,139.

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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,414,269.	6,414,269.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	201,635.	89,017.	73,035.	39,583.
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	963,822.	800,521.	70,104.	93,197.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	32,837.	25,810.	3,422.	3,605.
9 Other employee benefits	117,875.	105,197.	6,344.	6,334.
10 Payroll taxes	83,654.	65,671.	9,199.	8,784.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	107,618.	62,673.	7,561.	37,384.
12 Advertising and promotion	46,803.	39,126.	7,647.	30.
13 Office expenses	34,886.	26,598.	8,288.	
14 Information technology				
15 Royalties				
16 Occupancy	167,511.	159,431.	8,080.	
17 Travel				
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	76,412.	74,887.	1,525.	
23 Insurance	19,408.	19,099.	309.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	43,079.	43,079.	0.	0.
b RECRUITMENT, TRAINING A	21,082.	19,489.	1,593.	
c FUNDRAISERS AND GENERAL	17,491.	759.	207.	16,525.
d EQUIPMENT MAINTENANCE	12,756.	11,489.	1,267.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,361,138.	7,957,115.	198,581.	205,442.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ➤ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	47,364.	1	2,986.
	2 Savings and temporary cash investments	1,526,967.	2	1,269,771.
	3 Pledges and grants receivable, net	55,653.	3	1,023,385.
	4 Accounts receivable, net	3,993.	4	0.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,485.	9	45,203.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,578,273.		
	10b Less accumulated depreciation	563,210.	10c	2,015,063.
	11 Investments - publicly traded securities	152,995.	11	333,393.
	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)	3,887,828.	16	4,689,801.
Liabilities	17 Accounts payable and accrued expenses	96,907.	17	110,400.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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 of Schedule L		22	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	96,907.	26	110,400.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,409,423.	27	3,472,205.
	28 Temporarily restricted net assets	381,498.	28	1,107,196.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,790,921.	33	4,579,401.
	34 Total liabilities and net assets/fund balances	3,887,828.	34	4,689,801.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,160,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,361,138.
3	Revenue less expenses Subtract line 2 from line 1	3	799,663.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,790,921.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,183.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,579,401.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 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?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
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

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

36-3157600

PEOPLE'S RESOURCE CENTER

36-3157600

Part I 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 a 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)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e 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 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2011

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 I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,944,155.	4,828,253.	6,231,949.	6,942,819.	9,140,982.	29,088,158.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,944,155.	4,828,253.	6,231,949.	6,942,819.	9,140,982.	29,088,158.
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)						415,306.
6 Public support. Subtract line 5 from line 4						28,672,852.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,944,155.	4,828,253.	6,231,949.	6,942,819.	9,140,982.	29,088,158.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,962.	31,037.	20,673.	13,929.	12,332.	109,933.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,172.	8,218.	10,295.	6,253.	1,680.	36,618.
11 Total support. Add lines 7 through 10						29,234,709.
12 Gross receipts from related activities, etc (see instructions)					12	236,089.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.08	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.44	%
16a 33 1/3% support test - 2011. 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		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. 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		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. 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		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. 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		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		478,866.		478,866.
b Buildings		2,099,407.	563,210.	1,536,197.
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

2,015,063.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

FIN 48 (ASC 740) 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

2. FIN 48 (ASC 740)

132053

01-23-12

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,160,801.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,361,138.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	799,663.
4	Net unrealized gains (losses) on investments	4	-11,183.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	-11,183.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	788,480.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,211,401.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-11,183.
b	Donated services and use of facilities	2b	42,080.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	19,703.
e	Add lines 2a through 2d	2e	50,600.
3	Subtract line 2e from line 1	3	9,160,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,160,801.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,422,921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	42,080.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	19,703.
e	Add lines 2a through 2d	2e	61,783.
3	Subtract line 2e from line 1	3	8,361,138.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,361,138.

Part XIV Supplemental Information

Complete 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 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 part to provide any additional information

PART X, LINE 2: PRC FILES INCOME TAX RETURNS IN THE U.S. FEDERAL

JURISDICTION AND ILLINOIS. WITH A FEW EXCEPTIONS, PRC IS NO LONGER

SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008. PRC DOES NOT

EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT

TWELVE MONTHS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

FUNDRAISING EXPENSES 19,703.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 19,703.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

Employer identification number
36-3157600

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

PEOPLE'S RESOURCE CENTER

36-3157600

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

 - a Mail solicitations e Solicitation of non-government grants
 - b Internet and email solicitations f Solicitation of government grants
 - c Phone solicitations g Special fundraising events
 - d In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA Paperwork Reduction Act Notice. See the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 DINE AWAY HUNGER (event type)	(b) Event #2 HOLIDAY LUNCHEON (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col (c))
1 Gross receipts	30,882.	27,430.	22,220.	80,532.
2 Less Charitable contributions	30,882.	16,254.	2,405.	49,541.
3 Gross income (line 1 minus line 2)		11,176.	19,815.	30,991.
4 Cash prizes				
5 Noncash prizes		9,108.		9,108.
6 Rent/facility costs		500.		500.
7 Food and beverages		7,416.		7,416.
8 Entertainment			4,625.	4,625.
9 Other direct expenses	1,246.	3,724.	2,192.	7,162.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (28,811)
11 Net income summary Combine line 3, column (d), and line 10				► 2,180.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					► ()
8 Net gaming income summary Combine line 1, column d, and line 7					►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

- 16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

- 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Grants and Other Assistance to Organizations,

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

Name of the organization

PEOPLE'S RESOURCE CENTER

- 1 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?

- ## 2 Describe in Part IV the organization's secondary uses

Part II

- recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

name and address of organization
or government

Enter total number of Section 501(c)(3) and government organizations listed in the line 1 table

2 Enter total number of other organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line | Table
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

100

Schedule I (Form 990) (2011)

Part III

Grants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT, MORTGAGE OR SECURITY DEPOSIT	226	243,740.	0.		
UTILITY	60	15,829.	0.		
FOOD GIFT CARD	6356	54,607.	0.		
DEPT. STORE GIFT CARD	3003	49,804.	0.		
SAS GIFT CARD	269	19,876.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information**SCHEDULE I, PART I, LINE 2: DISBURSEMENT OF GRANT FUNDS ARE MONITORED****THROUGH THE CHECK ISSUANCE POLICY AND PROCEDURE; ALSO ARE MONITORED AND****ISOLATED WITHIN THE GENERAL LEDGER; AND ARE MONITORED WITHIN THE PROGRAM**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<u>MEDICAL ASSISTANCE</u>	3.	341.	0.		
<u>MISCELLANEOUS FINANCIAL ASSISTANCE</u>	20.	10,832.	0.		
<u>INSTRUCTIONAL BOOKS</u>	610.	0.	32,330.	FMV	<u>610 STUDENTS RECEIVED BOOKS MATERIALS</u>
<u>FOOD (INCLUDING BREAKFAST PACKS)</u>	64,318.	0.	5,090.	655.	<u>FMV</u> <u>BREAKFAST PACKS</u>
<u>CLOTHING/DIAPERS</u>	15,793.	0.	555.	538.	<u>FMV</u> <u>35,851 ARTICLES OF KID CLOTHING; 58,717 ARTICLES OF ADULT CLOTHING; 9,099 BUNDLES OF DIAPERS</u>
<u>REFURBISHED COMPUTERS</u>	751.	0.	255.	340.	<u>FMV</u> <u>REFURBISHED COMPUTERS</u>
<u>TOYS, LAYETTES AND BIRTHDAY BAGS</u>	4,558.	0.	85.	377.	<u>FMV</u> <u>1,071 TOYS; 233 LAYETTES; 3,254 BIRTHDAY BAGS</u>

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		640,914.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	5	35,892.	FAIR MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate Residential				
16 Real estate - Commercial				
17 Real estate Other				
18 Collectibles				
19 Food inventory	X	13,937	4,877,931.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>USED COMPUTER</u>)	X	749	133,303.	FAIR MARKET VALUE
26 Other ► (<u>COMPUTER SUPP</u>)	X	806	120,865.	FAIR MARKET VALUE
27 Other ► (<u>INSTRUCTIONAL</u>)	X	155	23,255.	FAIR MARKET VALUE
28 Other ► (<u>FUNDRAISING I</u>)	X	177	9,108.	FAIR MARKET VALUE

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

29

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2011)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number
36-3157600

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOMELESS PREVENTION - 220 FAMILIES RECEIVED FINANCIAL ASSISTANCE TO
REGAIN HOUSING STABILITY.

EXPENSES \$ 383,659. INCLUDING GRANTS OF \$ 220,261. REVENUE \$ 0.

ADULT LEARNING AND LITERACY - 595 ADULTS ENROLLED IN ESL CLASSES,
STUDIED FOR GED AND CITIZENSHIP EXAMS OR WORKED WITH TUTORS TO ACHIEVE
THEIR LEARNING GOALS. 134 CHILDREN BOOSTED THEIR ACADEMIC SKILLS
THROUGH OUR HANDS-ON SUMMER SCIENCE PROGRAM.

EXPENSES \$ 229,070. INCLUDING GRANTS OF \$ 32,330. REVENUE \$ 600.

SHARE THE SPIRIT - 818 FAMILIES RECEIVED GIFTS AND GROCERY GIFT
CERTIFICATES FOR THE HOLIDAYS.

EXPENSES \$ 111,828. INCLUDING GRANTS OF \$ 101,057. REVENUE \$ 0.

ART - 211 ADULTS AND 410 CHILDREN DEVELOPED THEIR SELF-ESTEEM AND
CREATIVITY THROUGH PRC ART PROGRAMS.

EXPENSES \$ 120,728. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SOCIAL SERVICES - 728 FAMILIES WERE CONNECTED TO ADDITIONAL SOCIAL
SERVICES INCLUDING SNAP (FOOD STAMPS), EMERGENCY FINANCIAL ASSISTANCE,
UTILITY ASSISTANCE AND HEALTH CARE.

EXPENSES \$ 165,161. INCLUDING GRANTS OF \$ 81,713. REVENUE \$ 0.

JOB ASSISTANCE - 164 PEOPLE FOUND JOBS WITH GUIDANCE FROM PRC JOB
MENTORS. 381 INDIVIDUALS RECEIVE JOB ASSISTANCE SERVICES.

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

EXPENSES \$ 119,822. INCLUDING GRANTS OF \$ 1,812. REVENUE \$ 0.

LEARN AND EXPERIENCE TO ADVANCE YOUR POTENTIAL - LEAP HAD 19 ACTIVE YOUNG ADULTS AGES 17-21 WHO WERE OFFERED JOB READINESS AND LEADERSHIP DEVELOPMENT SKILLS IN INTENSIVE 12 WEEK SESSIONS.

EXPENSES \$ 104,182. INCLUDING GRANTS OF \$ 6,177. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS THE PREPARED FORM 990 AFTER A FINANCE/AUDIT COMMITTEE REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BOARD OF DIRECTOR'S ANNUAL MEETING, THE CONFLICT OF INTEREST POLICY STATEMENT AND CODE OF ETHICS IS REVIEWED AND COMPLETED BY EACH OF THE CURRENT MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: 15A: THE HUMAN RESOURCES COMMITTEE PERIODICALLY REVIEWS COMPARABLE DATA TO UPDATE JOB RANGE. THE BOARD PRESIDENT AND THE HR COMMITTEE CHAIR WILL MAKE ADJUSTMENTS ACCORDINGLY BASED ON NEW JOB RANGE.

15B: THE HUMAN RESOURCES COMMITTEE PERIODICALLY REVIEWS COMPARABLE DATA TO UPDATE JOB RANGES AND MAKES ADJUSTMENTS TO COMPENSATION BASED ON NEW JOB RANGES.

FORM 990, PART VI, SECTION C, LINE 19: ANY PUBLIC DOCUMENT IS MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-11,183.

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

FORM 990, PART XII, LINE 2C:COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT.THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.FORM 990, PART III LINE 1PROGRAM SERVICE ACCOMPLISHMENTSFROM ITS BEGINNINGS IN A RENTED HOUSE IN WHEATON, WHERE FOOD BOXES WERE
DISTRIBUTED THROUGH A BASEMENT WINDOW, TO OUR CURRENT MULTI-SERVICE
RESOURCE CENTER, PEOPLE'S RESOURCE CENTER (PRC) HAS HAD A MAJOR IMPACT
ON OUR DUPAGE COUNTY COMMUNITY.SINCE 1975, PEOPLE'S RESOURCE CENTER HAS BEEN BOTH A LIFELINE TO MANY
THOUSANDS OF RESIDENTS IN TEMPORARY EMERGENCIES, AS WELL AS A PATHWAY
OF OPPORTUNITY TO THOSE YEARNING TO BETTER THEIR LIVES. MORE THAN 1,600
VOLUNTEERS, SUPPORTED BY A SMALL STAFF, DEDICATE THEIR TIME, SKILLS AND
RESOURCES TO HELP THEIR NEIGHBORS. THE IMPACT ON THE LIVES OF THOSE
RESIDENTS HAS BEEN BOTH IMMEDIATE AND LONG TERM.TODAY, MORE THAN 31,000 DUPAGE RESIDENTS RELY ON THE PRC FOR HELP EACH
YEAR. INDIVIDUALS AND FAMILIES VISIT OUR WHEATON HEADQUARTERS AND OUR
FULL-SERVICE SATELLITE IN WESTMONT TO MEET THEIR NEEDS, AS WELL AS
MULTIPLE NEIGHBORHOOD TRAINING SITES. OUR CORE RESOURCES OF FOOD,
CLOTHING, HOMELESS PREVENTION ASSISTANCE AND EMERGENCY FINANCIAL
ASSISTANCE HELP PEOPLE TO MEET THEIR BASIC NEEDS. OUR EDUCATION,
TRAINING AND ENRICHMENT PROGRAMS INCLUDE COMPUTER TRAINING AND ACCESS
TO COMPUTER TECHNOLOGY FOR THE HOME, ENGLISH AS A SECOND LANGUAGE

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

CLASSES AND TUTORING, ASSISTANCE WITH GED, CITIZENSHIP, AND CONVERSATION GROUPS, JOB SEARCH ASSISTANCE, AND PEOPLE'S ART, INCLUDING WOMEN'S WISDOM, KIDS ART, VARIOUS MIXED CLASSES, AND OPEN STUDIO.

FROM THE DESIGN OF OUR SPACE, TO THE TYPE AND PLACEMENT OF SERVICES, TO THE VARIOUS OPERATIONAL PROCEDURES, WE SEEK TO REVEAL OUR BELIEF THAT EVERYONE MATTERS, AND THAT WE ARE ALL IN THIS TOGETHER. PRC BRINGS PEOPLE TOGETHER TO SERVE EACH OTHER, CARE ABOUT EACH OTHER, OVERCOME OBSTACLES TOGETHER, STAND FOR JUSTICE TOGETHER, AND MOVE WITH HOPE INTO THE FUTURE TOGETHER.

SUBURBAN POVERTY CONTINUES TO INCREASE AT AN ALARMING RATE. 59,459 DUPAGE RESIDENTS (INCLUDING OVER 20,000 CHILDREN) LIVED BELOW THE POVERTY LINE IN 2009, NEARLY DOUBLE THE NUMBER FROM 10 YEARS EARLIER. THE FEDERAL POVERTY LEVEL IS DEFINED AS ANNUAL INCOME BELOW \$22,350 FOR A FAMILY OF 4.

THE "WORKING POOR" ARE ONLY SLIGHTLY BETTER OFF. ANOTHER 101,355 DUPAGE RESIDENTS ARE STRUGGLING TO MAKE ENDS MEET WITH ANNUAL HOUSEHOLD INCOMES BELOW \$44,100 FOR A FAMILY OF 4. FOR THESE FAMILIES, EVEN WITH THE BEST LAID PLANS, THINGS CAN FALL APART OVER SOMETHING AS MINOR AS A CAR REPAIR OR EMERGENCY ROOM VISIT. MORE THAN EVER, PRC WILL BE AN ESSENTIAL RESOURCE IN THEIR LIVES. LOW WAGE WORKERS WILL HAVE TO INCREASINGLY RELY ON FOOD PANTRIES, AND CENTERS LIKE PRC TO MAKE ENDS MEET. SENIORS AND PEOPLE LIVING WITH DISABILITIES, AMONG THE COMMUNITY'S MOST VULNERABLE CITIZENS, WILL INCREASINGLY NEED THE BASIC RESOURCES OF PRC, AS THEIR LIMITED INCOMES SENTENCE THEM TO A LIFE OF POVERTY.

Name of the organization

PEOPLE'S RESOURCE CENTER

Employer identification number

36-3157600

PRC'S JOB GOING FORWARD IS TO HELP PEOPLE HOPE FOR SO MUCH MORE THAN FOOD ON THEIR TABLE. AS WE MOVE INTO OUR FUTURE, PRC WILL CONTINUE TO ASSIST PEOPLE WITH TRAINING AND EDUCATION TO HELP THEM OVERCOME POVERTY, AND WILL CONTINUE TO FOSTER THE HEALTH AND WELLNESS OF OUR COMMUNITY'S FAMILIES.

THE CORE VALUES THAT GUIDE OUR OPERATIONS ARE:

- DIGNITY AND RESPECT: RECOGNIZING THE DIGNITY OF EACH PERSON WHO COMES TO US, WE CREATE A WELCOMING AND RESPECTFUL ENVIRONMENT IN ALL OF OUR PROGRAMS AND COMMUNICATION.

- CREATIVITY AND INNOVATION: WE EXPRESS OUR MISSION DIRECTLY. WE TRY THINGS IN THE COMMUNITY. WE ARE WILLING TO JUMP IN TO NEW AREAS IN ORDER TO ADDRESS AN UNMET NEED.

- RESPONSIBLE STEWARDSHIP: WE WELCOME THOSE WHO NEED RESOURCES, AS WELL AS THOSE WITH RESOURCES TO SHARE.

- COMPASSION: WE LISTEN, WE ENCOURAGE, WE TRY TO GET TO KNOW OUR FAMILIES, WE PROVIDE SOME HELP AND GUIDANCE, WE ADVOCATE, IN A SPIRIT OF KINDNESS AND COMPASSION.

- INTEGRITY: WE PLACE A HIGH PRIORITY IN LIVING OUT OF OUR PRINCIPLES, IN OUR RELATIONSHIPS, PROGRAMS, AND ORGANIZATIONAL PRACTICES.

- ...AND WE RELY ON MIRACLES!! WE KNOW THAT WE CANNOT DO IT ALONE. WE RELY ON EACH OTHER AND OUR FRIENDS IN THE COMMUNITY.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

PEOPLE'S RESOURCE CENTER

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part II Identification of Related Tax-Exempt Organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 52(b)(3) controlled entity?
Yes	No					
DOROTHY MCINTYRE COMMUNITY CENTER -	HOLD TITLE AND MANAGE PROPERTY ON BEHALF OF TWO 501(C)(3) ORGANIZATIONS	ILLINOIS	501(C)(3)	11A	N/A	X
36-4023818, 1506 E ROOSEVELT ROAD, WHEATON,						
IL 60187						
				</td		

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

Related Organizations Taxable as a Partnership (C)

one or more related

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the Organization answered "Yes" to Form 990 Part IV line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

- Complete this part to provide additional information for responses to questions on Schedule R (see instructions)