

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning , and ending**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization **RESOURCE : A NONPROFIT COMMUNITY ENTERPRISE , INC .**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**266 PINE STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**BURLINGTON VT 05401**

**D** Employer identification number  
**03-0326293**

**E** Telephone number  
**802-658-4143**

**G** Gross receipts\$ **3,778,745**

**F** Name and address of principal officer:  
**TOM LONGSTRETH**  
**266 PINE ST.**  
**BURLINGTON VT 05401**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.RESOURCEVT.ORG**

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1990** **M** State of legal domicile: **VT**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: RESOURCE'S MISSION IS TO MEET COMMUNITY AND INDIVIDUAL NEEDS THROUGH 1) EDUCATION AND JOB SKILLS TRAINING, 2) ENVIRONMENTAL STEWARDSHIP, AND 3) ECONOMIC OPPORTUNITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>188</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,010,801	2,164,747
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11	8
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,800	8,909
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,289,390	3,778,745
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	121,251	110,565
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,411,441	2,528,802
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>128,347</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,795,518	924,881
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,328,210	3,564,248	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,820	214,497	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,280,231	1,455,686
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	240,017	199,817
		1,040,214	1,255,869

**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: **TOM LONGSTRETH** Date: \_\_\_\_\_  
Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **RANDALL L. SARGENT, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: **P00136499**

Firm's name ▶ **JMM & ASSOCIATES, PC** Firm's EIN ▶ **03-0280081**  
Firm's address ▶ **336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446** Phone no. **802-655-5665**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: RESOURCE'S MISSION IS TO MEET COMMUNITY AND INDIVIDUAL NEEDS THROUGH 1) EDUCATION AND JOB SKILLS TRAINING, 2) ENVIRONMENTAL STEWARDSHIP, AND 3) ECONOMIC OPPORTUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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 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 \$ 3,031,055 including grants of \$ 110,565 ) (Revenue \$ ) RESOURCE USES ITS FIVE LOCATIONS TO PROVIDE JOB AND LIFE SKILLS TRAINING TO DISPLACED PERSONS AND AT-RISK YOUTH, PROVIDE ESSENTIAL HOUSEHOLD ITEMS TO FAMILIES AND INDIVIDUALS IN CRISIS, AND PREVENT MORE THAN 1,000 TONS OF MATERIAL FROM ENDING UP IN OUR LANDFILLS EACH YEAR.

HOUSEHOLD GOODS AND BUILDING MATERIAL STORES RESOURCE'S HOUSEHOLD GOODS STORE IN BURLINGTON AT 266 PINE STREET AND HOUSEHOLD GOODS AND BUILDING MATERIAL STORE IN BARRE AT 34 GRANITE STREET REFURBISH DONATED HOUSEHOLD ITEMS AND RESELL THEM THROUGH A RETAIL STOREFRONT. AT THE STORES, RESOURCE FINDS NEW HOMES FOR MAJOR APPLIANCE, COMPUTER, ELECTRONICS, FURNITURE, AND INDUSTRIAL SURPLUS MATERIALS, WHICH

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,031,055

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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? If "Yes," complete Schedule D, Part VIII	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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		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	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, 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	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and contributions.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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.  
 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 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: ► TOM LONGSTRETH 266 PINE ST. BURLINGTON VT 05401 802-658-4143

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(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)						(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	Former			
(1) TOM CONNORS ..... PRESIDENT	2.00 ..... 0.00	X		X				0	0	0
(2) BEN BOSHER ..... VICE PRESIDENT	2.00 ..... 0.00	X		X				0	0	0
(3) CHARLES GINSBURG ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(4) JANET POETON ..... SECRETARY	2.00 ..... 0.00	X		X				0	0	0
(5) STEPHEN CONANT ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(6) CHIP EVANS ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(7) MOLLY GLEASON ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(8) THOMAS MELLONI ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(9) ALI JOHNSON ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(10) DREW WAXLER ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(11) JULIE ATWOOD ..... TREASURER	2.00 ..... 0.00	X		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 (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)						(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	Former			
(12) THOMAS LONGSTRETH EXECUTIVE DIRECTOR	40.00 0.00			X				107,233	0	8,426
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								107,233		8,426
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								107,233		8,426

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> 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		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

**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**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	493,355			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,671,392			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		495,942			
	<b>h Total.</b> Add lines 1a-1f		2,164,747			
Program Service Revenue	<b>2a</b> SALES AND SERVICES	Busn. Code 453310	1,284,432	1,284,432		
	<b>b</b> TRAINING FEES	611600	301,236	301,236		
	<b>c</b> MISCELLANEOUS FEES	900099	19,413	19,413		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1,605,081			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		8		8	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	8,912			
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	8,912				
	<b>d Net rental income or (loss)</b>		8,912		8,912	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d Net gain or (loss)</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c Net income or (loss) from fundraising events</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c Net income or (loss) from gaming activities</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue	Busn. Code					
<b>11a</b> LOSS FROM SUBSIDIARY			-3	-3		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			-3			
<b>12 Total revenue.</b> See instructions.		3,778,745	1,605,078	0	8,920	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	110,565	110,565		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,659	43,951	35,854	35,854
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	1,982,110	1,748,326	188,541	45,243
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,972	12,472	14,995	505
9 Other employee benefits	256,064	241,826	14,238	
10 Payroll taxes	146,997	124,812	16,811	5,374
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,000		22,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,115		20,115	
12 Advertising and promotion	41,371			41,371
13 Office expenses	27,559	20,849	6,710	
14 Information technology				
15 Royalties				
16 Occupancy	339,379	339,379		
17 Travel	8,657	8,657		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,118	44,118		
20 Interest	170		170	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,250	60,250		
23 Insurance	24,149		24,149	
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	169,886	169,886		
b BAD DEBT	82,739	82,739		
c MISCELLANEOUS EXPENSES	39,941		39,941	
d TOOLS	23,225	23,225		
e All other expenses	21,322		21,322	
25 Total functional expenses. Add lines 1 through 24e	3,564,248	3,031,055	404,846	128,347
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	136,851	1	271,532
	2	Savings and temporary cash investments	6,689	2	10,231
	3	Pledges and grants receivable, net	274,903	3	260,616
	4	Accounts receivable, net	105,561	4	89,616
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	82,018	8	90,654
	9	Prepaid expenses and deferred charges	9,879	9	49,612
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 656,164		
	b	Less: accumulated depreciation	10b 547,811	10c	108,353
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	520,304	13	568,733
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,204	15	6,339
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,280,231	16	1,455,686	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	227,576	17	173,874
	18	Grants payable		18	
	19	Deferred revenue	12,441	19	25,943
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	<b>Total liabilities.</b> Add lines 17 through 25	240,017	26	199,817
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	973,690	27	969,195
	28	Temporarily restricted net assets	66,524	28	286,674
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	1,040,214	33	1,255,869	
34	<b>Total liabilities and net assets/fund balances</b>	1,280,231	34	1,455,686	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,778,745
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,564,248
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	214,497
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,040,214
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	1,158
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,255,869

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	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?		X
<b>b</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.		

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC. Employer identification number 03-0326293

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 X 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—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).
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?

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%

**16a 33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support test—2012.** 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 ►

**17a 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**b 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

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

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,573,253	1,999,966	1,997,649	2,010,801	2,164,747	9,746,416
<b>2</b> 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	1,791,061	1,817,578	1,896,853	2,207,778	1,605,081	9,318,351
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,364,314	3,817,544	3,894,502	4,218,579	3,769,828	19,064,767
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	150,000	100,000	75,000	35,000	50,000	410,000
<b>b</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						
<b>c</b> Add lines 7a and 7b	150,000	100,000	75,000	35,000	50,000	410,000
<b>8 Public support.</b> (Subtract line 7c from line 6.)						18,654,767

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	3,364,314	3,817,544	3,894,502	4,218,579	3,769,828	19,064,767
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,770	7,804	21,147	70,811	8,917	120,449
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	11,770	7,804	21,147	70,811	8,917	120,449
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,376,084	3,825,348	3,915,649	4,289,390	3,778,745	19,185,216

**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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.24%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	97.42%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2013.** 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—2012.** 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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dotted lines for providing supplemental information.



SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC. Employer identification number: 03-0326293

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for line 2(a-d) held at the end of the tax year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

**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 XIII.
- 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 XIII and complete the following table:
- |                                              | Amount    |
|----------------------------------------------|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 |
|------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		226,749	213,136	13,613
<b>d</b> Equipment .....		175,006	149,407	25,599
<b>e</b> Other .....		254,409	185,268	69,141
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				108,353

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARY	568,733	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		568,733

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,830,517
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	51,772	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	51,772
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,778,745
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,778,745

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,614,862
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	50,614	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	50,614
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,564,248
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,564,248

**Part XIII Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

RESOURCE BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.** Employer identification number **03-0326293**

**Part I General Information on Grants and Assistance**

- 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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VARIOUS NONPROFITS		3	110,565		COST	VAR. GOODS	LOW INCOME ASSIST.
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

**Schedule I (Form 990) (2013)**

**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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 RESOURCE TRACKS AND RECORDS VOUCHERS AS THEY ARE USED TO PURCHASE HOUSEHOLD  
 GOODS BY LOW INCOME INDIVIDUALS.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC. Employer identification number 03-0326293

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org., (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?. Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) STEPHEN CONANT	BOARD MEMBER	120,603	RENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

BOARD OF DIRECTORS ARE AWARE OF LEASE AGREEMENT WITH BOARD MEMBER.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.** Employer identification number **03-0326293**

**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		495,942	ESTIMATED FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

RESOURCE SELLS A SMALL NUMBER OF USED APPLIANCES AT A RETAIL STORE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)****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.

OMB No. 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

RESOURCE: A NONPROFIT COMMUNITY  
ENTERPRISE, INC.

Employer identification number

03-0326293

FORM 990, PART I, LINE 6

VOLUNTEERS PERFORM A VARIETY OF TASKS, INCLUDING BOARD OF DIRECTORS, DEVELOPMENT COMMITTEE, CAPITAL CAMPAIGN COMMITTEE, ADVISORY PANEL, GREEN JOBS COUNCIL, YARD SALE, MERCHANDISE MOVERS, COLLECTIBLE CONSULTANTS, WOODWORKERS, SAFETY TRAINERS, APPLIANCE CLEAN-UP, YOUTHBUILD SUPPORT, ETC.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ARE USED BY THE COMMUNITY AS ARTS, CRAFTS, AND EDUCATIONAL SUPPLIES.

ADDITIONALLY, RESOURCE'S BUILDING MATERIAL STORE AT 339 PINE STREET, BURLINGTON IS HOME TO THE DECONSTRUCTION SERVICE AND WASTE-NOT-PRODUCTS. FOUNDED IN 2001, THE BUILDING MATERIAL ENTERPRISE ADDRESSES BOTH THE ENVIRONMENTAL AND PRACTICAL ASPECTS OF BUILDING MATERIAL SALVAGE AND SUPPLY. MORE THAN 30 PERCENT OF THE MATERIAL IN LANDFILLS IS CONSTRUCTION DEBRIS INCLUDING LUMBER, HARDWOOD FLOORING, AND CABINET. AS THESE MATERIALS DEGRADE THEY RELEASE GASES, ESPECIALLY METHANE, A POWERFUL GREENHOUSE GAS.

RESOURCE'S DECONSTRUCTION SERVICE CAREFULLY AND SAFELY SALVAGES BUILDING MATERIALS THAT OTHERWISE WOULD FILL A LANDFILL. THROUGH THIS SERVICE THE ORGANIZATION CREATES JOBS, PROTECT THE ENVIRONMENT, AND RELIEVES POVERTY BY MAKING THESE MATERIALS AVAILABLE AT THE BUILDING MATERIAL STORE. THE BUILDING MATERIAL STORE CLOSES THE LOOP IN THE BUILDING MATERIAL REUSE CYCLE BY PROVIDING AN OUTLET FOR HUNDREDS OF TONS OF WASTE THAT HOMEOWNERS AND CONTRACTORS HAVE NO OTHER WAY TO REUSE OR RECYCLE. HOMEOWNERS, TENANTS,

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CONTRACTORS, ARTISANS, AND DEVELOPERS ALL SHOP AT RESOURCE'S BUILDING MATERIAL STORE FOR A VARIETY OF MATERIALS INCLUDING LUMBER, PLYWOOD, WINDOWS, DOORS, SINKS, LIGHTING, ARCHITECTURAL ANTIQUE, AND WASTE-NOT-PRODUCTS. WASTE-NOT-PRODUCTS TRANSFORMS SALVAGED BUILDING MATERIALS INTO UNIQUE PRODUCTS SUCH AS BENCHES, TABLES, BIRDBOUSES, PICTURE FRAMES, CUTTING BOARDS, AND MORE. PRODUCING ATTRACTIVE NEW PRODUCT FROM CONSTRUCTION WASTE CONTRIBUTES TO OUR LOCAL ECONOMY AND HELPS LOW-INCOME INDIVIDUALS LEARN NEW AND MARKETABLE SKILLS.

RESOURCE ALSO OFFERS A NUMBER OF SELF-SUSTAINING ENTERPRISES SO THAT ITS PROGRAMS, PEOPLE, AND PROMISES CAN GROW AND SERVE MORE PEOPLE EACH YEAR.

THESE INCLUDE:

MAJOR APPLIANCE REPAIR: TECHNICIANS ARE CERTIFIED IN REFRIGERATION, LP AND NATURAL GAS. REPAIR TECHNICIANS SERVICE APPLIANCES THROUGH THE WAREHOUSE IN WILLISTON AND IN CUSTOMER'S HOMES.

COMPUTER REPAIR: THE COMPUTER REPAIR SHOP IS AN A+ CERTIFIED MICROSOFT REFURBISHER. TECHNICIANS OFFER FULL SERVICE COMPUTER REPAIR AND UPGRADES.

RESOURCE'S ESSENTIAL GOODS PROGRAM HELPS ALLEVIATE POVERTY BY SERVING THOSE WITH THE LOWEST INCOME-THOSE WHO CANNOT AFFORD RESOURCE'S ALREADY LOW-COST GOODS-WHILE PROVIDING TRAINING OPPORTUNITIES TO ENROLLED TRAINEES, AND OFFERING ITEMS AND SERVICES FOR SALE TO A WIDER AUDIENCE AT A VERY REASONABLE COST. SUCCESS OF THE ESSENTIAL GOODS PROGRAM IS MEASURED IN SEVERAL WAYS: THE NUMBER OF PEOPLE SERVED, THE NUMBER OF PARTNER AGENCIES PARTICIPATING, THE ABILITY OF THE ORGANIZATION TO USE THE PROGRAM TO TRAIN APPRENTICE-STYLE AND WORK EXPERIENCE TRAINEES, AND THE AMOUNT OF MATERIAL DIVERTED FROM LANDFILLS.

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RESOURCE'S TRAINING PROGRAMS SERVE A DIVERSE RANGE OF INDIVIDUALS WHO NEED NEW SKILLS AND AN OPPORTUNITY TO SUCCEED. MOST TRAINEES FIND THEIR WAY TO RESOURCE'S PROGRAMS VIA WORD OF MOUTH, COMMUNITY SOCIAL SERVICE AND REHABILITATION AGENCIES, AND LOCAL SCHOOLS. STAFF WORK CLOSELY WITH THESE AGENCIES AND THE TRAINEE THEMSELVES TO ENSURE THAT INDIVIDUAL NEED ARE ACCOMMODATED WHILE HIGH STANDARDS ARE MAINTAINED.

#### APPRENTICE-STYLE TRAINING

RESOURCE'S APPRENTICE-STYLE TRAINING PROGRAM SERVES INDIVIDUALS WHO ARE READY TO WORK BUT NEED MARKETABLE JOB SKILLS AND WORK CREDENTIALS FOR THEIR DESIRED CAREER. SOME APPLICANTS HAVE BEEN UNEMPLOYED OR UNDER-EMPLOYED; OTHERS ARE SKILLED IN OTHER TRADES BUT ARE RETRAINING BECAUSE THEIR JOBS HAVE DISAPPEARED DUE TO DOWNSIZING OR RELOCATION, OR NEED NEW SKILLS AFTER SUFFERING AN OCCUPATIONAL INJURY. APPRENTICE-STYLE TRAINING IS AVAILABLE IN ANY OF THE FOLLOWING PROGRAMS: OFFICE ADMINISTRATION, MAJOR APPLIANCE REPAIR, COMPUTERS SYSTEMS TECHNOLOGY, ASSISTIVE TECHNOLOGY AND DURABLE MEDICAL EQUIPMENT, AND THE WOODSHOP ENTREPRENEURIAL PROGRAM.

#### WORK EXPERIENCE

RESOURCE'S WORK EXPERIENCE PROGRAM OFFERS HANDS-ON TRAINING THROUGH CAREER START, LEAP, AND EMPLOYABILITY SKILLS TRAINING PROGRAMS.

#### CAREER START

CAREER START PROVIDES CUSTOMIZED VOCATIONAL TRAINING TO HIGH SCHOOL STUDENTS WITH LEARNING, PHYSICAL, MENTAL OR EMOTIONAL DISABILITIES. THIS PROGRAM INTRODUCES STUDENTS TO TRADITIONAL WORK SETTINGS, EXPECTATIONS AND

Name of the organization

RESOURCE: A NONPROFIT COMMUNITY

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03-0326293

SKILLS THEY NEED TO SUCCESSFULLY COMPLETE HIGH SCHOOL AND TRANSITION INTO HIGHER EDUCATION OR THE WORKING WORLD. STUDENTS ATTEND THE CAREER START PROGRAM DURING THEIR REGULAR SCHOOL SCHEDULE AND MOST EARN ACADEMIC CREDIT.

LEARN, EARN, AND PROSPER (LEAP) LEAP IS A COLLABORATION WITH THE GIBNEY FAMILY FOUNDATION, VT YOUTH CONSERVATION CORPS (VYCC) LINKING LEARNING TO LIFE, AND THE VT ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED. THROUGH THIS MONTH-LONG RESIDENTIAL TRAINING PROGRAM, RESOURCE PROVIDES JOB SKILLS TRAINING 20 HOURS PER WEEK TO YOUTH WHO ARE BLIND AND VISUALLY IMPAIRED. VYCC CREW LEADERS TEACH INDEPENDENT LIVINGSKILLS THAT WILL BE NECESSARY FOR LIFE AFTER HIGH SCHOOL.

#### EMPLOYABILITY SKILLS TRAINING

EST OFFERS FLEXIBLE SCHEDULING AND CUSTOMIZED TRAININGS FOR YOUTH AND ADULTS WHO NEED AN INTRODUCTION TO WORK AND WORKSITE EXPECTATIONS. THIS PROGRAM ALSO SUPPORTS PUBLIC ASSISTANCE RECIPIENTS THROUGH THE REACH UP PROGRAM WHO ARE COMPETING WEEKLY COMMUNITY SERVICE IN ORDER TO MAINTAIN BENEFIT WHILE JOB HUNTING. REFERRING AGENCIES LOOK TO RESOURCE TO PROVIDE A SUPPORTIVE BUT STRUCTURED ENVIRONMENT THAT GIVES PARTICIPANTS NEW SKILLS.

#### YOUTHBUILD

RESOURCE'S YOUTHBUILD PROGRAM SERVES 16-24-YEAR-OLD MEN AND WOMEN IN NORTHWEST AND CENTRAL VERMONT WHO HAVE DROPPED OUT OF HIGH SCHOOL AND NEED A COMPREHENSIVE DEVELOPMENT AND JOB TRAINING OPPORTUNITY. YOUTH ARE TRAINED IN CONSTRUCTION SKILLS WHILE BUILDING AFFORDABLE HOUSING, LEARNING ENERGY EFFICIENCY SKILLS, AND WORKING ALONGSIDE THE DECONSTRUCTION SERVICE. STUDENTS HAVE THE OPPORTUNITY TO EARN A HIGH SCHOOL DIPLOMA OR GED WHILE

Name of the organization

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PREPARING FOR VOCATIONAL SCHOOL OR COLLEGE. THE CURRICULUM INTEGRATES ACADEMICS WITH LIFE SKILLS. CLASSES ARE SMALL ALLOWING ONE-ON-ONE ATTENTION TO STUDENTS.

IN 2013 RESOURCE SERVED THE FOLLOWING PEOPLE/ORGANIZATIONS IN EACH PROGRAM AREA:

TRAINING: 203 TRAINEES ENROLLED IN ONE OF THREE TRAINING PROGRAMS: YOUTHBUILD, APPRENTICE-STYLE, AND WORK EXPERIENCE PROGRAMS.

POVERTY RELIEF:

\*1,084 PEOPLE GIVEN ESSENTIAL GOODS THROUGH POVERTY RELIEF PROGRAM. RECIPIENTS INCLUDE INDIVIDUALS SEEKING TO ESCAPE POVERTY AND VICTIMS OF DISASTER.

\*75 NONPROFIT AGENCIES WERE SERVED OR SUPPORTED THROUGH ESSENTIAL GOODS PROGRAM

\*28 UNITS OF AFFORDABLE HOUSING WEATHERIZED

ENVIRONMENTAL STEWARDSHIP: THE COMMUNITY WAS SERVED THROUGH ENVIRONMENTAL SERVICES INCLUDING

\*29 UNITS OF HOUSING WEATHERIZED.

\*11 SOLAR THERMAL INSTALLATIONS COMPLETED THROUGH YOUTHBUILD TRAINING PROGRAM

\*REUSE OPERATIONS THAT KEPT 500,083 ITEMS OUT OF THE LANDFILL AND DIVERTED 1,080 TONS OF MATERIALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS SHARED BY EMAIL WITH THE BOARD AS PART OF THE FINAL REVIEW



Name of the organization

RESOURCE: A NONPROFIT COMMUNITY

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PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE ANY POTENTIAL  
CONFLICTS OF INTEREST. BOARD MEMBERS ARE ASKED IF THERE ARE ANY CONFLICTS  
OF INTEREST ON AN ANNUAL BASIS. THE CONFLICT OF INTEREST POLICY IS REVIEWED  
PERIODICALLY AT STAFF MEETINGS. STAFF MEMBERS THAT VIOLATE THE POLICY ARE  
ADMONISHED, OR IF THE VIOLATION IS SERIOUS, THEY ARE DISMISSED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS  
AFTER RECEIVING A REPORT REGARDING REASONABLENESS FROM THE BOARD'S FINANCE  
COMMITTEE. THE BOARD RECEIVES COMPETITIVE JOB MARKET INFORMATION AND  
SALARY SURVEYS FROM RESOURCE'S HUMAN RESOURCE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ON OWN WEBSITE. RESOURCE  
SHARES SUMMARY FINANCIAL INFORMATION THROUGH AN ANNUAL REPORT THAT IS  
MAILED TO DONORS AND OTHER INTERESTED PARTIES AND SUPPORTERS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RESOURCE: A NONPROFIT COMMUNITY  
ENTERPRISE, INC.

Employer identification number  
03-0326293

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more 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 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 28 GRANITE STREET LLC C/O RESOURCE BURLINGTON VT 05401 27-1008164	LESSOR	VT		RELATED	-3	568,733		X		X		0.01
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 28 GRANITE STREET LLC	K	75,044	COST
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2012 &amp; 2013</b>
For calendar year 2013, or tax year beginning _____, ending _____		

Name: **RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.** Taxpayer Identification Number: **03-0326293**

		2012	2013	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	1,094,082	1,671,392	577,310
	2. Membership dues and assessments			
	3. Government contributions and grants	916,719	493,355	-423,364
	4. Program service revenue	2,207,778	1,605,081	-602,697
	5. Investment income	11	8	-3
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	70,800	8,909	-61,891
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>4,289,390</b>	<b>3,778,745</b>	<b>-510,645</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	121,251	110,565	-10,686
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	107,315	115,659	8,344
	16. Salaries, other compensation, and employee benefits	2,270,306	2,413,143	142,837
	17. Professional fundraising fees			
	18. Other professional fees	43,245	42,115	-1,130
	19. Occupancy, rent, utilities, and maintenance	301,104	339,379	38,275
	20. Depreciation and Depletion	75,312	60,250	-15,062
	21. Other expenses	1,375,857	483,137	-892,720
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>4,294,390</b>	<b>3,564,248</b>	<b>-730,142</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-5,000</b>	<b>214,497</b>	<b>219,497</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	4,289,390	3,778,745	-510,645
	25. Total unrelated revenue			
	26. Total excludable revenue	4,289,390	3,778,745	-510,645
	27. Total assets	1,280,231	1,455,686	175,455
	28. Total liabilities	240,017	199,817	-40,200
	29. Retained earnings	1,040,214	1,255,869	215,655
	30. Number of voting members of governing body	11	11	
	31. Number of independent voting members of governing body	10	10	
	32. Number of employees	179	188	
	33. Number of volunteers	200	300	

Form <b>990T</b>		<b>Two Year Comparison Report</b>		<b>2012 &amp; 2013</b>	
Name		For calendar year 2013, or tax year beginning		, ending	
Name		Taxpayer Identification Number			
RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.		03-0326293			
		<b>2012</b>	<b>2013</b>	<b>Differences</b>	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	-1,000	-1,000	
<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.			
	29. Proxy tax	29.			
	30. Alternative minimum tax	30.			
	<b>31. Total taxes</b>	<b>31.</b>			
	32. Other credits	32.			
	33. General business credit	33.			
	34. Credit for prior year minimum tax	34.			
	<b>35. Total credits</b>	<b>35.</b>			
	<b>36. Net tax after credits</b>	<b>36.</b>			
	37. Recapture taxes	37.			
<b>38. Total Taxes</b>	<b>38.</b>				
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			



Form <b>990</b>	<b>Tax Return History</b>	<b>2013</b>
Name <b>RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.</b>		Employer Identification Number <b>03-0326293</b>

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....				2,010,801	2,164,747	
Membership dues .....						
Program service revenue .....				2,207,778	1,605,081	
Capital gain or loss .....						
Investment income .....				11	8	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....				70,800	8,909	
<b>Total revenue</b> .....				<b>4,289,390</b>	<b>3,778,745</b>	
Grants and similar amounts paid .....				121,251	110,565	
Benefits paid to or for members .....						
Compensation of officers, etc. ....				107,315	115,659	
Other compensation .....				2,304,126	2,413,143	
Professional fees .....					42,115	
Occupancy costs .....				301,104	339,379	
Depreciation and depletion .....				75,312	60,250	
Other expenses .....				1,419,102	483,137	
<b>Total expenses</b> .....				<b>4,328,210</b>	<b>3,564,248</b>	
<b>Excess or (Deficit)</b> .....				<b>-38,820</b>	<b>214,497</b>	
<b>Total exempt revenue</b> .....				<b>4,289,390</b>	<b>3,778,745</b>	
<b>Total unrelated revenue</b> .....						
<b>Total excludable revenue</b> .....				<b>4,289,390</b>	<b>3,778,745</b>	
<b>Total Assets</b> .....				<b>1,280,231</b>	<b>1,455,686</b>	
<b>Total Liabilities</b> .....				<b>240,017</b>	<b>199,817</b>	
<b>Net Fund Balances</b> .....				<b>1,040,214</b>	<b>1,255,869</b>	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name	RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.	Employer Identification Number 03-0326293
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name	RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE, INC.	Employer Identification Number 03-0326293
------	--------------------------------------------------	----------------------------------------------

	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 8		14			
TOTAL	<u>\$ 8</u>					

03-0326293

**Federal Statements**

FYE: 12/31/2013

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
EDUCATION SERVICES	\$ 20,115	\$	\$ 20,115	\$
TOTAL	\$ 20,115	\$ 0	\$ 20,115	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 21,322	\$	\$ 21,322	\$
TOTAL	\$ 21,322	\$ 0	\$ 21,322	\$ 0

03-0326293

**Federal Statements**

FYE: 12/31/2013

**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
GIFTS	\$ 150,000	\$ 100,000	\$ 75,000	\$ 35,000	\$ 50,000
TOTAL	<u>\$ 150,000</u>	<u>\$ 100,000</u>	<u>\$ 75,000</u>	<u>\$ 35,000</u>	<u>\$ 50,000</u>