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CLIENT'S COPY

FROST CUMMINGS TIDWELL GROUP, LLC 2001 PARK PLACE NORTH, SUITE 900 BIRMINGHAM, AL 35203 205-822-1010

MAY 18, 2012

NEIGHBORHOOD CONCEPTS, INC. 116 JEFFERSON STREET SOUTH NO. 207 HUNTSVILLE, AL 35801

NEIGHBORHOOD CONCEPTS, INC.:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY YOURS,

JOEL T. MCDOWELL

FROST CUMMINGS TIDWELL GROUP, LLC 2001 PARK PLACE NORTH, SUITE 900 BIRMINGHAM, AL 35203 205-822-1010

MAY 18, 2012

NEIGHBORHOOD CONCEPTS, INC. 116 JEFFERSON STREET SOUTH NO. 207 HUNTSVILLE, AL 35801

NEIGHBORHOOD CONCEPTS, INC.:

ENCLOSED IS THE 2011 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2011 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY YOURS,

JOEL T. MCDOWELL

Filing Instructions Prepared for: Prepared by: NEIGHBORHOOD CONCEPTS, INC. FROST CUMMINGS TIDWELL GROUP, LLC 116 JEFFERSON STREET SOUTH NO. 207 2001 PARK PLACE NORTH, SUITE 900 HUNTSVILLE, AL 35801 BIRMINGHAM, AL 35203 2011 EXTENSION OF TIME TO FILE FORM 990 ELECTRONIC FILING: THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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

Inspection

Α	For the	e 2011 calendar year, or tax year beginning and	enaing						
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addre chang	NEIGHBORHOOD CONCEPTS, INC.							
	Name chang	Doing Business As		57-0	897928				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Termir ated	116 JEFFERSON STREET SOUTH	207		534-0075				
	Amen- return	City or town, state or country, and ZIP + 4		G Gross receipts \$ 332,970					
	Application			H(a) Is this a group re	eturn				
	pendi	F Name and address of principal officer:PHILIP DOTTS		for affiliates?	Yes X No				
		116 JEFFERSON STREET S, STE 301, HUNTS	VILLE,	H(b) Are all affiliates inc	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.NEIBORHOODCONCEPTS.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1988	$m{\it M}$ State of legal domicile: ${f AL}$				
P	art I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: SEE	STATEM	IENT ON SCHE	DULE O.				
Activities & Governance				- th 050/ -fitt	1-				
Ver	2	Check this box if the organization discontinued its operations or dispo			ssets. 12				
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			12				
≪ ′0	4	Number of independent voting members of the governing body (Part VI, line 1b)			3				
Ę.	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0				
.₹	6	Total number of volunteers (estimate if necessary)			0.				
¥		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34			0.				
_	b	Net unrelated business taxable income from Form 990-1, line 34		Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)		23,348.	42,516.				
nue	9	Program service revenue (Part VIII, line 2g)		0.	127,020.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		145,740.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,688.	342.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		190,776.	332,970.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		82,352.	84,082.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.					
e d	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,996.	85,427.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		121,348.	169,509.				
	19	Revenue less expenses. Subtract line 18 from line 12		69,428.	163,461.				
Net Assets or	653		Ве	ginning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16)		3,836,175.	3,988,003.				
t As	21	Total liabilities (Part X, line 26)		1,140,042.	1,128,409.				
킬	22	Net assets or fund balances. Subtract line 21 from line 20		2,696,133.	2,859,594.				
_	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	has any knowledge.					
		Signature of officer		I Date					
Sig		, -		Duto					
He	re	PHILIP DOTTS, CHAIRMAN OF THE BOARD Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	TÎ PTIN				
Pai	id	JOEL T. MCDOWELL		05/18/12 of self-employ	I				
	eparer	Firm's name FROST CUMMINGS TIDWELL GROUP, L	T.C.	Firm's EIN	27-1490692				
	e Only	Firm's address 2001 PARK PLACE NORTH, SUITE 90		THIIISLIN	21 110000				
201	,	BIRMINGHAM, AL 35203	-	Phone no. 2	05-822-1010				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1 /10/10 110.	X Yes No				

ASSET MANAGEMENT: NEIGHBORHOOD CONCEPTS IS THE GENERAL PARTNER IN FOUR LIMITED PARTNERSHIPS OWNING 270 UNITS OF AFFORDABLE HOUSING IN ALABAMA. EXPENSES INCURRED IN 2011 ARE ASSOCIATED WITH THE ASSET MANAGEMENT OF THESE PROPERTIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 13,181. including grants of \$

) (Revenue \$

e Total program service expenses ▶

122,991.

Part IV | Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			3.7
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			37
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	and the time of the Was II appropriate Cabadyla M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011) NEIGHBORHOOD CONCEPTS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V							
b Enter the number of Forms W26 included in line 1a. Enter o if india applicable 1						Yes	No		
b Enter the number of Forms W2G included in line 1a. Enter o'. If not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0					
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX In the companization have unreated business gross income of \$1,000 or more during the year? 3a IX In the companization have unreated business gross income of \$1,000 or more during the related year, did the organization have an interest in, or a siparature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a In the first the answer of the foreign country? 5b If "Yes," another the name of the foreign country? 5c in "Yes," to line 5a or 5b, did the organization file form 8868 1? 6c In "Yes," to line 5a or 5b, did the organization file Form 8868 1? 6d Does the organization have amusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Did the organization mounted with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization mounted with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c In the form 8882? 7d In the organization shart may receive deductible contributions under section 170(c). 8d If "Yes," did the organization mounted payment in excess of \$15 made party for goods and services provided in the payor? 7a In the organization shart may receive deductible or the value of the goods or services provided? 7b If In the organization shart may receive deductible or indirectly, to pay premiums on a personal benefit contract? 7c In the organization mounted propers seems that the supporting organization i	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming					
tiled for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Assume that the sum of the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account?		(gambling) winnings to prize winners?			1c				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary var, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the manner of the foreign country ▶ See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibitor tax select transaction at any time during the lax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax select transaction? 5c Did with the prograzization in the Form 888617 6a Does the organization that were not tax deductible? 6b Diff Yes, "In the Sa or 5b, did the organization that it was or is a party to a prohibited tax select that select transaction? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of 35 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization receive a payment in excess of 35 made partly as a contribution on a personal benefit contract? 7d If Yes," include on finicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes," included on forms the payment of qualified intellectual property, did the organization in directly and the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross nationed of 5,1000 or more during the year? 3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," enter the name of the foreign country. ▶ 5c If yes, "the organization country (such as a bank account, securities account, or other financial accountry. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," this has an 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," this say or 5b, did the organization line Form 88867? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If "Yes," indicate the number of Forms 8282 filed during the year 6c If If "Yes," indicate the number of Forms 8282 filed during the year 6c If If "Yes," indicate the number of Forms 8282 filed during the year 7c If If If the organization received an contribution of caris, business, provided to the payor organization received an contribution of caris, business, or other vehicles, did the organization file a Form 8290 as required? 7d If If the organization received an contribution of caris, business, or other vehicles, did the organization file a Form 1098-C? 7d Sponsoring organization make any taxable distributions under section 4966?		filed for the calendar year ending with or within the year covered by this return	2a	3					
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х			
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 innancial accountly or "Yes," enter the name of the foreign country. ► 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," to line 5a or 5b, did the organization the Form 8986-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," idld the organization nortly the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8386 filed during the year or the walve of the goods or services provided? 9 If "Yes," indicate the number of Forms 8382 filed during the year 9 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of cars, boats, anjames, or other vehicles, did the organization file form 8898 required? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions to decreased the section 501(c)(12) organizations. Firet: 10 Gross income from mo		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11S Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11c 11b 11b 11c 11b 11c 11b 11c 11c	8								
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					00		x		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12									
a Initiation fees and capital contributions included on Part VIII, line 12					90				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10a						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_								
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b									
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									
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c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			1					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consciention was because of the following the foll			11-		x		
						$\vdash \vdash \vdash$			
	D	ii 165, 1185 it iiieu a 1 0111 120 to 16poit tilese payments! II 140, provide ari explanation iii 30neudik	<i></i>		•	990 ((2011)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	. 2							
	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	Enter the number of voting members included in line 1a, above, who are independent	1b 1	. 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form				Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х					
6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?		. 7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		. 8a	Х						
b	Each committee with authority to act on behalf of the governing body?			Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such of									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," describe								
	in Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?			X						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official		. 15a	X						
b	Other officers or key employees of the organization		. 15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?		16a	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	inization's								
	exempt status with respect to such arrangements?		. 16b	X						
Sec	tion 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	y) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest policy,	and fina	ıncial						
	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 a MARY ELLEN JUDAH $-256-534-0075$	and records of the organ	zation:							
	116 JEFFERSON STREET SOUTH, STE 207, HUNTSVILLE, A	AT. 35801								

01-23-12

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

related organizations in Schedule O) (1) PHILLIP DOTTS CHAIRMAN OF BOD (2) NANCY LASITTER MEMBER (3) YVETTE BANKS MEMBER 1.00 X (W-2/1099-MISC) (W-2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other
CHAIRMAN OF BOD 2.00 X X 0. (2) NANCY LASITTER MEMBER 1.00 X 0. (3) YVETTE BANKS MEMBER 1.00 X 0. (4) BILL MCDOWELL	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(2) NANCY LASITTER MEMBER (3) YVETTE BANKS MEMBER (4) BILL MCDOWELL (2) NANCY LASITTER 1.00 X 0.	0.	0.
MEMBER 1.00 X 0. (3) YVETTE BANKS 1.00 X 0. MEMBER 1.00 X 0. (4) BILL MCDOWELL 0. 0.	•	
(3) YVETTE BANKS MEMBER (4) BILL MCDOWELL (3) YVETTE BANKS 1.00 X 0.	0.	0.
(4) BILL MCDOWELL		
	0.	0.
1 00 37 1 0		
SECRETARY 1.00 X X 0.	0.	0.
(5) JOE FUQUA		
MEMBER 1.00 X 0.	0.	0.
(6) TOMMIE BATTS		
VICE CHAIRMAN 1.00 X X 0.	0.	0.
(7) AL JIMMERSON	0	0
TREASURER 1.00 X X 0.	0.	0.
MEMBER 1.00 X 0.	0.	0.
(9) ALAN LITTLE	0.	<u> </u>
MEMBER 1.00 X 0.	0.	0.
(10) RODNEY RICHARDSON		
MEMBER 1.00 X 0.	0.	0.
(11) JOANNA BROAD WHITE		
MEMBER 1.00 X 0.	0.	0.
(12) JENNI JEFFERS		_
MEMBER 1.00 X 0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi) than	one	Reportable	Reportable		Es	timate	∌d
		hours per week					is bot or/trus			compensation			nount	of
		(describe	tor					Ĺ	from the	from related organizations			other pensa	ition
		hours for	ordirector				p		organization	(W-2/1099-MISC)		om th	
		related	stee or	ustee			Highest compensated employee		(W-2/1099-MISC)			org	anizat	ion
		organizations in Schedule	Individual trustee	Institutional trustee		key employee	comp						d relat	
		O)	dividu	stitutio	Officer	y emp	ghest	Former				orga	anizati	ons
		0)	트	프	Of	Ke	포 등	8			\dashv			
											\dashv			
											\neg			
											\dashv			
											\dashv			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							no r	received more than \$100	0,000 of reportable				
	compensation from the organization												Yes	0 N o
2	Did the every institute list and former officer.	alius ska u su ku	4	- 1							ī		162	NO
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										l	3		Х
4	For any individual listed on line 1a, is the su								ther compensation from			,		
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	•				•			•					37
Soc	rendered to the organization? If "Yes," comtion B. Independent Contractors	ipiete Schedul	e J f	or si	ıch	pers	son .				<u></u>	5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors 1	that received more than	\$100,000 of comp	ens	ation 1	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	C	(C	;) nsatio	n
	Name and Sasmoss	<u>uuurooo</u>	140	7141					2000 I piloti et e			отпро	- Ioutio	
_						_						_		
2	Total number of independent contractors (i	•	ot lii	mite	d to		_	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation -				(0							

P	art VI	II Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants	1 a	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	42,516.				
Son	9	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		42,516.			
Program Service		CONSULTING INCOME DEVELOPER FEE INCOME ASSET MANAGEMENT INCOM	Business Code 531390 531390 531390	74,520. 45,000. 7,500.	74,520. 45,000. 7,500.		
₫.	f			107.000			
	3 4	I Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	st, and	127,020. 163,092.	163,092.		
	l t	Royalties (i) Real Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 8	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other				
nue		Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$	>				
Other Revenue	1	contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events	>				
	k	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities	>				
	k	and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory					
	11 a		Business Code 531390 531390 531390	325. 102. -85.	325. 102. -85.		
	12	I All other revenue Total. Add lines 11a-11d Total revenue. See instructions.	>	342. 332,970.	290,454.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	Check if Schedule O contains a respons	se to any question in thi	S Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	70 100	(2, 422	14 607	
7	Other salaries and wages	78,109.	63,422.	14,687.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	F 072	2 167	2 506	
10	Payroll taxes	5,973.	2,467.	3,506.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	12 500	11 605	1 075	
С	Accounting	13,500.	11,625.	1,875.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	26,779.	21,087.	5,692.	
g	Other	86.	21,007.	86.	
12	Advertising and promotion	7,360.	5,287.	2,073.	
13	Office expenses	7,300.	3,201.	2,073.	
14	Information technology				
15	Royalties	4,950.	4,208.	742.	
16	Occupancy	3,310.	2,649.	661.	
17	Travel	3,310.	2,049.	001.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,975.	2,876.	1,099.	
19	Conferences, conventions, and meetings	7,141.	2,070.	7,141.	
20	Interest	,,,,,,,,		,,	
21 22	Payments to affiliates	3,580.	3,580.		
22	In	1,941.	3,300	1,941.	
23 24	Other expenses. Itemize expenses not covered	1 , 7 1 1		1,711	
4	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 0.)				
а	TELEPHONE	2,284.		2,284.	
b	EQUIPMENT RENTAL	2,270.	1,931.	339.	
c	TAXES	1,897.	1,447.	450.	
d	LICENSE & FEES	1,553.	475.	1,078.	
	All other expenses	4,801.	1,937.	2,864.	
25	Total functional expenses. Add lines 1 through 24e	169,509.	122,991.	46,518.	0
26	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 6 Receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employers (beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10b 42, 936. 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Acid lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Intangible assets 19 Deferred revenue 10 Tax exempt bond liabilities 10 Tax exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 26 Total liabilities. Including federal income tax, payables to related third parties 10 Organizations that follow SFAS 117, check here 10 And complete lines 30 through 29, and lines 33 and 34. 11 Unrestricted net assets 12 Organizations that follow SFAS 117, check here 10 And complete lines 30 through 29, and lines 33 and 34. 12 Organizations that do not follow G	Part X	Balance Sheet					
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33 Total net assets or fund balances Z,000,100,100,100	ž 33				2,696,133.	33	2,859,594.
34 Total liabilities and net assets/fund balances 3,836,175. 34 3,988,0	34				3,836,175.	34	3,988,003.

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Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI	<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				70.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		169,50					
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	, 69	6,1	33.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	, 85	9,5	94.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O).						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	tit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection

Name of the organization

NEIGHBORHOOD CONCEPTS, INC.

Employer identification number

				RHOOD CONCEP						57	7-0897	928	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization		in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	i's nam	e,
		city, and state									•		
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t describe	ed in		
		-	(b)(1)(A)(iv). (Comple	-	•	•	•	Ū					
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1	1)(A)(v).					
7	X			eives a substantial part					or from the	general r	oublic desc	ribed ir	า
			b)(1)(A)(vi). (Comple				J			J 1			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9				eives: (1) more than 33 1			rom contri	butions. n	nembershi	p fees. ar	nd aross re	ceipts f	from
		-	· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa						•	-	-	
				axable income (less sect									
			509(a)(2). (Complete			,		•	, ,			ŕ	
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11		-	-	perated exclusively for th		•			-	y out the	purposes o	of one c	or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(a)(3). Che	ck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
		a Type I	ь	Type II c	; 🔲 тур	e III - Fund	tionally int	tegrated		d 🗀	Type III - (Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified p	oersons oth	ner thar	า
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	∂(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?			
		(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (iii) below,		Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		X
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		X
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		X
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizațio	the	(vii) An	nount of	:
	orga	ınization		(described on lines 1-9		sted in your document?	organizat		(i) organiz U.S	ed in the	sup	port	
				above or IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
[ota	ıl												

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	1,000.		2,680.	23,348.	42,516.	69,544.
2	ax revenues levied for the organ-						
į.	zation's benefit and either paid to						
(or expended on its behalf						
3	he value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
4	Fotal. Add lines 1 through 3	1,000.		2,680.	23,348.	42,516.	69,544.
5	he portion of total contributions						
k	by each person (other than a						
Ç	governmental unit or publicly						
5	supported organization) included						
(on line 1 that exceeds 2% of the						
á	amount shown on line 11,						
(column (f)						
6 F	Public support. Subtract line 5 from line 4.						69,544.
Sect	ion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 /	Amounts from line 4	1,000.		2,680.	23,348.	42,516.	69,544.
8 (Gross income from interest,						_
(dividends, payments received on						
5	securities loans, rents, royalties						
á	and income from similar sources						
9 1	Net income from unrelated business						
á	activities, whether or not the						
k	ousiness is regularly carried on						
10 (Other income. Do not include gain						
(or loss from the sale of capital						
á	assets (Explain in Part IV.)		10,521.	1,888.	948.	427.	13,784. 83,328.
11 1	Fotal support. Add lines 7 through 10						83,328.
12 (Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,315,045.
13 I	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
Sect	ion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (I		•	* * * * * * * * * * * * * * * * * * * *		14	83.46 %
	Public support percentage from 2010					15	66.93 %
	33 1/3% support test - 2011. If the o	~					
	stop here. The organization qualifies						
	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	neets the "facts-and-circumstances"						
b ·	I0% -facts-and-circumstances tes	ū				·	
					–		
	nore, and if the organization meets the						,
(nore, and if the organization meets the organization meets the "facts-and-circe Private foundation. If the organizatio	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	

Schedule A (Form 990 or 990-EZ) 201

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
	-					
Section C. Computation of Publi						<u>, </u>
15 Public support percentage for 2011 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	11 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

NEIGHBORHOOD CONCEPTS, INC.

Employer identification number 57-0897928

Par	tΙ	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line 6	6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	ids
	are th	e organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ie orgar	nization during the tax
	year				
4	Numb	er of states where property subject to conservation ease	ement is located		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the or	ganization's accounting for
Da		rvation easements.	Aut Historical Tracerras or C)+la a # (Circilar Assats
Par	t III	Organizations Maintaining Collections of		otner :	Similar Assets.
		Complete if the organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·		
1a		organization elected, as permitted under SFAS 116 (ASC	,, ,		•
		ical treasures, or other similar assets held for public exhib		ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pi	JDIIC SE	rvice, provide the following amounts
		g to these items:			• •
		evenues included in Form 990, Part VIII, line 1			
_			4		
2		organization received or held works of art, historical treas		aı gaın,	provide
_		llowing amounts required to be reported under SFAS 116			• •
		nues included in Form 990, Part VIII, line 1			
D	Asset	s included in Form 990, Part X			. • •

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

Schedule D (Form 990) 2011

		RHOOD CONC							<u>97928</u>		2
Pai	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Similar	Asse	ts (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a si	ignificant use	of its	collection	items	
	(check all that apply):										
а	Public exhibition	C	ı 🖳	Loan or exc	hange progr	ams					
b	Scholarly research	e	, 🗀	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	in how th	ney further t	ne organizat	ion's exe	mpt purpose	in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	ıer similar	assets	_	_		
	to be sold to raise funds rather than to be ma								Yes	No	<u>, </u>
Pai	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to	Form 990, Pa	art IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									_
1a	Is the organization an agent, trustee, custod								7		
	on Form 990, Part X?							∟	Yes	∟ No)
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							_
									Amount		_
С	Beginning balance						1c				_
d	Additions during the year						1d				_
е	Distributions during the year						1e				_
f	Ending balance						1f				_
	Did the organization include an amount on Fe		21?					∟	Yes	∟ No)
	If "Yes," explain the arrangement in Part XIV.										_
Pai	rt V Endowment Funds. Complete i										_
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years	s back	(e) Four	years back	_
1a	Beginning of year balance										
b	Contributions										_
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages in lines 2a, 2b, and 2c should	•									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for th	ne organizatio	on	_		_
	by:								<u>_</u>	Yes No	_
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations								3a(ii)		_
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the										_
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X	, line 10.							
	Description of property	(a) Cost or o			or other		ccumulated		(d) Book	value	
		basis (investi	ment)	basis	(other)	dep	oreciation	\perp			_
	Land										
	Buildings							\perp			
	Leasehold improvements		25.				10 00	\bot			
d	Equipment	65,	374.				42,936	•	22	,438	•
е	Other										

Schedule D (Form 990) 2011

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

Tart VIII III VOOLINGII GOOGII COO GOOGII CO	e i Oilli 990, i ail A, i	116 12.		
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I) Total (Col (b) must equal Form 000 Port V col (P) line 12)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Set	Faure 000 Davit V	line 10		
			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		st or end-of-year mar	
(1) INVESTMENTS	324,3	46. COST		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	324,3	46.		
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(1) D		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes (2) FCB LINE OF CREDIT		125,010.		
(-)		123,010.		
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
(11)				
	25.)	125,010.		
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to Fin 48 (ASC 740).	the organization's financia	statements that reports the organ	zation's liability for uncerta	n tax positions under

2. FIN 4 132053 01-23-12

Schedule D (Form 990) 2011

NETCHBORHOOD	$C \cap M \cap F D \cap C$	TNC

Pa	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited F	inancial Sta	tements	9
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		332,970.
2	Total expenses (Form 990, Part IX, column (A), line 25)				169,509.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				163,461.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines				163,461.
	rt XII Reconciliation of Revenue per Audited Financial State			Return	-
1	Total revenue, gains, and other support per audited financial statements			1	332,970.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d					
е				2e	0.
3	Subtract line 2e from line 1			3	332,970.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b					
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				332,970.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat				
1	Total expenses and losses per audited financial statements			1	169,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С	Other losses				
d					
е				2e	0.
3	Subtract line 2e from line 1			3	169,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			. 5	169,509.
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	art III, lines 1a and	d 4; Part IV, lines	1b and 2b;	; Part V, line 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part	to provide any a	dditional in	formation.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization **Employer identification number** NEIGHBORHOOD CONCEPTS, INC. 57-0897928

Part I	Excess Benefit	ıransactı	ons (sectio	n 501(c)(3) and section	n 501(c)(4) organizatio	ns only).					
	Complete if the organ	nization ansv	vered "Yes"	on Form 990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Part \	/, line 40	b.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Description of transaction 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) in the polypopar of the polypop						(c) Cori	rected?				
	(a) Name of disc	qualified pers	son		(b) Description (of transa	ction			Yes	No
	n 1059		· ·			•		> \$			
3 Enter	the amount of tax, if an	y, on line 2,	above, reiml	oursed by the organiza	ation			▶ \$			
Part II	Loans to and/or	From Int	erested F	Persons.							
	Complete if the organ	nization ansv	vered "Yes"	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38				
٠,	ame of interested son and purpose	(b) Loan t the orga		(c) Original principal amount			In ault?	by bo		10,	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No

Total

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	d "Yes" on F	orm 99	90, Part IV, line 28a, <i>i</i>	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction		1 ' '	òrganiz	aring of zation's nues?		
						Yes	No
PHILIP DOTTS	BOARD	OF	DIRECTORS	0.	NEIGHBORHOO		X
AL JIMMERSON	BOARD	OF	DIRECTORS	0.	NCI UTILIZE		Х
BILL MCDOWELL	BOARD	OF	DIRECTORS	0.	IN 2008, NC		Х
YVETTE BANKS	BOARD	OF	DIRECTORS	0.	YVETTE BANK		Х

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: PHILIP DOTTS
- (D) DESCRIPTION OF TRANSACTION: NEIGHBORHOOD CONCEPTS LEASES OFFICE

 SPACE FROM HDP II LTD OF WHICH PHILIP DOTTS IS A PARTNER. RATES AND

 TERMS ARE CONSIDERED BELOW MARKET.
- (A) NAME OF PERSON: AL JIMMERSON
- (D) DESCRIPTION OF TRANSACTION: NCI UTILIZED THE LAW FIRM OF WILMER &

 LEE FOR LEGAL WORK DURING 2011. AL JIMMERSON IS A PARTNER AT WILMER &

 LEE. RATES AND FEES ARE CONSIDERED BELOW MARKET.
- (A) NAME OF PERSON: BILL MCDOWELL
- (D) DESCRIPTION OF TRANSACTION: IN 2008, NCI MADE A LOAN TO SECOND MILE

 DEVELOPMENT TO FUND A PRESCHOOL SERVING A LOW INCOME NEIGHBORHOOD IN

 WHICH NCI IS WORKING TO PROVIDE SERVICES FOR THE RESIDENTS. BILL

 MCDOWELL SERVES AS EXECUTIVE DIRECTOR OF SECOND MILE DEVELOPMENT. NCI

 OBTAINED A WRITTEN DISCLOSURE AND AGREEMENT FROM SECOND MILE STATING THAT

 NO FUNDS WOULD BE USED FOR OPERATING EXPENSES. SECOND MILE IS IN

 COMPLIANCE WITH THE TERMS OF THE LOAN AND IS MAKING REGULARLY SCHEDULED

 PAYMENTS.

Schedule L (Form 990 or 990-EZ) 2011

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(A) NAME OF PERSON: YVETTE BANKS
(D) DESCRIPTION OF TRANSACTION: YVETTE BANKS IS EMPLOYED BY REDSTONE
FEDERAL CREDIT UNION. IN 2005, REDSTONE PROVIDED FINANCING AT BELOW
MARKET RATES FOR REVITALIZATION OF TWO AFFORDABLE APARTMENT COMPLEXES TO
HUNTERS LANDING PARTNERS, LLC AND QUAIL RIDGE PARTNERS, LLC, ENTITIES
RELATED TO NEIGHBORHOOD CONCEPTS. BOTH LOANS ARE STILL OUTSTANDING.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NEIGHBORHOOD CONCEPTS, INC.

Employer identification number 57-0897928

990, PART I, LINE 1

MISSION STATEMENT

TO STRENGTHEN NEIGHBORHOODS THROUGH THE PROVISION OF AFFORDABLE HOUSING

& THE PROMOTION OF ECONOMIC OPPORTUNITIES FOR UNDERSERVED PEOPLE &

COMMUNITIES.

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

AWARENESS: NEIGHBORHOOD CONCEPTS SERVES AS AN ADVOCATE FOR AFFORDABLE

HOUSING THROUGHOUT THE COMMUNITY. NCI SPEAKS WITH VARIOUS COMMUNITY

GROUPS, WORKS WITH THE LOCAL NEWSPAPER TO NEUTRALIZE CITIZEN OPPOSITION

TO AFFORDABLE HOUSING, AND CONDUCTS OTHER ACTIVITIES DESIGNED TO FOSTER

A BETTER UNDERSTANDING OF THE HOUSING NEEDS OF LOW-TO-MODERATE INCOME

FAMILIES.

EXPENSES \$ 13,181. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT FORM 990 IS PREPARED BY
NEIGHBORHOOD CONCEPTS INC.'S ACCOUNTANTS AND SUBMITTED TO THE EXECUTIVE
DIRECTOR. THE EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD REVIEW THE
DRAFT RETURN AND PROVIDE THE ACCOUNTANT WITH ANY CHANGES OR CORRECTIONS.
ONCE A REVISED DRAFT HAS BEEN PREPARED BY THE ACCOUNTANTS, A COPY OF THE
REVISED DRAFT IS SUBMITTED TO THE AUDIT COMMITTEE AND FULL BOARD OF
DIRECTORS FOR THEIR REVIEW AND COMMENT. ONLY AFTER THE AUDIT COMMITTEE AND
FULL BOARD HAVE COMPLETED THEIR REVIEW AND PROVIDED ANY COMMENTS, IS THE

23

FORM 990, PART VI, SECTION B, LINE 12C: WHEN A BOARD MEMBER'S INITIAL TERM COMMENCES OR A NEW STAFF PERSON IS HIRED, THEY ARE PROVIDED WITH A COPY OF THE POLICIES AND PROCEDURES WHICH INCLUDES THE CONFLICT OF INTEREST POLICY. EACH BOARD/STAFF MEMBER IS ASKED TO SIGN THEIR ACKNOWLEDGEMENT AND AGREEMENT TO THE CODE OF ETHICS AT THAT TIME. ANNUALLY, BOARD MEMBERS AND STAFF MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST ACKNOWLEGEMENT & DISCLOSURE. THESE ANNUAL DISCLOSURES ARE THEN REVIEWED AND ANY RELATIONSHIPS, INTERESTS, OR SITUATIONS WHICH MIGHT RESULT IN, OR GIVE THE APPEARANCE OF BEING, A CONFLICT OF INTERST ARE BROUGHT TO THE FULL BOARD FOR DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15: INITIALLY, THE HIRING OF A FULL-TIME EXECUTIVE DIRECTOR WAS DISCUSSED AT A REGULARLY SCHEDULE MEETING OF THE BOARD OF DIRECTORS. DUE TO NEIGHBORHOOD CONCEPTS INC.'S LIMITED SIZE, IT WAS AGREED THAT THE EXCUTIVE DIRECTOR WOULD BE SERVING IN SEVERAL CAPACITIES OUTSIDE THE TYPICAL ED DUTIES SUCH AS PROJECT DEVELOPMENT AND ASSET MANAGEMENT. NEIGHBORHOOD CONCEPTS ALSO UTILIZED SALARY WEBSITES TO RESEARCH TYPICAL SALARIES IN CATEGORIES SUCH AS PROPERTY ACQUISITION MANAGER, DEVELOPMENT DIRECTOR, GRANTS/PROPOSAL MANAGER AND PROGRAM TAKING INTO CONSIDERATION FEEDBACK FROM SIMILAR COMPANIES WITH DIRECTOR. WHICH NEIGHBORHOOD CONCEPTS SPOKE AND INFORMATION FROM THE SALARY WEBSITES, A RECOMMENDATION WAS MADE TO SET THE EXECUTIVE DIRECTOR SALARY AT \$70,578 WITH NO ADDITIONAL BENEFITS. THIS RECOMMENDATION WAS SENT TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: ANYONE WHO IS INTERESTED IN REVIEWING THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MAY REQUEST THEM FROM NEIGHBORHOOD CONCEPTS. 132212 01-23-12

Name of the organization NEIGHBORHOOD CONCEPTS, INC.

Employer identification number 57-0897928

DOCUMENTS AND POLICIES ARE ALSO LOCATED ON THE ORGANIZATION'S WEBSITE AT WWW.NEIGHBORHOODCONCEPTS.ORG UNDER THE GOVERNANCE SECTION.

990, PART XII, LINE 2C

FINANCIAL STATEMENTS

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION

PROCESS DURING THE TAX YEAR. THE PROCESS HAS NOT CHANGED FROM THE

PRIOR YEAR.

SCHEDULE R, PARTS III AND IV

RELATED ORGANIZATIONS

NEIGHBORHOOD CONCEPTS OWNS AN INTEREST IN SEVERAL ENTITIES. NCI OWNS

100% OF NBA, LTD. THROUGH NCI'S GP INTEREST AND NBA, INC. LP INTEREST.

NEIGHBORHOOD CONCEPTS OWNS 100% OF HHD MEADOW OAKS GP, INC. WHICH OWNS

.01% INTEREST IN QUALITY HOUSING PARTNERS NO.16, LP. NEIGHBORHOOD

CONCEPTS IS A .003333% PARTNER IN MOUNTAIN RIDGE LIMITED PARTNERSHIP.

NCI ALSO OWNS A 79% INTEREST IN MALLARD POINTE PARTNERS, LLC. MALLARD

POINTE PARTNERS, LLC IS A .01% PARTNER IN MALLARD POINTE, LP. MALLARD

POINTE, LP OWNS BOTH HUNTERS LANDING PARTNERS, LLC AND QUAIL RIDGE

PARTNERS, LLC, WHICH ARE DISREGARDED ENTITIES. NEIGHBORHOOD CONCEPTS

OWNS 100% OF NBA, INC. NCI ALSO OWNS 100% OF CSV HOUSING, LLC,

COMMUNITY MARKET I, LLC, AND FRANKLIN HOUSING, LLC, WHICH ARE

DISREGARDED ENTITIES.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

2011
Open to Public Inspection

Name of the organization

NEIGHBORHOOD CONCEPTS, INC.

Employer identification number 57-0897928

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year		controllin entity	ıg
UNTERS LANDING PARTNERS, LLC - 76-0726328							
16 S. JEFFERSON STREET, STE 207							
UNTSVILLE, AL 35801	LOW INCOME HOUSING	ALABAMA		0.	0.MALLARD PO	INTE, L	P
QUAIL RIDGE PARTNERS, LLC - 76-0726327							
16 S. JEFFERSON STREET, STE 207							
UNTSVILLE, AL 35801	LOW INCOME HOUSING	ALABAMA		0.	0.MALLARD PO	INTE, L	P
SV HOUSING, LLC - 27-3050762							
16 S. JEFFERSON STREET, STE 207					NEIGHBORHO	OD CONCI	EPTS,
UNTSVILLE, AL 35801	LOW INCOME HOUSING	ALABAMA		0.	162.INC.		
OMMUNITY MARKET I, LLC - 26-4806063							
16 S. JEFFERSON STREET, STE 207					NEIGHBORHO	OD CONCI	EPTS,
UNTSVILLE, AL 35801	LOW INCOME HOUSING	ALABAMA		0.	0.INC.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	cations (Complete if the organization	on answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-ex	empt	
(a)	(b)	(c)	(d)	(e)	(f)	((g) 1 512(b)(13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		ntrolled
of related organization		foreign country)	section	status (if section	entity	en	ntity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2011

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
FRANKLIN HOUSING, LLC - 45-2496016 116 S. JEFFERSON STREET, STE 207 HUNTSVILLE, AL 35801	LOW INCOME HOUSING	ALABAMA	0.		NEIGHBORHOOD CONCEPTS,

132221 05-01-11 27

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropate alloc	cations?	amount in box 20 of Schedule	managir partner	_
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
MOUNTAIN RIDGE LP -											
35-2040575, 116 JEFFERSON											
STREET SOUTH, STE 207,	LOW INCOME		NEIGHBORHOOD								
HUNTSVILLE, AL 35801	HOUSING	AL	CONCEPTS, INC.		-1.	77.		X	N/A	X	
MALLARD POINTE PARTNERS, LLC											
- 20-1111161, 116 JEFFERSON	1										
STREET SOUTH, STE 207,	LOW INCOME		NEIGHBORHOOD								
HUNTSVILLE, AL 35801	HOUSING	\mathtt{AL}	CONCEPTS, INC.		-32.	-340,225.		X	N/A	X	79.00%
NBA, LTD 63-1099600											
116 JEFFERSON STREET SOUTH,	1										
STE 207, HUNTSVILLE, AL	LOW INCOME		NEIGHBORHOOD								
35801	HOUSING	AL	CONCEPTS, INC.		-805.	17,806.		X	N/A	X	.90%
QUALITY HOUSING PARTNERS NO.											
16 - 59-3656717, 116	1										
JEFFERSON STREET SOUTH, STE	LOW INCOME		HHD MEADOW								
207, HUNTSVILLE, AL 35801	HOUSING	AL	OAKS		-17.	347.		X	N/A	x	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
HHD MEADOW OAKS GP, INC 75-3093566							
116 SOUTH JEFFERSON STREET, STE 207			NEIGHBORHOOD				
HUNTSVILLE, AL 35801	LOW INCOME HOUSING	AL	CONCEPTS, INC.	C CORP	-636.	0.	100.00%
NBA, INC 63-1099590							
116 SOUTH JEFFERSON STREET, STE 207			NEIGHBORHOOD				
HUNTSVILLE, AL 35801	LOW INCOME HOUSING	AL	CONCEPTS, INC.	C CORP	-110.	0.	100.00%
	-						

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(6)	(4)	(0)	(f)	(a)	-	h)	(i)	/:	\	(k)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	,	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ging c	ercentage ownership
or rolated organization		(state or foreign	Sintiley .	excluded from tax under	11001110	assets		cations?	20 of Schedule	partr	ier?	own or or np
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
MALLARD POINTE, LP -												
20-1111199, 116 JEFFERSON												
STREET SOUTH, STE 207,	LOW INCOME		MALLARD POINTE						_			
HUNTSVILLE, AL 35801	HOUSING	AL	PARTNERS		0.	4.		X	N/A		X	
										П	\neg	
	₫											
										H	+	
										Ш	\dashv	
										H	_	
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	_											
	_											

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132223 05-01-11

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

Yes No

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						
b	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
	Sale of assets to related organization(s)				1f	<u> </u>
	Purchase of assets from related organization(s)				1g	X
h	Exchange of assets with related organization(s)				1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	X
i	Lease of facilities, equipment, or other assets from related organization(s)				1j	Х
	Performance of services or membership or fundraising solicitations for related organiza				1k	X
	Performance of services or membership or fundraising solicitations by related organizar				11	X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1m	X
	Sharing of paid employees with related organization(s)				1n	X
o Reimbursement paid to related organization(s) for expenses						
p Reimbursement paid by related organization(s) for expenses						
						v
	Other transfer of cash or property to related organization(s)				1q	X
<u>r</u>	Other transfer of cash or property from related organization(s)				1r	^
2	If the answer to any of the above is "Yes," see the instructions for information on who r	· I	_	•		
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
1)						
2)						
٥١						
3)						
4)						
-,						
5)						
		ı				
6)		3.0				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocat Yes	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manag partn	(k) Percentage ing ownership
	-									
	- - -									
	-									
	-									
	-									
	-									
	-									
	-									

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X		
• If you	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
	Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
	to file Form 990-T), or an additional (not automatic) 3-mo							
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With Ce	ertain		
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details of	on the elec	ctronic filing of this	form,		
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits	3.						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).				
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete				
Part I onl	ly				>			
	corporations (including 1120-C filers), partnerships, REN come tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time			
Type or	Name of exempt organization or other filer, see instru	ıctions.		Employe	r identification num	ber (EIN) or		
print	NEIGHBORHOOD CONCEPTS, INC	_		X	57-089792	2.8		
File by the due date for			tions.		curity number (SSN			
filing your return. See	116 JEFFERSON STREET SOUTH	, NO.	207					
instructions	City, town or post office, state, and ZIP code. For a final HUNTSVILLE, AL 35801	oreign add	dress, see instructions.					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			[0[1]		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990)	01	Form 990-T (corporation)			07		
Form 990	D-BL	02	Form 1041-A	 A				
Form 990	D-EZ	01	Form 4720			09		
Form 990)-PF	04	Form 5227			10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above)	06	Form 8870			12		
	MARY ELLEN JUD		116 JEFFERSON STRE	ET SO	UTH, STE	207 -		
	ooks are in the care of HUNTSVILLE, AL	3580	1					
Telepl	hone No. ► 256-534-0075		FAX No. 🕨					
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box		>			
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this		
box 🕨	igsqcup . If it is for part of the group, check this box $igsplace$ $igsplace$	and atta	ach a list with the names and EINs of	f all memb	ers the extension is	s for.		
1 I re	equest an automatic 3-month (6 months for a corporation							
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
	for the organization's return for: $oxed{\mathbb{X}}$ calendar year 2011 or							
	tax year beginning	an	d anding					
	tax year beginning	, an			<u> </u>			
2 If t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	'n			
2 "	Change in accounting period	oricon reas	on. — initial return —	i iiiai ictai				
	— Change in accounting period							
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
no	nonrefundable credits. See instructions.							
b If t								
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
	lance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.		
	. If you are going to make an electronic fund withdrawal			orm 8879	EO for payment ins	tructions.		

123841 01-04-12

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

▶ Do not send to the IRS. Keep for your records.

See instructions.

ndar year 2011, or fiscal year beginning	, 2011, and ending
, , , , ,	, ,

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

NEIGHBORHOOD	CONCEPTS,	INC

For cale

57-0897928

Name and title of officer

PHILIP DOTTS

CHAIRMAN OF THE BOARD

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	332970
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize FROST CUMMINGS TIDWELL GRO	UP, LLC	to enter my PIN 12345
ERO firm nam)	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2011 electronical is being filed with a state agency(ies) regulating charities as parenter my PIN on the return's disclosure consent screen.	•	• • •
As an officer of the organization, I will enter my PIN as my signal indicated within this return that a copy of the return is being file program, I will enter my PIN on the return's disclosure consent	d with a state agency(ies) regulating	•
Officer's signature	Date ▶	
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63499912345

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date \triangleright 05/18/12

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 12-01-11

Form **8879-EO** (2011)