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Form **990**

Return of Organization Exempt From Income Tax

1 2

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning Tax 1.35 2012, and ending 2012 C Name of organization Even D Employer identification number Neigh borhood Check if applicable 87-0814198 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change **井101** Yalm 559-326-5100 Initial return City, town or post office, state, and ZIP code 267,825 Terminated Fresno G Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) is this a group return for affiliates? Yes No Artie Pavilla N. Palm#LOI Fresno CA 93711 7676 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ► www- every reighborhood.org H(c) Group exemption number ▶ L Year of formation つっつ M State of legal domicile CALC Part I Summary Briefly describe the organization's mission or most significant activities: churches and elementery schools and their swronding Governance reighborhouds. Mobilizing volunteers from these partnerships to Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 ঠ 5 Total number of volunteers (estimate if necessary) . . . 6 1500 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a \cap Net unrelated business taxable income from 990-T, line 34 7b RECEIVED Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 8 267,688 9 10 11 Total revenue - add lines 8 through (1) (must equal Flart; VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 043 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 3, 3 9, <u>933</u> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2'39 892 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Total assets (Part X, line 16) 106 20 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that 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 ~8-13 Sign Here PAD.ILA Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check [] if self-employed Preparer

614

Firm's EIN

☐ Yes ☐ No Form 990 (2012)

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

Firm's name

Use Only

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

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)? If "Yes," complete Schedule A	1.	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	- <u>Z</u> -	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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</i> "Yes," <i>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,		<u> </u>	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		×
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		Y
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		7
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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			>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		يح
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	*		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		く
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? If "Yes," complete Schedule D, Part X .	11f		ヾ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>~</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		ス
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? If "Yes," complete Schedule F, Parts I and IV.	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, Parts II and IV.			\overline{x}
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>×</u>
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>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			×
20 a	If "Yes," complete Schedule G, Part III	19		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	7	XIA
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Part	Checklist of Required Schedules (continued)			rage -
- are	Office transfer of the state of		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		×
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		7
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		×
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		イ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		人
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		乂
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):		红色	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	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		人
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X 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, Part II, III, or IV, and Part V, line 1	34	_	×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		\overline{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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	×	
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	30 (2012)			raye •
Part	Statements Regarding Other IRS Filings and Tax Compliance Check 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 O			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	\cap	[A-
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			21. 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	4
4 a	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		人
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	n	A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		人
	gifts were not tax deductible?	6b	21	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	1A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		人
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	See 3	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		文
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\sim	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	$\dot{\Delta}$	$\overline{\mathbf{A}}$
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			3
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1.	ļ	
	organization, have excess business holdings at any time during the year?	8		又
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		\overline{X}
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		て
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		į	9 2
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	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]	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b n			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a	\Box	又
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which		i,	
	the organization is licensed to issue qualified health plans		į.	
C	Enter the amount of reserves on hand			
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	$ \sqrt{I} $	<u>A</u>
		Form	990	(2012)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		
Sect	ion 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 1a 6			
	If there are material differences in voting rights among members of the governing body, or	, s		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.)
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			1 !
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			->-
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	0		_
74	one or more members of the governing body?			K
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
b	stockholders, or persons other than the governing body?			乂
		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			:
	the year by the following.			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ł	ĺ	X
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Χ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		ス
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	.	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>×</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>×</u>
15	Did the process for determining compensation of the following persons include a review and approval by	İ	- 1	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		
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).		T	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement]	
	L. C.	16a		×
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	{		
		16b	NIK	1
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CAL tor ~ A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		• •
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	inter	est po	olicv.
	and financial statements available to the public during the tax year.		٠٠, ٢٠	-,,
20	State the name, physical address, and telephone number of the person who possesses the books and records of	of the		
	organization: Partie Parilla 7676 N. Palm #101 Fresno CA 93711	•		

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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.

- 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 Tıtle	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (Y) Officer and officer employee or direct that one box, unless person is both an officer and a director/trustee) (A) (C) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			n an tee)	(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		
		й	itee			sated	_			
11) Tim Goetz Board Charman	1	×					L	6	9	O
(2) Brad Bell Board member		×						0	0	0
(3) Darrin Person Board Member	\	Y				i		0	0	0
(4) Bill SmHcamp Board Member		×						0	0	0
(5) Wanda Holderman Boardmember	(≻						0	0	0
(6) Eric Hanson Boardmenber		×						0	0	0
M Artie Papilla Executive Director	40			X	X	×		49,000	0	0
(B) Carol Yung Communications Director	40].	X			30,400	0	0
(9) Vida PATO Admin. Support	o Y				Y			29,656	0	0
(10) Michelle Winter Volunteer Development	20				۴			12,042	6	0
(11) Connie Provencio Familia Resurce Directur	10				×			8,000	\sim	0
(12)										
(13)										
(14)					1					

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd H	lighe	st C	ompensated E	mployees	(continued	1)	
	(A) Name and trtle	(B) Average hours per week (list any	Position (do not check more that box, unless person is b officer and a director/tr					n an	(D) Reportable compensation from	(E) Reportable compensation from related	on from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-	ions	from organ and r	ensation in the inization related inizations
(15)													
(16)			_				-						
(17)							-						
(18)											_		
(19)													
(20)													
(21)												·	
(22)													
(23)												····	
(24)											_	.——	
(25)							_						
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section		l ·		· .	•	* • •	129,098	000		0	<u> </u>
2	Total number of individuals (including but reportable compensation from the organi	not limited								ore than \$1	00,000 of		<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						mp	loyee, or high	est compe	ensated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,0	000	? If		3, "	complete Sch			4	X
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	X
Section	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Rep year.												n's tax
	(A) Name and business add	ess							(B) Description of se	ervices	Cor	(C) npensa	tion
	3/20/6				_								\
	Molos								11/4		1	1	1
2	Total number of independent contracto received more than \$100,000 of compens							the	ose listed abo	ve) who			
								_			The same of the same of the	Form	990 (2012)

Par	t VIII			anno to only gues	ntion in this Dart	.//!!		
		Check if Schedule O	contains a respi	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Tts	1a	Federated campaign	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u>1b</u>	0] "	,		
S, C	C	Fundraising events .		0				
ia Gi	d	Related organizations	the state of the s	0	1			
S, Ï	е	Government grants (cor		56,863	1			
er S	f	All other contributions, g		210 012				
별	1	and similar amounts not in		210,962	_[' -		
o or	g	Noncash contributions inclu		<u> </u>			}	
	h	Total. Add lines 1a-1	<u>lt </u>	Business Code	267,688		-	
Program Service Revenue				Business Code	ļ	()	+	
ě	2a						- 4-	Ψ
e e	b				<u> </u>			
Ξ̈́	C						- 	
Š	d							
Тат	f	All other program ser		 	 		- 	
Ę.	g	Total. Add lines 2a-2			٥			
	3	Investment income						
		and other similar amo			137	ļ		1 1
	4	Income from investmen	it of tax-exempt b	ond proceeds ►	0			
	5	Royalties		•	0			
			(ı) Real	(ii) Personal				
	6a	Gross rents	0	0]	- 1	1 1	1 1 .
	b	Less rental expenses	0	0] i	1] [
	С	Rental income or (loss)	0	0				
	d	Net rental income or		<u></u> . ▶				
	7a	Gross amount from sales of	(i) Securities	(ii) Other]			
	1	assets other than inventory	0	0	1			
	b	Less cost or other basis	0	0		ł		
	_	and sales expenses .	<u> </u>			1		
	C	Gain or (loss)		0	6			
	ď	Net gain or (loss) .		· · · · · · · · · · · · · · · · · · ·			+	
Other Revenue		•	ed on line 1c)					
Ö		Less. direct expenses Net income or (loss) f			0	_{_{1}}	 	l
		Gross income from ga		eventa . F			+	
		See Part IV, line 19 .		Ø			1 1	
	ь	Less: direct expenses	_			1		
		Net income or (loss) f					1-1-	
		Gross sales of in returns and allowance	ventory, less	- 10				
	ь	Less: cost of goods s	_					
		Net income or (loss) fi			()		1	
	_	Miscellaneous R		Business Code			1 1	
	11a						1 1	
	b							
	С							
	d	All other revenue .		0	0			
	е	Total. Add lines 11a-			0		1	
	12	Total revenue. See in	nstructions	<u> ▶</u>	267,825	ය	[(0
					ı –			Form 990 (2012)

Part IX	St	atement o	f Fı	inctio	nal	Expenses

0 1 504/-1/01	F C C 4 /- 1/4	1	- 4	A 11 - A 1	ons must complete column (A).
こうたいへい ちいりんいじい タカカ	50111111111	i ntasnizstione mile	er compueta au coulimne	μι οτορι οταροίτατικ	ins musi complete collima (a).
Jechon Joneron and	JU 1 (CK4	i uruariizaiiuris irius	at combiete an columns.	All Duries Didanizan	nis must complete continu (At.

	Check if Schedule O contains a respon	se to any question			<u></u> 🔼
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	O		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0		 	;;
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			· ·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	129,098		Ò	Đ
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	20,395			
9 10 11	Other employee benefits	22,606 14,330			
a b c	Management	000			
d e f	Lobbying	000			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0			
12 13 14 15 16 17	Advertising and promotion	2,492 4,489 2,480 0 1,956			
19 20 21 22	for any federal, state, or local public officials Conferences, conventions, and meetings Interest	3,288			
23 24	Insurance	<i>6</i> ,558			
a b c d e 25	Fingerprating Volunteer Transing Saturday Sports Program Community Dutreach All other expenses Misc Total functional expenses. Add lines 1 through 24e	3,782 2,562 8,332 31,451 6,114 259,933		0	
<u>25</u> 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)	CO 11 (2)	J		

	art X	Balance Sheet					
Check if Schedule O contains a response to any question in this Part X							
			(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing	71,004	1	53,759		
	2	Savings and temporary cash investments	35,247	2	60,384		
	3	Pledges and grants receivable, net	0	3	6		
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and former officers, directors,					
	}	trustees, key employees, and highest compensated employees.	·				
	[Complete Part II of Schedule L	6	5	0		
	6	Loans and other 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). Complete Part II of Schedule L.		6			
ě	7	Notes and loans receivable, net		7	0		
Assets	8	Inventories for sale or use		8	$ \circ$ $-$		
	9		<u> </u>	9	<u> </u>		
	10a	Prepaid expenses and deterred charges		9	0		
	104	other basis. Complete Part VI of Schedule D					
	ь	Less: accumulated depreciation 10b	6	10c			
	11	Investments—publicly traded securities		111	0		
	12	Investments—other securities. See Part IV, line 11	- 0	12	0		
	13	Investments—program-related. See Part IV, line 11	$\overline{}$	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11	ŏ	15	Ö		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	106,251	16	114,143		
	17	Accounts payable and accrued expenses	6	17	6		
	18	Grants payable	0	18	0		
	19	Deferred revenue		19	0		
	20	Tax-exempt bond liabilities	0	20	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	Õ		
es.	22	Loans and other payables to current and former officers, directors,					
Liabilities		trustees, key employees, highest compensated employees, and					
ap		disqualified persons. Complete Part II of Schedule L	<u> </u>	22			
_	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	0		
	24	Unsecured notes and loans payable to unrelated third parties	0	24	O		
	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	0		\mathcal{O}		
	00		0	25 26	0		
_	26	Total liabilities. Add lines 17 through 25		20			
ces	1	complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets	0	27	0		
Ba	28	Temporarily restricted net assets		28	Q		
ם	29	Permanently restricted net assets		29	O		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	1, w ,	, -			
ts	30	Capital stock or trust principal, or current funds	0	30	0		
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0		
t A	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0		
Ž	33	Total net assets or fund balances	106,251	33	114, 143		
	34	Total liabilities and net assets/fund balances	106,251	34	114/143		
			•		Form 990 (2012)		

Form 9	90 (2012)			P.	age 12
Par	t XI Reconciliation of Net Assets				
	Check 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	26-	7.8	55
2	Total expenses (must equal Part IX, column (A), line 25)	2	250		33
3	Revenue less expenses. Subtract line 2 from line 1	3	7	_	12_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106		
5	Net unrealized gains (losses) on investments	5	(
6	Donated services and use of facilities	6			
7	Investment expenses	7		>	
8	Prior period adjustments	8	7)	
9	Other changes in net assets or fund balances (explain in Schedule O)	9)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	33, column (B))	10	114	. 14	3
Par	XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Accounting method used to prepare the Form 990. Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	·		ĺ
	Schedule O.			į	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			1
	reviewed on a separate basis, consolidated basis, or both:				t
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		}	}	1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis		1	1	lì

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

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

Schedule O

2c

За

3ь

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Partnership Neichburhoud 87*-0*814198 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 c Type III-Functionally integrated a 🗌 Type I **b** Type II d ☐ Type III-Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . 🗆 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in in col (i) listed in your organization (described on lines 1-9 organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions)) (A) (B) (C) (D) (E) Total

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1200	040	100 101	222 000	267.680	1272001
	include any "unusual grants.")	135,300	348,697	199,196	362,000	26 1600	1,272,881
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	135,300	348,697	199,196	322,000	267,688	1,272,881
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)	,		,	·	,	· ,
6	Public support. Subtract line 5 from line 4				<u> </u>		
	on B. Total Support				r		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	135,300	348,697	199,196	322,000	267,688	1,272,88
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			\	23	137	160
9	Net income from unrelated business activities, whether or not the business is regularly carried on			\	<u> </u>		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			/	_		
11	Total support. Add lines 7 through 10						1,273,041
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Suppo	ere		d, third, fourth		ear as a section	on 501(c)(3) . ► 🔀
	Public support percentage for 2012 (line			1 column (fl)		14	%
14 15 16a	Public support percentage for 2012 (interpublic support percentage from 2011 Sc 331/2% support test—2012. If the organic	hedule A, Part	II, line 14 .			15	%
	box and stop here . The organization qua						. ▶ 🗆
b	331/23% support test—2011. If the orga check this box and stop here. The organ					15 וs 33¹מא 15 אמיי 	
17a							
b							
18	riivate iouiluation. Il the organization d	iu noi check a	DOX OH IIIIE 13	, 104, 100, 176	a, or tro, chec	ת ווווס טטא פווט	300

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.)

<u> </u>	if the organization fails to qualify	under the te	ests listed beit	ow, please co	ompiete Part	11.)	
	on A. Public Support	() 0000	#1,0000	(.) 0040	(4) 0044	(-) 0040	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		1				
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				ļ		
•	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			1			
	organization's benefit and either paid			1 1			
_	to or expended on its behalf .		1	1 14			
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					-	
_	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from						
04	line 6.)						<u> </u>
	on B. Total Support	4 3 0000	#10000	(.) 0040	(1) 0044	1 1 2010	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 .		1	_			
_	,		 				
IJ	Unrelated business taxable income (less section 511 taxes) from businesses		1	1 .	1		
	acquired after June 30, 1975		ļ	. 1 1	l.		
С	Add lines 10a and 10b			1 1 4			
11	Net income from unrelated business		 	4 –			
•••	activities not included in line 10b, whether		\	, (
	or not the business is regularly carned on		1				
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 th	e organizatio	n's first, secon	d, third, fourth	, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he	-			·=		
Secti	on C. Computation of Public Suppor				_	-	
15	Public support percentage for 2012 (line 8			3, column (f))		15	%
16	Public support percentage from 2011 Sch					16	%
	on D. Computation of Investment In					11	1
17	Investment income percentage for 2012 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2011		• •			18	%
19a	331/3% support tests-2012. If the organ					nore than 331/31	%, and line
	17 is not more than 331/23%, check this box	and stop here	. The organization	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🗌
b	331/3% support tests-2011. If the organiz	ation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this I	oox and stop h	nere. The organi	zation qualifies	as a publicly s	upported organ	nization 🕨 🔲
20	Private foundation If the organization di	d not check a	hox on line 14	10a or 10h	shock this hox	and see instru	ctions 🕨 🗀

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
٨	ONE
	1 O V 12

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Name of the organization Every Neighborhood Partnership	Employer identification number 87-081 419 8
PART VI	
#11 A/B - Our 990 WAS reviewed	by Board Charines
and a volunteer staff financial	Advisor
MIM M V STORY STOR	
#19 - All govering documents	and Policies
are provided at will upon n	equest
Financial reports annual reports	S GNO 190 ATE
posted on website.	
Do 1V	
PART IX	()
#24 E - Misc expenses include do	
and bank, paypal and nonprofit fee	Σ _
·	
	\