

**Short Form
Return of Organization Exempt From Income Tax**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
} Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.
} The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 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
ROCHESTER NEIGHBORHOOD RESOURCE CENTER

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1421 3RD AVENUE SE

City or town, state or country, and ZIP + 4
ROCHESTER MN 55904

D Employer identification number
41-1989208

E Telephone number
507-529-4150

F Group Exemption Number **u**

G Accounting Method: Cash Accrual Other (specify) **u** _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **u WWW.RNEIGHBORS.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u \$ 142,195**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																107,109											
	2	Program service revenue including government fees and contracts																24,910											
	3	Membership dues and assessments																											
	4	Investment income																61											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																10,115											
	c	Less: direct expenses from gaming and fundraising events																5,305											
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																4,810											
	7a	Gross sales of inventory, less returns and allowances																											
	b	Less: cost of goods sold																											
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O)																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																136,890											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																61,627											
	13	Professional fees and other payments to independent contractors																4,445											
	14	Occupancy, rent, utilities, and maintenance																9,692											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																56,380											
17	Total expenses. Add lines 10 through 16																132,144												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																4,746											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																58,745											
	20	Other changes in net assets or fund balances (explain in Schedule O)																557											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																64,048											

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	54,494	22	59,405
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	6,610	24	4,459
25 Total assets	61,104	25	63,864
26 Total liabilities (describe in Schedule O)	2,359	26	-184
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,745	27	64,048

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	48,853
29 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	16,671
30 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	24,551
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	16,118
32 Total program service expenses (add lines 28a through 31a)	u	32	106,193

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOB NOWICKI PRESIDENT	2.00	0	0	0
JEFF ELLERBUSCH PAST PRESIDENT	2.00	0	0	0
RENE LAFFLAM EXECUTIVE DIRECTOR	50.00	52,050	0	0
SANKAR BANDI DIRECTOR	1.00	0	0	0
MARK BILDERBACK DIRECTOR	1.00	0	0	0
TAMI GREENSLADE SECRETARY	2.00	0	0	0
MICHAEL LAPLANTE DIRECTOR	1.00	0	0	0
AHMED MAKKAWAY DIRECTOR	1.00	0	0	0
MICHON ROGERS TREASURER	2.00	0	0	0
BOB SIXTA DIRECTOR	1.00	0	0	0
CAITLIN MEYER VICE PRESIDENT	2.00	0	0	0
JASON SCHILLING DIRECTOR	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization u		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed u MN		
42a	The organization's books are in care of u MICHON ROGERS Telephone no. u 507-269-9419 1421 3RD AVE SE Located at u ROCHESTER MN ZIP + 4 u 55904		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: u		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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: **MICHON ROGERS** Date: **TREASURER**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: **William A. Nietz** Preparer's signature: _____ Date: _____
Check if self-employed PTIN: **P00050930**
Firm's name: **Whitewater Tax & Consulting, Inc.** Firm's EIN: **41-1987095**
Firm's address: **PO Box 610 Dodge Center, MN 55927-0610** Phone no.: **507-285-0398**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Public Charity Status and Public Support

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCHESTER NEIGHBORHOOD RESOURCE CENTER

Employer identification number

41-1989208

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,095	117,588	114,948	134,307	107,109	568,047
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	94,095	117,588	114,948	134,307	107,109	568,047
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						568,047

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	94,095	117,588	114,948	134,307	107,109	568,047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272	67	91	49	61	540
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						568,587

12 Gross receipts from related activities, etc. (see instructions) **12** 35,025

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.47 %

16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

**ROCHESTER NEIGHBORHOOD RESOURCE
CENTER**

Employer identification number

41-1989208

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Office	\$ 871
Information Technology	\$ 2,112
Travel	\$ 237
Insurance	\$ 1,184
BANK CHARGES	\$ 391
BOARD EXPENSES	\$ 62
DUES & SUBSCRIPTIONS	\$ 700
ENTERTAINMENT & PROMOTION	\$ 263
GIFTS	\$ 410
PARKING	\$ 81
PARADE	\$ 248
TELEPHONE	\$ 184
MISCELLANEOUS	\$ 226
DIRECT PROGRAM SERV EXP	\$ 45,932
DEPRECIATION	\$ 2,723
POSTAGE	\$ 58
PRINTING & COPYING	\$ 698
Total	\$ 56,380

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN ON INVESMENTS	\$ 557

Name of the organization

ROCHESTER NEIGHBORHOOD RESOURCE

Employer identification number

41-1989208

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
	\$ 19,678	\$ 21,088
Less Accumulated Depreciation	\$ 13,906	\$ 16,629
PREPAID EXPENSES	\$ 838	\$ 0
Total	\$ 6,610	\$ 4,459

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,359	\$ -184

Form 990-EZ, Part III - Primary Exempt Purpose

TO EMPOWER CITIZEN LEADERS TO CREATE SUSTAINABLE NEIGHBORHOOD NETWORKS THAT PROMOTE A VIBRANT, HEALTHY, AND LIVABLE COMMUNITY.

Form 990-EZ, Part III, Line 28 - First Accomplishment

RNEIGHBORWOODS (Est.2004):

In 2012 RNeighborWoods "volunTrees" helped in small part to add to the Rochester tree canopy by not only properly planting trees in neighborhoods but also giving participants a chance to work side-by-side with their neighbors. RNeighborWoods was created to engage community members about growing a sustainable urban forest, helping to amplify beauty, health, safety, energy efficiency, and value of their neighborhoods. In 2010 this program received a MN Society for Arboriculture Award, in 2011 received a City Tree Team Award from the Arbor Day Foundation, and in 2012 was honored with a national award for Volunteer Management from the Arbor Day

Name of the organization

ROCHESTER NEIGHBORHOOD RESOURCE

Employer identification number

41-1989208

Foundation.

RNeighborWoods planted 1,609 boulevard trees in neighborhoods with 885 volunteers and educated 30 volunteers with the Citizen Forester Training program. That is over 2,745 hours in 2012 dedicated to the Rochester urban forest. During the year we offered neighborhoods the opportunity to apply for and plant trees with the Neighborhood Tree Grant. The Folwell, Historic SW, and Viking Village neighborhoods applied for and worked with the RNeighborWoods team to plant 85 trees collectively.

Form 990-EZ, Part III, Line 29 - Second Accomplishment**A LITTER BIT BETTER! (LBB) (Est. 2007):**

RNeighbors serves as the fiscal agent to LBB and partners with the City of Rochester and many others agencies and organizations in this program. This city-wide litter cleanup program is completed during one week in April. LBB enjoys participation across many sectors in the community including schools, service and faith groups, scout troops, businesses, and of course, Rochester neighborhoods.

13,100 pounds of waste was collected during 2012's A Litter Bit Better! event. Over 3,116 volunteers in 245 groups picked up over 5,635 acres in Rochester.

Form 990-EZ, Part III, Line 30 - Third Accomplishment**ROCHESTER ARBORIST WORKSHOP:**

The Rochester Arborist Workshop holds both a one-day winter and a summer conference. Its focus is to nurture, educate about and promote safe and

Name of the organization

ROCHESTER NEIGHBORHOOD RESOURCE

Employer identification number

41-1989208

current urban arboriculture.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

NEIGHBORHOOD ASSOCIATIONS (NAs):

Established as a nonprofit in 2001, RNeighbors works to bring neighbors together to assist neighborhoods with tools and resources to keep their organizations strong and healthy. Each of our programs and partnerships work towards getting neighbors out of their houses to interact and develop relationships. There are currently 43 registered NAs in Rochester.

In 2012 we helped to organize new neighborhood associations including Oakside Terrace-Parkside and providing the RNeighborhood Toolkit as a guide. We also assisted neighborhoods in connecting with resources, held a "Working With Your City Forum", printed neighborhood association meeting signs, distributed City ordinance booklets, worked on public safety, began partnering with the Rochester Issues Forum, continued to engage with youth, and increased visibility of neighborhoods through participating in community partnerships, the Rochesterfest Parade, National Night Out, and through our website RNeighbors.org.

RCOLORFUL CORNERS (Est. 2007):

Now in its sixth year, RColorful Corners empowers Rochester neighborhood residents to work together to create colorful street murals, transforming public space into neighborhood assets. In 2012 we assisted three neighborhoods assisted by over 150 volunteers, dedicating 450 hours of time to repaint their intersection murals with local donations from Sherwin Williams and St. John's Block Party.

Name of the organization

ROCHESTER NEIGHBORHOOD RESOURCE

Employer identification number

41-1989208

Paint from RColorful Corners was donated to several worthy community projects including to a group of Girl Scouts that painted a mural on the fence of the local Women's Shelter in one of our core downtown neighborhoods, as well as to the Youth Commission who used the paint to brighten up the outer wall of an abandoned downtown building. The program continues to create community connections and add public art to neighborhood streets.

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$	<u>26,109</u>
Government Grants	\$	<u>81,000</u>
Other revenue	\$	<u>29,781</u>
TOTAL REVENUE	\$	<u>136,890</u>

EXCESS or DEFICIT	\$	<u>4,746</u>
TOTAL Assets	\$	<u>63,864</u>
TOTAL Liabilities	\$	<u>-184</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 64,048

SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.
 Name _____
 Street and Number _____
 City _____ State _____ Zip _____ Telephone # _____

2. Type of legal entity (**Attach** the creating document):
 Nonprofit corporation Trust Unincorporated association Other _____

3. Place and date the organization was incorporated: _____
(state) (date)

4. Is the organization exempt from federal income taxes?
 Yes (**Attach** a copy of the IRS determination letter) Status: 501(c) (_____)
 No Date organization submitted Form 1023 to the IRS _____

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: _____

6. Has the organization been denied the right to solicit contributions?
 a. By any government agency? Yes No If yes, attach explanation.
 b. By any court? Yes No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:
 Arts & Culture Human Services Civic/Lobbying International Health
 Environment Mental Health Education Religious Other _____
 Or: List the NTEE code(s) that describe the organization's purpose: _____

9. Which of the above two best describes the organization's primary purpose(s)?
 1. _____ 2. _____

10. Check one or more methods of solicitation the organization anticipates using:
 Telephone appeals Grant writing Sweepstakes Other _____
 Direct mail Internet Media

11. State the total contributions the organization received during the accounting year last ended:
 \$ _____

12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. Attached

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1. Has the organization's accounting year changed since the last report was filed? Yes No
 If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1	NONE			
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors. Attached Included in IRS Return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). Audit not required

6. Minnesota law requires that an organization file a copy of all tax or information returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? Yes No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(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.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	54,548	38,933	10,410	5,205
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,490	1,743	498	249
10 Payroll taxes	4,589	3,212	918	459
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,445	2,222	2,223	
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	871	610	261	
14 Information technology	2,112	1,690	211	211
15 Royalties				
16 Occupancy	9,692	6,784	2,908	
17 Travel	237	237		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,723	1,529	1,194	
23 Insurance	1,184	1,184		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Direct program expenses	45,932	45,932		
b Telephone	184	147	37	
c All other related expense	3,137	1,970	1,167	
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d	132,144	106,193	19,827	6,124
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.
 For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ
 For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF
 The total of Column A, lines 1 through 24d should equal line 25a.
 The total of lines 25b, 25c and 25d, should equal line 25a.

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the TREASURER (Title) and _____ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20 ____, approving the contents of the document, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

MICHON ROGERS

Name (Print)

Name (Print)

Signature

Signature

TREASURER

Title

Title

Date

Date

- NOTICE -

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.