Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

Inter	nal Rev	enue Service	Information about Form 990 and its instructions is at www.	ww.irs.	.aov/form990.	Inspection
A	For th	e 2014 ca	endar year, or tax year beginning and ending			
В	Check i applicat	C Nan	ne of organization		D Employer identificat	ion number
Г	Addr chan	ess RF	SOURCE, INC.			
F	Nam chan	。	ng business as		41-082	£8779
F	Initia retur	Nun	ber and street (or P.O. box if mail is not delivered to street address)  Room/	/suite	E Telephone number	
F	Final	l 10	00 CHICAGO AVENUE SOUTH		52-8000	
	termi ated	<u> </u>	or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,679,393.
	Amer	nded MI	NNEAPOLIS, MN 55404		H(a) Is this a group retur	n
	Appl	F Nan	ne and address of principal officer:KELLY MATTER		for subordinates?	Yes X No
	pend	"g SAM	E AS C ABOVE		H(b) Are all subordinates include	ded? Yes No
1	Tax-ex	empt statu	s: $X = 501(c)(3)$ $= 501(c)($ $= $ $= $	527	If "No," attach a list	
			W.RESOURCE-MN.ORG		H(c) Group exemption no	
				Year of	f formation: 1956 M St	ate of legal domicile: MN
Pi	art I			ATTEN TO	DEODEE DO 30	LITT TO TTO
Governance	1	Briefly des	cribe the organization's mission or most significant activities: TO EMPOVER PERSONAL, SOCIAL, AND ECONOMIC SUCCE	WER ESS	PEOPLE TO AC	THEAR
'nar	2		s box if the organization discontinued its operations or disposed of			is.
ve.	3		f voting members of the governing body (Part VI, line 1a)		1 1	14
õ	4		f independent voting members of the governing body (Part VI, line 1b)			14
Activities &	5		ber of individuals employed in calendar year 2014 (Part V, line 2a)			557
itie.	6		ber of volunteers (estimate if necessary)			1498
Ę	7 a		lated business revenue from Part VIII, column (C), line 12		f i	0.
∢	Ь	Net unrela	ted business taxable income from Form 990-T, line 34		7b	0.
					Prior Year	Current Year
ø	8	Contributi	ons and grants (Part VIII, line 1h)	1	18,185,275.	18,022,468.
'n	9	Program s	ervice revenue (Part VIII, line 2g)		7,740,522.	8,608,810.
Revenue	10	Investmer	t income (Part VIII, column (A), lines 3, 4, and 7d)		11,036.	8,001.
III.	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,009.	40,114.
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 2		26,679,393.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		3,191,758.	3,052,948.
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		0.	0.
es	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)			17,049,300.
Expenses			al fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ă	b	Total fund	raising expenses (Part IX, column (D), line 25)  240,710.	ļ	F 702 006	7 107 500
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	5,783,886.	7,407,588.
	1		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>		27,509,836.
. (0	19	Revenue I	ess expenses. Subtract line 18 from line 12	<del> </del>	288,673.	-830,443.
s or					inning of Current Year	End of Year
sset	20		ts (Part X, line 16)	1		11,257,988.
Net Assets Fund Balano	21		ties (Part X, line 26)		7,042,947. 4,594,830.	6,976,874. 4,281,114.
			or fund balances. Subtract line 21 from line 20		4,334,630.	4,201,114.
	art II		ure Block  Iry, I declare that I have examined this return, including accompanying schedules and sta	tataman	ate and to the heat of my kno	owledge and helief it is
			rry, i declare that i have examined this return, including accompanying screenles and sa- lete. Declaration of preparer (other than officer) is based on all information of which prep			Jwieuge and belief, it is
true,	corre	it, and comp		parci		12015
C!	_	Sign	Letter Matter		Date Date	13013
Sign		, -	LLY MATTER, PRESIDENT & CEO			
Her	е		or print name and title			
		Print/Tyne	preparer's name Preparer's signature	Da	te Check	PTIN
Paid	l		ENDLEY Ina. 2. Hendl	11	_ '	P01300654
	arer	Firm's nam	The state of the s			1-0746749
-	Only	Firm's add				
	,		MINNEAPOLIS, MN 55402		Phone no.612-	376-4500
May	the II	RS discuss				X Yes No

Form	n 990 (2014) RESOURCE, INC. 41-0828779 Pag	je <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  RESOURCE, INC'S MISSION IS TO EMPOWER PEOPLE TO ACHIEVE GREATER	
	PERSONAL, SOCIAL AND ECONOMIC SUCCESS. PROGRAMS AND SERVICES ARE	
	DELIVERED THROUGH AN UNWAVERING COMMITMENT TO UNDOING RACISM AND	
	PROMOTING DIVERSITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 13,368,362. including grants of \$ 1,597,153.) (Revenue \$ 2,980,339	
44	INTEGRATED CHEMICAL & MENTAL HEALTH SERVICES:	<u>.</u> )
	RESOURCE'S CHEMICAL AND MENTAL HEALTH TEAM PROVIDES COMMUNITY-BASED	—
	CHEMICAL HEALTH SERVICES TO ABOUT 5,400 PEOPLE EACH YEAR; MANY ARE	—
	HOMELESS OR PRECARIOUSLY HOUSED. WE SPECIALIZE IN CLINICAL TREATMENT,	—
	RECOVERY MAINTENANCE, AND SUPPORTIVE SERVICES FOR ADULT MEN AND WOMEN,	
	AS WELL AS FAMILY SERVICES FOR THE CHILDREN OF PARTICIPANTS. CUSTOMIZE	D
	SERVICES INCLUDE FAMILY RECOVERY HOUSING AND A CONTINUUM OF CARE TO	
	HELP HOUSEHOLDS TO REMAIN TOGETHER AND RECOVER AS A FAMILY.	
		_
4b	(Code:) (Expenses \$9, 449, 365. including grants of \$1, 432, 291.) (Revenue \$4, 892, 766]	<u>•</u> )
	EMPLOYMENT SERVICES:	
	RESOURCE PROVIDES COMPREHENSIVE JOB SEARCH AND PLACEMENT SERVICES TO	—
	ADULTS WHO ARE LOW-INCOME, LAID-OFF WORKERS, VETERANS, YOUTH AT-RISK, TEEN PARENTS, WELFARE RECIPIENTS, AND NEW AMERICANS. LAST YEAR, WE	
	PROVIDED SERVICES TO MORE THAN 12,000 PEOPLE WITH SIGNIFICANT BARRIERS	
	TO EMPLOYMENT. IN ADDITION, WE HELP NEARLY 3,000 INDIVIDUALS MOVE OFF	
	OF WELFARE AND INTO WORK.	
	OI WILLIAM IND INTO WORKS	—
		—
4c	(Code:) (Expenses \$ 1,644,710 · including grants of \$ 23,504 · ) (Revenue \$ 735,705 ·	• )
	CAREER EDUCATION:	
	CAREER EDUCATION SERVICES HELP IMMIGRANTS AND REFUGEES, INDIVIDUALS	
	WITH DISABILITIES, AND THOSE WITH BARRIERS TO EMPLOYMENT DISCOVER	_
	CAPABILITIES THROUGH A BROAD RANGE OF ASSESSMENT AND SHORT-TERM,	
	CONTEXTUALIZED, INDUSTRY APPROVED POST-SECONDARY CAREER-BASED TRAINING.	,
	RESOURCE IS LICENSED AS A POST-SECONDARY SCHOOL THROUGH THE MINNESOTA	
	OFFICE OF HIGHER EDUCATION, AND IS A CANDIDATE FOR ACCREDITATION	_
	THROUGH THE COUNCIL ON OCCUPATIONAL EDUCATION.	_
	CONTINUED ON SCHEDULE O.	
	CONTINUED ON SCHEDULE O.	
<u>4</u> d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 24,462,437.	_
132002	Form <b>990</b> (201	14)

Pa	rt IV Checklist of Required Schedules		,	age S
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
٠	If "Yes," complete Schedule A	1	l x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del>†                                      </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<u> </u>	i –
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	]	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		
	If "Yes," complete Schedule D, Part IV	9	ļ	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	Х	İ
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,			1
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If *Yes," complete Schedule D, Part VIII	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		_X_
	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	_X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		[	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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	ļ		**
	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 other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.	1	v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X

Form 990 (2014)

18

20a

20b

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

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ...

## Form 990 (2014) RESOURCE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If *Yes, * complete	ł	l	
	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 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		i	
	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):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ļ	~~
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		- 1	77
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		- 1	77
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	v
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	$\rightarrow$	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	, ,	~	
25-	′	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of postion 513/b)(13)2 If "Yes." complete Schedule R. Part V. line 3	05.	x	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	^	
	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	_	- 1	Х
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	$\dashv$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	~		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Table 1 at 1 at 1 at 1 at 1 at 1 at 1 at 1 a	Form		2014)

Pa	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	•	1a	373			. :
b			0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?		_	1c	.:	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l l	***************************************			
	filed for the calendar year ending with or within the year covered by this return	2a	557			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	<u> </u>		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			,		-
За	Distriction to the first term of the control of the			За		X
b		~		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	***********				_
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	•	4a		l x
b	If "Yes," enter the name of the foreign country: ▶	, ,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FI	3AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?	•••••		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or gifts	;			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	-	, , ,	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • • • • • • • • • • • • • • •		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•		.		
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	I by the		`.:		
_				8		
9	Sponsoring organizations maintaining donor advised funds.		ĺ	- [		
a	Did the sponsoring organization make any taxable distributions under section 4966?	•••••		9a	$\dashv$	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		·····	9b	_	
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10-1	ľ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
	Section 501(c)(12) organizations. Enter:	100 [				
	Gross income from members or shareholders	11a	ŀ			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	110	<u> </u>			
~	amounts due or received from them.)	11b	[			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	Is the organization licensed to issue qualified health plans in more than one state?		F	13a	$\dashv$	
	Note. See the instructions for additional information the organization must report on Schedule O.	•••••••				:
	Enter the amount of reserves the organization is required to maintain by the states in which the				[.	
	organization is licensed to issue qualified health plans	13b				
		13c				j
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	$\neg$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form !	990 (2	2014

Form 990 (2014) RESOURCE, INC. 41-0828779 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI				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	l 1a l	. 4		
	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.			11	
b	Enter the number of voting members included in line 1a, above, who are independent	1ь 1	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	L	7		
2					x
_	officer, director, trustee, or key employee?		. 2	┼	<u>^</u>
3	Did the organization delegate control over management duties customarily performed by or under the				٦,
	of officers, directors, or trustees, or key employees to a management company or other person?		-		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	***************************************		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?		. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or	İ		
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				•
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		.		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	1	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		<u>. 1 5 </u>	نـــــا	
500	tion B. Follows (This occion B requests information about policies not required by the internal re-	venue oode.)		Vaa	NI.
40-	Did the executation have lead shorters broughed as affiliates?		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		. 10a		21
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			V	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,,	÷. :
	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	***************************************	12b	Χ̈́	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	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?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		1 21.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	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 arrangem	ent with a			
- 4	taxable entity during the year?		16a	*** ,5**	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		1.5		
			465		
· i	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed MN				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website	•			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records: ➤			
	SCOTT BORDO, CPA, MBA - 612-752-8000				
	1900 CHICAGO AVENUE, MINNEAPOLIS, MN 55404				

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box in nettrier the organization in	T	T	ai ilZa			пре	ıısa	1	I	(E)
· <b>(A)</b> Name and Title	(B) Average			Pos	C) itior	า		( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
name and the	hours per		not c	heck	more	than		compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire			ļ	ted		organization	(W-2/1099-MISC)	from the
	related	stee	trustee			bensa		(W-2/1099-MISC)		organization
	organizations	nal tru	onal t		ploye	00 gg				and related
	below line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Боттег		i	organizations
(1) WILLIAM TELLEEN	2.00	┢ <u>┺</u>	-	0	Ť	T 65	<u> </u>			
CHAIRPERSON	2.00	X		х		ĺ		0.	0.	0.
(2) PAUL WAY	2.00				<del>                                     </del>	<u> </u>	$\vdash$			
FIRST VICE CHAIRPERSON	2.00	x		Х				0.	0.	0.
(3) MONICA MCCRACKEN-TIETJEN	2.00									
SECOND VICE CHAIRPERSON	2.00	Х		X				0.	0.	0.
(4) TIM BEERS	2.00									
TREASURER		Х		X				0.	0.	0.
(5) FRED EASTER	2.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(6) NANCY CARLSON	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(7) TYRIZE COX	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) DOUG EVINK	2.00									
DIRECTOR	1.00	X		_				0.	0.	0.
(9) GENE HANF	2.00			ı						_
DIRECTOR		Х		$\Box$				0.	0.	0.
(10) DANIEL JAEGER	2.00									_
DIRECTOR	1.00	Х		[				0.	0.	0.
(11) THOMAS KEUL, MD	2.00			Į						
DIRECTOR		Х		_				0.	0.	0.
(12) KAREN KING	2.00								,	0
DIRECTOR		X	$\dashv$					0.	0.	0.
(13) JIM RUELLE	2.00	v	- 1		ĺ			0.	0	0
DIRECTOR	1.00	^		_				0.	0.	0.
(14) JULIA VAN ETTEN	1.00	~ l		İ				0.	0	0
DIRECTOR THROUGH 01/31/14	2.00	_	-	$\dashv$		_		U •	0.	0.
(15) DEBRA WEISS DIRECTOR		x			-		ļ	0.	0.	0.
(16) KELLY MATTER	40.00	4		$\dashv$	$\dashv$		$\dashv$	U .	0.1	<u> </u>
PRESIDENT AND CEO	5.00			x l			ļ	193,289.	0.	10,596.
(17) ED TUSA	40.00			4				193,409.	U •	10,030.
CFO THROUGH 11/19/14	1.00		- 1	x				19,150.	0.	471.
432007 11-07-14	1.00	J				!		10,100		Form 990 (2014)

432007 11-07-14

Form 990 (2014)

Folili 990 (2014) RIDOORCE										020	117	Page
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d H	ighe	st (	Compensated Employe	es (continued)			
(A)	(B)	1		(1	C)			(D)	(E)	l	(1	F)
Name and title	Average	l (de	not c	Pos	sition	1 than	000	Reportable	Reportable	, [		nated
	hours per	kod	t, unle	ess pe	erson	is bot	th an	compensation	compensation	on	amo	unt of
	week	offi	icer ar	nd a c	directo	or/trus	stee)	from	from related	i i	otl	ner
	(list any	흟			1	l	l	the	organization	s	compe	nsation
	hours for	or director	l			<u>s</u>		organization	(W-2/1099-MIS	SC)	fron	the
	related	異	nste		ł	ensa		(W-2/1099-MISC)			organ	ization
	organizations	草	iai t	ı	loyee	E S						elated
	below	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Ì			organi	zations
Programme	line)	르	E	8	ş	등등	휸					
(18) HEIDI KAMMER	40.00				Ì					İ		
VP CHEMICAL AND MENTAL HEALTH	0.00	L			L	X		116,318.		0.	27	,565.
(19) JOANNE KOSCIOLEK	40.00											
VP FUND DEVELOPMENT, COMMUNICATIONS	0.00	]				Х	İ	113,765.		0.	10	998.
-				<u> </u>								
		1			ŀ					1		
				İ								
			H		-		-					
	-									İ		
				-		-	_			-+		
			li									
	ļ				ļ					$\rightarrow$		
										ļ		
										1		
1b Sub-total							<b>*</b>	442,522.		0.	49,	630.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								442,522.	<b></b>	0.1	49,	630.
Total number of individuals (including but n								<del></del>	000 of reportable			
compensation from the organization	ot innice to in	030	11310	u u	JO V C	7 ****	.010	cocived more triair wroo,	ood of reportable	G		3
compensation from the organization						-					Υe	
3 Did the organization list any former officer.		_4					1	L!_L		Г	10	3 110
										ļ		.   : .
line 1a? If "Yes," complete Schedule J for s										·····	3	X
4 For any individual listed on line 1a, is the su											- 1-	.
and related organizations greater than \$150										L	4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services	1.		
rendered to the organization? If "Yes, " com	plete Schedule	J fo	or su	ch p	oers	on			<u></u>	<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensa	tion from	)
the organization. Report compensation for		-										
(A)							Ť	(B)	<u> </u>		(C)	
Name and business	address							Description of se	rvices	Co	mpensa	tion
SALO							┪	NTERIM ACCOU	1		-	
NW 6087, PO BOX 1450, MIN	INFAPOLT	S	М	N	55	48				1	083,	<b>4</b> 31
Joor Lo Dow Tabol Mil	TETELL VILL	<i>~</i> ,	7.7		J J	- U	~			ъ,	000,	× •

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
SALO NW 6087, PO BOX 1450, MINNEAPOLIS, MN 55485	INTERIM ACCOUNTING SERVICES	1,083,431.
TREE TRUST, 2231 EDGEWOOD AVE SOUTH, SAINT LOUIS PARK, MN 55426	PAID WORK EXPERIENCE	208,042.
GRADE A SECURITY PO BOX 50521, MINNEAPOLIS, MN 55405	SECURITY SERVICES	123,332.
Total number of independent contractors (including but not limited to those liste	d above) who received more than	

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Form 990 (2014)

		Check if Schedule O con	itains a res	oonse or note to any I	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1:	a Federated campaigns	1.	la 835,631		revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		b ,			in the second	
Ω,Ĕ		Fundraising events		lc	1			
ar A		d Related organizations		d 233,500	1			
a,s		Government grants (contribu	·····-	e 16,334,376				
in in	1	All other contributions, gifts, gran	′ <u>⊢</u>	<del></del>				
the the		similar amounts not included abo		f 618,961				
P G	و ا	Noncash contributions included in lines		· · · · · · · · · · · · · · · · · · ·				
a S	h	Total. Add lines 1a-1f		<b>&gt;</b>	18,022,468.			
				Business Code	<del></del>		A 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
é	2 a	PROGRAM SERVICE FEES		624100	8,608,810.	8,608,810.		1
Program Service Revenue	ь	)						
Se	c			i				
am	d							
go E	е							
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f	<u></u> ,	<b>&gt;</b>	8,608,810.			
	3	Investment income (including						
ł		other similar amounts)		<b>&gt;</b>	8,001.			8,001
	4	Income from investment of ta	x-exempt b	ond proceeds				
	5	Royalties		<b>&gt;</b>				
			(i) Rea	al (ii) Personal				effort the
	6 a	Gross rents						
ĺ	b	Less: rental expenses						
		Rental income or (loss)				Marija na sebila		
l	đ	Net rental income or (loss)	· <u>·····</u>	<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Secur	ities (ii) Other				
- 1		assets other than inventory						
	b	Less: cost or other basis		ļ				
ł		and sales expenses						
		Gain or (loss)					r amairsi (i	
1	d	Net gain or (loss)		<b>&gt;</b>				
ē.	8 a	Gross income from fundraising	g events (n	ot				
venue		including \$	of					
ě		contributions reported on line	1c), See					
Other Re		Part IV, line 18						
튄	b	Less: direct expenses	•••••	. b				
_		Net income or (loss) from fund	-			e in the artists		
	9 a	Gross income from gaming ac		;			Jireinh Ladi	
		Part IV, line 19						
- 1		Less: direct expenses						
		Net income or (loss) from gam		es				
	10 a	Gross sales of inventory, less						
		and allowances	• • • • • • • • • • • • • • • • • • • •	a				
		Less: cost of goods sold		· · · · · · · · · · · · · · · · · · ·				e Para di Naza Refit
-	с	Net income or (loss) from sales		*	· · · · · · · · · · · · · · · · · · ·	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
H	44 -	Miscellaneous Revenue other income	9	Business Code 900099	40 414			40.44
	11 a	OTHER THOUSE		300033	40,114.			40,114.
	b	B		<del>-  </del>				
	c C	All other re		<del></del>				
	d	All other revenue			40 114		garan in ann	
		Total. Add lines 11a-11d Total revenue. See instructions.			40,114.	8,608,810.	0.	JO 115
4 '	12	TOTAL TO ACUME. ORG HISH REHOLDING.			40,019,393.	0,000,010.	٥.	48,115.

## Form 990 (2014) RESOURCE, INC. Part IX Statement of Functional Expenses

Sec	ation 501(c)(3) and 501(c)(4) organizations must con		thor organizations must d	complete column (A)	
000	Check if Schedule O contains a respon			complete column (A).	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				general expenses	- CAPOTIOGO
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	· · · · · · · · · · · · · · · · · · ·			
	individuals. See Part IV, line 22	3,052,948	3,052,948.		
3	Grants and other assistance to foreign				Name of the state of the same
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				ļ
	trustees, and key employees	223,506.	178,804.	44,702.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			Í	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,080,062.	12,015,378.	912,463.	152,221
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	354,141.			
9	Other employee benefits	2,206,860.		89,164.	16,214
10	Payroll taxes	1,184,731.	1,123,908.	47,128.	13,695
11	Fees for services (non-employees):				
а	Management				
b	Legal	40,828.		40,828.	
С	Accounting	50,069.		50,069.	
d	Lobbying				
е	, <u>,</u>	**************************************			
f	Investment management fees		<b></b>		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,375,166.			30,864
12	Advertising and promotion	43,356.		543.	1,369
13	Office expenses	662,855.	580,981.	77,013.	4,861
14	Information technology				
15	Royalties				
16	Occupancy	2,299,045.	2,241,512.	52,003.	5,530.
17	Travel	241,386.	238,146.	2,923.	317.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	161,227.	115,365.	40,965.	4,897.
20	Interest	180,643.	173,651.	6,458.	534.
21	Payments to affiliates	E40 044	100 510		
22	Depreciation, depletion, and amortization	518,244.	492,710.	21,415.	4,119.
23	Insurance	125,581.	21,299.	104,118.	164.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) '	225 415	100 000	F3 330	
а	BAD DEBT	235,415.	182,083.	53,332.	4 004
b	EQUIPMENT RENTAL MAINTE	224,098.	186,506.	35,611.	1,981.
C	EQUIPMENT PURCHASES	121,263.	114,783.	5,836.	644.
d	MEMBERSHIPS	50,922.	46,147.	4,440.	335.
	All other expenses	77,490.	33,336.	43,827.	327.
25	Total functional expenses. Add lines 1 through 24e	27,509,836.	24,462,437.	2,806,689.	240,710.
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)				Form <b>990</b> (2014)

Form 990 (2014)
Part X Balance Sheet

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		······	
			(A) Beginning of year	ŀ	(B) End of year
	1.		beginning or year	ļ	End of year
	1	Cash - non-interest-bearing	2 671 005	1	222 200
	2	Savings and temporary cash investments	2,671,005.		332,396
	3	Pledges and grants receivable, net	1,847,386.		121,807
	4	Accounts receivable, net	1,354,738.	4	4,797,936
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	١,,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	256,310.	8	436,541
	9	Prepaid expenses and deferred charges	230,310.	9	430,341
	loa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10, 289, 890.			
	1 .	F 006 000	5,316,865.	100	5,003,001
	11 b	Less: accumulated depreciation 10b 5, 286, 889.	118,911.	10c	84,586
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	110,011.	12	04,300
	13	Investments - orner securities, See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11	72,562.	15	481,721.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,637,777.	16	11,257,988.
	17	Accounts payable and accrued expenses	2,077,013.	17	2,549,483.
	18	Grants payable		18	
	19	Deferred revenue	453,498.	19	152,151.
	20	Tax-exempt bond liabilities	2,659,480.	20	2,542,810.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,398.	21	1,398.
ý	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil	İ	Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,502,275.	24	1,452,691.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	349,283.	25	278,341.
	26	Total liabilities. Add lines 17 through 25	7,042,947.	26	6,976,874.
	İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	3,668,952.	27	3,785,104.
Bal	28	Temporarily restricted net assets	922,628.	28	492,760.
g	29	Permanently restricted net assets	3,250.	29	3,250.
Ξ.	Ì	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			arte el marina la
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 504 000	32	4.004.444
<b>-</b> -	33	Total net assets or fund balances	4,594,830.	33	4,281,114.
	34	Total liabilities and net assets/fund balances	11,637,777.	34	11,257,988.

Form 990 (2014)

Forn	1990 (2014) RESOURCE, INC.	41-	0828779	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,679		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,509		
3	Revenue less expenses. Subtract line 2 from line 1	3	-830		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,594	1,8	30.
5	Net unrealized gains (losses) on investments	5	· · · · · · · · · · · · · · · · · · ·		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	516	ī,7	27.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,281	1,1	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	parameter programme and the second			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				- 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			16	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	abasis,	14.		
	consolidated basis, or both:				1
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	х	

Form **990** (2014)

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Na	ne of	the organization	orman tira						er identification numbe
Б	art I	Reason for Public	OURCE, INC	<b>(ΛΕ)</b>		u.t			11-0828779
I								S	
1 <b>1</b>	organ	ization is not a private foun				•	•		
2	H	A church, convention of c A school described in sec			ea in sect	ion 170(b)(	(1)(A)(I).		
3	H	A hospital or a cooperative			nontion 1	70(6)(4)(8)(	· · · · · · · · · · · · · · · · · · ·		
4	一	A medical research organi						(iii) Ento	r tha baanitalla nama
•	h-u	city, and state:	zation operated in c	onjunction with a nospii	ai describ	ed iii secti	OII 17 O(D)( 1)(A)	(III). LING	tile nospitars name,
5		An organization operated	for the benefit of a c	ollege or university own	ed or oper	ated by a	governmental u	nit descri	bed in
		section 170(b)(1)(A)(iv). (		, ,	•		,		
6		A federal, state, or local go	•	mental unit described in	section	170(b)(1)(A	.)(v).		•
7	X	An organization that norm	_					ne genera	I public described in
		section 170(b)(1)(A)(vi). (0						J	•
8		A community trust describ	ed in section 170(b	)(1)(A)(vi). (Complete Pa	ırt II.)				
9		An organization that norma	ally receives: (1) mor	re than 33 1/3% of its su	pport fror	n contribut	ions, members	hip fees, a	and gross receipts from
		activities related to its exe	mpt functions - subj	ect to certain exceptions	s, and (2) r	no more tha	an 33 1/3% of i	ts suppoi	rt from gross investment
		income and unrelated bus	iness taxable incom	e (less section 511 tax)	from busin	esses acq	uired by the org	ganizatior	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
10		An organization organized	' <del>-</del> '	•	-				
11		An organization organized		, -	•		-	•	• •
		more publicly supported o	*	,					Check the box in
		lines 11a through 11d that				-		_	
а		Type I. A supporting org							
		the supported organization	• • •		a majority	of the aire	ectors or trustee	es of the s	supporting
b		organization. You must organization. You must organization.			otion with	ita aummant	ad avaanization	-(-) bb.	da.a.
D	h	control or management							-
		organization(s). You mus			same pers	ons that o	ontroi oi manaç	ge trie su	oponed
С		Type III functionally into	-		l in conne	ction with	and functionall	v integrat	ed with
		its supported organization						y intograc	od willi
d		Type III non-functionali		•	-	•	-	ed organ	ization(s)
		that is not functionally in						_	• •
		requirement (see instruct			=		•		
е		Check this box if the org	anization received a	written determination fr	om the IR	S that it is a	a Type I, Type I	I, Type III	
		functionally integrated, o	r Type III non-functio	onally integrated suppor	ting organ	ization.			
f	Ente	r the number of supported	organizations				•••••		
g		ide the following information			In 11 11			nount of monetary (vi) Amount of	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	on lines 1-9 listed in your support (see other support (see				
		organization		above or IRC section			Instruction		Instructions)
			<u> </u>	(see instructions))	Yes	No			······,
					1				
					<u> </u>				
									•
					<u> </u>				
		···			<del> </del>				
					<b>1</b>				
					L				
			produce and the second	to a contract the second of the second	10. 10. 10. 10.				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22,835,951.	19,101,576.	17,902,973.	18,185,275.	18,022,468.	96,048,243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					]	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			!			
	the organization without charge						
4	Total. Add lines 1 through 3	22,835,951.	19,101,576.	17,902,973.	18,185,275.	18,022,468.	96,048,243.
5	The portion of total contributions						
	by each person (other than a	lari i vilabo					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.	PATE A LAST EL ALA	The Cuentary		CLANT LIVE TO LL		96,048,243.
	ction B. Total Support	I				F	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	22,835,951.	19,101,576.	17,902,973.	18,185,275.	18,022,468.	96,048,243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	21,731.	26,880.	32,318.	21,152.	8,001.	110,082.
_	and income from similar sources	41,131.	20,000.	32,310.	41,134.	0,001.	110,002.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	93 901	111,357.	58,997.	50 819	40,114.	355 188
44	Total support. Add lines 7 through 10	-1.41 1 141 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111,007	30,337.	30,013.		96,513,513.
	Gross receipts from related activities,	etc (see instruction	nue)		*	12 33	,703,083.
	First five years. If the Form 990 is for	•	,	1 fourth or fifth ta	-		7,00,000
	organization, check this box and stop				•		
Sec	ction C. Computation of Publ	ic Support Per	centage			•••••••••••••••••••••••••••••••••••••••	
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))	1	14	99.52 %
	Public support percentage from 2013					15	99.52 %
	33 1/3% support test - 2014. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶X
. p	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion	***************************************		▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and <b>stop h</b> e	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	•••••	▶□
þ	10% -facts-and-circumstances test	-				•	0% or
	more, and if the organization meets th						<u></u>
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	<b>&gt;</b>
					Schee	dule A (Form 990 d	or 990-EZ) 2014

## Schedule A (Form 990 or 990-EZ) 2014 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 failed	ils to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, 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 bus-						
	iness 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	1					
	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	,			1		
	exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year						
С	Add lines 7a and 7b			<u> </u>			
	Public support (Subtract line 7c from line 6.)	. 110,5 3 4 1					
	tion B. Total Support			T		Г	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on			<u> </u>	Į		
	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		· · · ·				
11 11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b.					j	
	whether or not the business is					ĺ	
10	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital					İ	
40	assets (Explain in Part VI.)		<del></del>				
	Total support. (Add lines 9, 10c, 11, and 12.)		Circle and the	d family as EMI to		. 504(-)(0)	
	First five years. If the Form 990 is for	J	,		•	(// )	· ' —
Sec	check this box and stop here tion C. Computation of Publi	c Support Per	rcentage		•	***************************************	
	Public support percentage for 2014 (li		<del> </del>	column (fi)		15	%
	Public support percentage from 2013					16	<del>//</del>
	tion D. Computation of Inves			<del></del>	<u>-</u>		70
-	Investment income percentage for 20			ne 13, column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	-					
	Private foundation. If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

· · · · · · · · · · · · · · · · · · ·	Yes	No
1		
2		
3a		100
3b		
3с		
4a		
4b		
4c		
40		
5a 5b		
5c		
7		
8	-1	
9a		
9b	· . · (13)	
9c		
10a		
10b 90 or 990	D-EZ)	2014

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

1

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

1

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

1. 4	Type in Non-runctionally integrated 50	ອ(a)(ა) Supporting Org	anizations (continued)	
Sect	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		e this color	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b			Televisia	
¢				
d				
e	From 2013		u talia Nibra stia	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
. 4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			<u> </u>
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	District Tright		
а				
b				
С		ranga di Sili di Ada, Gulanga		
d	Excess from 2013			
Α.	Excess from 2014		Tangangija i galagnija ng pala sa sa sa	n wun ynnigh i i Dah i hana i'n dan u i ddu yn h

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-E	Z) 2014 RESOUJ	RCE,	INC.				41-0828779 Page 8
Part VI Supplemental	Information. P	rovide th	ne explanations required	by Part	II, line 10; Pa	art II, line 17a or	17b; and Part III, line 12.
Also complete this	part for any addition	nal info	rmation. (See instruction	s).			
SCHEDULE A, PART	II, LINE	10,	EXPLANATION	FOR	OTHER	INCOME:	
OTHER INCOME							
2010 AMOUNT: \$	93,901.						
2011 AMOUNT: \$	111,357.						
2012 AMOUNT: \$	58,997.						
2013 AMOUNT: \$	50,819.						
2014 AMOUNT: \$	40,114.						
				· · · · · · · · · · · · · · · · · · ·			
<del> </del>							
							The state of the s
		··· <del>·</del>		<del></del>			
						<del></del>	
				·			
	4	**************************************					
							1 1 1/1,2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESOURCE, INC.

Employer identification number 41-0828779

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts.Complete if the
-	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	~	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
-			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
,2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of 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
c	Number of conservation easements on a certified historic stra	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	7.
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		3, P. 41184
2	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		
D	7.000to moludou in rotin 000; ratt A		Γ Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sch	edule D (Form 990) 2014 RESOURC	E, INC.					41-08	32877	9 F	age 2
Pa	rt III Organizations Maintaining (	Collections of A	rt, Historical Tr	easures,	or Oth	er Sim				
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following th	at are a	significan	t use of its	collection	on iter	ns
	(check all that apply):									
а		c	Loan or exc	hange prog	rams					
b		e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's of	•	•	-			oose in Pa	rt XIII.		
5	During the year, did the organization solicit of		•				_	1	_	_
	to be sold to raise funds rather than to be m							Yes	<u>_</u>	_ No
Ра	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered	"Yes" to	Form 99	0, Part IV,	line 9, o	•	
	reported an amount on Form 990, Pa	<del></del>						-		
1a	Is the organization an agent, trustee, custod		-					٦	150	] No
_	on Form 990, Part X?			••••••	•••••	•••••	L	_ Yes	LA	⊔ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				1			
_	Decision belows						<del> </del>	Amoun	<u>t                                     </u>	
	Beginning balance						<u> </u>			
	Additions during the year									
e	Distributions during the year					1e	<b>†</b>			<del></del>
22	Ending balance  Did the organization include an amount on F	orm 990 Part V line	21 for accrow or o	ustodial acc	ount liabi	••• ——	1 X	Yes	$\neg$	No
	If "Yes," explain the arrangement in Part XIII.							F. 162	X	
$\overline{}$	rt V Endowment Funds. Complete					10.				
		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	3,250.	3,250.	<u> </u>	3,250.	ι-/	3,250.	1	<del></del>	,250.
	Contributions		· · · · · ·				•			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									_
е	Other expenditures for facilities									
	and programs							1		
f	Administrative expenses									
g	End of year balance	3,250.	3,250.		3,250.		3,250.		3,	250.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment ► 100.00	%								
С	Temporarily restricted endowment ▶	.00 %								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administe	ered for t	he organi	zation	r		
	by:								Yes	
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations			•••••		•••••		3a(ii)		<u>X</u>
	If "Yes" to 3a(ii), are the related organizations							3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					.=		
rai	Complete if the organization answered		Dowt IV line dda Ca		. Doub V. I	line 10				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u> </u>		
	Description of property	(a) Cost or ot basis (investm	1 ' '			ccumulate preciation		(d) Bool	( value	Э
10	land		,	1,408.		reciation		//11	1,4	n R
	Land			1,217.		43,0		$\frac{41}{3,748}$	-, <del>-</del> '	99
	Buildings			7,916.		33,4	43.	8/	$\frac{3}{4}, \frac{1}{4}$	73
	Equipment			1,505.		$\frac{33,1}{334,4}$			7,0	
	Other			7,844.		$\frac{34,4}{275,9}$			L,8'	
	Add lines 1a through 1e. (Column (d) must ea					- , -		5.003		

Schedule D (Form 990) 2014

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) CAPITAL LEASES 45,214.
(3) REFUNDABLE ADVANCES 123,508.
(4) ASSET RETIREMENT OBLIGATION 109,619.
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 278,341.

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

Schedule D (Form 990) 2014

UNRELATED BUSINESS INCOME.

FEDERAL INCOME TAXES. AS SUCH, IT IS SUBJECT TO FEDERAL AND STATE INCOME

TAXES ON NET UNRELATED BUSINESS INCOME. THE ORGANIZATION CURRENTLY HAS NO

Schedule D (Form 990) 2014 RESOURCE, INC.	41-0828779 Page 5
Part XIII Supplemental Information (continued)	
THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CON	TINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXE	MPT ORGANIZATION.
SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS	SINCE INCEPTION
COULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE SERVICE	E (IRS).
•	

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047 2014

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

		Triormation about	a cipados triode do	(Form 990) and it	e inctrinctione is a		•	nonection
Name of	Name of the organization				200000000000000000000000000000000000000	ORREGION DE CONTROLLES DE CONT	10	Employer identification
	RESOURCE,	INC.						41-0828779
Part	General Information on Grants and Assistance	nd Assistance						
<u>٦</u>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
G	criteria used to award the grants or assistance?	stance?			)			X Yes
2 De	()	ocedures for moni	toring the use of grant	funds in the Unite	d States.			]
PartII	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. (	Somplete if the orga	nization answered "	res" to Form 990, Part	IV, line 21, for any
	recipient unat received more than \$5,000. Part II can be duplicated it additional space is needed	55,000. Part II can	be duplicated if addit	ional space is nee	ded.			
L (a)	1 (a) Name and address of organization or government	NEI <b>(9)</b>	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				,				
<b>2</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	ne line 1 table				<b>A</b>
	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
HA F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) RESOURCE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

41-0828779

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LEGAL ASSISTANCE	62	2,494.	0	0.N/A	N/A
MEDICAL ASSISTANCE	0 6	9,514.	0	. N/A	
PERSONAL NEEDS	211	64,421.	0	N/A	W/A.
FOOD ASSISTANCE	5461	331,223.	0	. N/A	N/A.
HOUSING ASSISTANCE	638	1,260,173.	O	N/A	47 <u>7</u>
Part IV Supplemental Information. Provide the information required	uired in Part I, line 2,	e 2, Part III, column	Part III, column (b), and any other additional information.		
PART I, LINE 2:					
ELIGIBILITY, SELECTION AND SUBSTANTIA	TION	REQUIREMENTS	ARE	SPECIFIED BY THE	
GRANTING ENTITIES. ALL SUCH REQUIREMENTS		ARE DOCUMENTED	TED ACCORDING	ING TO THE	
GRANTOR'S SPECIFICATIONS. ALL REQUEST	ESTS FOR	GRANT AND	ASSISTANCE	E PAYMENTS	

432102 10-15-14

ARE DOCUMENTED AND APPROVED PRIOR TO PAYMENT. PAYMENTS ARE GENERALLY MADE

TO APPROPRIATE SERVICE OR PRODUCT VENDORS RATHER

PROGRAM PARTICIPANT

THE

OT.

THAN DIRECTLY

CE, INC.	uals in the Unite	ed States (Schedule	(Form 990), Part		41-0828779 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLOTHING ASSISTANCE	420.	64,216.	0	0.N/A	N/A
TRANSPORTATION	4,466.	396,855.	.0	0. N/A	N/A
WAGES AND PAYROLL TAXES	160.	26,991.	0	0.N/A	//A
EDUCATION ASSISTANCE	904.	896,083.	.0	0.N/A	n/a
430240					Schedule I (Form 990)

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

| Employer identification number

OMB No. 1545-0047

2014

Open to Public Inspection

41-0828779

Name of the organization RESOURCE, INC.

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee ☐ Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation X a The organization? X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2014

RESOURCE, INC.

Schedule J (Form 990) 2014 RESOURCE, INC. 41 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(j)(a)	<u> </u>
(1) KELLY MATTER	€	177,692.	15,467.	130.	5,799.	4,797.	203,885.	
PRESIDENT AND CEO	<b>E</b>	0	0.	0	0.	0		0
	3 3							
	ε							
	) (ii)							
	(8)							
	<u>(E</u>							
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432112				i (			Schedi	Schedule J (Form 990) 2014

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SCHEDULE K	4	Sup	plemental Inf	Supplemental Information on Tax-Exempt Bonds	x-Exempt Bo	spu	;		OMB	OMB No. 1545-0047
(FOTIL 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990.	. 1	xplanations, and mation about Sci	To organization answered res our roun say, rart IV, line z4a. Provide descriptions, explanations, and any additional information in Part VI.  ▶ Information about Schedule K (Form 990) and its instructions is at www in confirmation.	ru, rar iv, iine 24 rmation in Part V 0) and its instruct	a. Provide descrij ions is at www in	otions,		201 Open to Pu	2014 Open to Public Inspection
Name of the organization	RESOURCE, I	INC.						Employer 41-0	identifica 82877	Employer identification number
Part I Bond Issues	SE	SEE PART VI	FOR COLUMN	(E)	CONTINUATIONS					
(a) Issuer name	ne	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Descripti	(f) Description of purpose	(g) Defeased (h) On behalf of issuer	(h) On behi of issuer	alf (i) Pooled financing
MINNEAPOLIS CO	COMMITMETER					1	10 TK K	Yes No	Yes No	
i	AGENCY	41-6009115	NONE	08/17/10	3,000,000	TO KEFINANCE EXISTING BON	ANCE BONDS AN	×	×	×
В										
O										
Q										
Part II Proceeds										
				A	1 1	В	O		٥	
				452	,594.					
- 1	defeased									
				3,000	.000,					
	e funds									
	proceeds									٠
- [										
- 1	spee	***************************************		60	,000,					
	proceeds									
ı	rres from proceeds				1					
	) proceeds			٦.						
1				1,666	,574.					
	***************************************			:						
13 Year of substantial completion										
14 Most of the Holder	,			Yes	No Yes	S.	Yes	No	Yes	No
15 Were the bonds issued as part of an others as the formal as the formal as the bonds issued as both of an other as the bonds is sued as the bonds as the bonds is sued as the bonds are the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds as the bonds are the bonds as	s part of an odvent ret	unaing issue?		< >						
	s pair of air advance	relationing issues		<b>↓</b>						
	proceeds been mad	<i>J.</i> e		<b>∀</b>						
11 Does the organization maintain adequate books and records to support the final allocation of proceeds?	equate books and records t	o support the final allocation	of proceeds?	<b>∀</b>						
Part III Private Business Use	S.e					٥	(			
1 Was the organization a partner in a partnership, or a member of an 11 C	artner in a partnershii	or a member of an	C	2 22		- م	ر د د		-  :	
which owned property financed by tax-exempt honds?	anced by tax-exemp	bonds?	ĵ	200	NO TES	NO	Yes	2	Yes	No
2 Are there any lease arrangements that may result in private business	gements that may rec	sult in private business	ss use of		4					
bond-financed property?					X					
10-15-14 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	leduction Act Notic	e, see the Instructio	ns for Form 990.	37				Schec	dule K (Fo	Schedule K (Form 990) 2014
										•

NC.	
RESOURCE, INC	ntinued)
Schedule K (Form 990) 2014	Part III Private Business Use (Co.

Page 2

41-0828779

		A	В		၁		۵	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	Š
- 1		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		% 000.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government ▶		% 000.		%		%		%
6 Total of lines 4 and 5		% 00.		%		8		8/8
7 Does the bond issue meet the private security or payment test?		×				2		8
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
0f		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-27								
9 Has the organization established written procedures to ensure that all popularities								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-27		×						
Part IV Arbitrage								
	<i>'</i>	A	m		0			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	٩	Yes	Ŷ.
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
er								
ıted?								
/as the hedge terminated?								
10-15-14						Sch	edule K (For	Schedule K (Form 990) 2014

41-0828779 RESOURCE, INC. Schedule K (Form 990) 2014

Part IV Arbitrage (Continued)

Page 3

	<b>▼</b>		<u> </u>	8	C			
	Yes		Yes	No	Yes	å	Yes	CZ
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
		×						
7 Has the organization established written procedures to monitor the requirements of section 148?		×						
Part V Procedures To Undertake Corrective Action								
	A	1	ш	В	٥			٥
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable requiations?	Yes	2 >	Yes	N	Yes	o Z	Yes	NO NO
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	s on Schedule	K (see instr	uctions).					
SCHEDULE K, PART I, BOND ISSUES:								
١.	SNT AGEN	CY						
(F) DESCRIPTION OF PURPOSE: TO REFINANCE EXISTING BONDS AND MORTGAGE NOTES,	AND PROPERTY IMPROVEMENTS	PERTY	IMPROVI	MENTS				
					:			
432723								
10-15-14						Sch	edule K (Fo	Schedule K (Form 990) 2014

#### **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.

OMB No. 1545-0047

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

Inspection

Name of the organization RESOURCE, INC.	Employer identification number 41-0828779
FORM 990, PART III, LINE 4C	
RESOURCE SERVES 20,000 PEOPLE ANNUALLY WITH THE FOLLOWING	
ACCOMPLISHMENTS: WE HELPED MORE THAN 5,000 PEOPLE WITH SI	GNIFICANT
BARRIERS TO EMPLOYMENT FIND JOBS. NINETY-TWO PERCENT OF P	ARTICIPANTS
GRADUATED FROM OUR WORKFORCE TRAINING PROGRAMS - A HIGHER	RATE THAN ANY
TWO- OR FOUR-YEAR DEGREE PROGRAM, AND MORE THAN 400 EARNE	D
INDUSTRY-RECOGNIZED CERTIFICATIONS. IN ADDITION, 5,400 PE	OPLE BEGAN ON
THE PATH TO RECOVERY AND WELLNESS THROUGH ACCESS, CLINICA	L SERVICES,
CARE COORDINATION, AND RECOVERY SUPPORT SERVICES.	
	•
FORM 990, PART VI, SECTION A, LINE 1:	
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF	THE OFFICERS OF
THE BOARD AS ELECTED BY THE BOARD OF DIRECTORS. THE EXECU-	TIVE COMMITTEE HAS
ONLY THE POWERS AS DELEGATED AND SET FORTH BY THE BOARD OF	F DIRECTORS. ANY
ACTION TAKEN SHALL BE REPORTED TO THE BOARD AT THE NEXT BO	DARD MEETING.
FORM 990, PART VI, SECTION A, LINE 4:	.,
RESOURCE, INC.'S BYLAWS AND ARTICLES WERE AMENDED TO INCLU	JDE ITS
AFFILIATION WITH HELP ENABLE ALCOHOLICS/ADDICTS RECEIVE TH	REATMENT, INC.
(HEART) IN 2014.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, AND CONTRO	OLLER WILL PERFORM
A DETAILED DRAFT REVIEW OF FORM 990 PRIOR TO FILING. THE F	FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS WILL REVIEW A DRAFT OF FORM 990	AND APPROVE IT

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

432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 41-0828779

PRIOR TO FILING. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF FORM 990 AND A REPORT FROM THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL RESOURCE BOARD MEMBERS AND ALL RESOURCE EMPLOYEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY. ANNUALLY BOTH BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, IN ORDER TO DECLARE ANY, THUS FAR, UNDECLARED CONFLICTS OF INTERESTS OR POTENTIAL CONFLICTS OF INTEREST. THE BOARD CHAIRPERSON AND THE PRESIDENT/CEO REVIEW BOARD MEMBER CONFLICT OF INTEREST DISCLOSURE FORM INCLUDES INSTRUCTIONS TO THE BOARD MEMBER REGARDING THE MANNER IN WHICH THE BOARD MEMBER MUST HANDLE SITUATIONS THAT COULD OR DO PRESENT A CONFLICT OF INTEREST, SHOULD THESE SITUATIONS ARISE. THE BOARD CHAIRPERSON AND THE PRESIDENT/CEO ARE RESPONSIBLE FOR ONGOING MONITORING OF BOARD MEMBER ACTIONS THAT ARE POTENTIAL OR ACTUAL CONFLICTS.

THE EMPLOYEE'S SUPERVISOR AND THE PRESIDENT/CEO REVIEW EMPLOYEE CONFLICT OF INTEREST DISCLOSURES. THE CONFLICT OF INTEREST DISCLOSURE FORM INCLUDES

INSTRUCTIONS TO THE EMPLOYEE REGARDING THE MANNER IN WHICH THE EMPLOYEE

MUST HANDLE SITUATIONS THAT COULD OR DO PRESENT A CONFLICT OF INTEREST,

SHOULD THESE SITUATIONS ARISE. EMPLOYEE'S SUPERVISORS ARE RESPONSIBLE FOR

ONGOING MONITORING OF EMPLOYEE ACTIONS THAT ARE POTENTIAL OR ACTUAL

CONFLICTS. EXAMPLES OF RESTRICTIONS INCLUDE: 1. REQUIRING A BOARD MEMBER

EMPLOYED BY ANOTHER ORGANIZATION THAT COULD COMPETE FOR SIMILAR CONTRACTS

NOT TO OBTAIN UNAUTHORIZED INFORMATION, OR IF SHE/HE IS IN POSSESSION OF

INFORMATION IN THE COURSE OF PERFORMING HER/HIS BOARD DUTIES THAT IMPROVES

THE COMPETITIVENESS OF HER/HIS EMPLOYER SHE/HE MAY NOT USE THIS INFORMATION

TO HER ADVANTAGE. 2. REQUIRING AN EMPLOYEE WHO VOLUNTEERS AT ANOTHER

Schedule O (Form 990 or 990-EZ) (2014)

NONPROFIT ORGANIZATION SIMILAR TO RESOURCE NOT TO USE RESOURCE CURRICULA OR APPROACHES AS A VOLUNTEER INSTRUCTOR.

IF A POTENTIAL CONFLICT ARISES DURING THE YEAR, THE DIVISION VICE PRESIDENT AND THE PRESIDENT/CEO, OR THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER THE PROPOSED TRANSACTION MAY BE APPROVED. THE CONFLICT OF INTEREST TRANSACTION MAY NOT BE APPROVED UNLESS SUCH PERSON(S) OR BODY DETERMINES, IN THE EXERCISE OF GOOD FAITH JUDGMENT, THAT THE PROPOSED TRANSACTION IS FAIR AND REASONABLE AND, IF UNDERTAKEN, DOES NOT UNDERMINE OR CONFLICT WITH THE ORGANIZATION'S MISSION. IN EVERY CASE, THE INDIVIDUAL INVOLVED IN THE CONFLICT OF INTEREST WILL BE EXCLUDED FROM THE DISCUSSION AND APPROVAL OF THE PROPOSED TRANSACTION. DISCLOSURES AND PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, THE BOARD EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE PRESIDENT AND CEO. THE HUMAN RESOURCE DIRECTOR PROVIDES THE BOARD EXECUTIVE COMMITTEE WITH NONPROFIT EXECUTIVE DIRECTOR COMPENSATION STUDIES. THESE STUDIES INCLUDE THE ANNUAL MINNEAPOLIS STAR TRIBUNE COMPENSATION REPORT FOR SOCIAL SERVICE EXECUTIVES AND THE MINNESOTA COUNCIL OF NONPROFIT SALARY SURVEY, WITH COMPENSATION INFORMATION PRESENTED ACCORDING TO THE BUDGET LEVEL OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE CEO AND DOCUMENTS DELIBERATIONS IN MEETING MINUTES. THIS PROCESS WAS LAST CONDUCTED IN 2014 FOR THE PRESIDENT & CEO, K. MATTER.

THE COMPENSATION OF OTHER OFFICERS IS REVIEWED IN THREE WAYS. SALARY LEVELS

ARE ESTABLISHED BASED ON A REVIEW OF THE MINNESOTA COUNCIL OF NON PROFITS

432212

One-27-14

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▼ Attach to Form 990.

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

Open to Public Inspection 2014

OMB No. 1545-0047

Employer identification number 41-0828779Part I. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. RESOURCE, Name of the organization

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 ۷ entity? Direct controlling Yes × entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling RESOURCE, INC. entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) **AINNESOTA** HELP PEOPLE WITH CHEMICAL Primary activity Primary activity DEPENDENCY RECEIVE **a** For Paperwork Reduction Act Notice, see the Instructions for Form 990. TREATMENT TREATMENT, INC. - 23-7259792, 1900 CHICAGO HELP ENABLE ALCOHOLICS/ADDICTS RECEIVE Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity AVENUE, MINNEAPOLIS, MN 55404 Part II

432161 08-14-14 LHA

Schedule R (Form 990) 2014 RESOURCE, INC.

Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) SI General or construction partner? (iule partner?	(I) (K) General or Percentage managing ownership partner?	 I Ø o
											2	1
												ı
												ı
												1
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	panizations Taxable apporation or trust durin	as a Corp ng the tax	oration or Trust Co year.	mplete if the	organization	answered "Yes	" on Form 990	, Part IV, line	34 because it ha	ad one or i	nore related	ı
(a) Name, address, and EIN of related organization	Z	Prin	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)  Type of entity (C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ge 512(b)(13) controlled entity?	
												ı
												ı
						=						1
												I
												ı
432162 08-14-14				45					Sche	dule R (Fo	Schedule R (Form 990) 2014	I <del></del>

Page 3

Schedule R (Form 990) 2014 RESOURCE, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	ered "Yes" on Form	990, Part IV, line 34, 35b	or 36.		
5				Yes	8 V
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?	with one or more rel	ated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				4	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				÷	×
c Gift, grant, or capital contribution from related organization(s)				4	
d Loans or loan guarantees to or for related organization(s)				+	×
				1 4	×
		4 · · · · · · · · · · · · · · · · · · ·		2	
f Dividends from related organization(s)				<b>+</b>	×
				1g	×
h Purchase of assets from related organization(s)		•••••••••••••••••••••••••••••••••••••••		4	×
				ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				1,	×
K Lease of facilities, equipment, or other assets from related organization(s)				$\dashv$	×
	nization(s)			× =	
	nization(s)			Ę	×
n Sharing or facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			4	×
				ę	×
				<del>0</del>	×
q Reimbursement paid by related organization(s) for expenses				19	×
This is the second of the seco					}
Ouriel transfer of cash of property to related organization(s)				<b>-</b>	×
s Other transfer of cash or property from related organization(s)				1s X	
2 If the answer to any of the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," see the instructions for information on will be a seen to any or the above is "Yes," and "	no must complete th	s line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
HELP ENABLE ADDICTS/ALCOHOLICS RECEIVE (1) TREATMENT, INC.	υ	233,500.	BOOK VALUE		
(2)					
(3)					
(4)					
(5)					
(9)					
432163 08-14-14	46		Schedule	Schedule R (Form 990) 2014	0) 2014

Page 4

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

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

(k) centage nership					2500
o G G	<u>o</u>				
(j) General managi parthe	Ves No				 ļ ú
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schodulo E Famo On 1904
	Ves No				
Dist	Š				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er orgs.?	02				
e partra					
Predominant income pa (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity				·	
(a) Name, address, and EIN of entity					

Schedule R	Form 990) 2014 RESOURCE, INC.	41-0828779	Page 5
Part VII	Form 990) 2014 RESOURCE, INC. Supplemental Information		
h	Provide additional information for responses to questions on Schedule R (see instructions).		
	Trovide additional information for responses to questions on estimation in face managinary,		
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# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2014 AND 2013

# RESOURCE, INC. AND SUBSIDIARY TABLE OF CONTENTS YEARS ENDED DECEMBER 31, 2014 AND 2013

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CONSOLIDATED STATEMENTS OF CASH FLOWS	7
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS	R





### INDEPENDENT AUDITORS' REPORT

Board of Directors RESOURCE, Inc. and Subsidiary Minneapolis, Minnesota

We have audited the accompanying consolidated financial statements of RESOURCE, Inc. and Subsidiary (a nonprofit organization), which comprise the consolidated statements of financial position as of December 31, 2014 and 2013, and the related consolidated statements of activities and changes in net assets, functional expense, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

# Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors RESOURCE, Inc. and Subsidiary

# Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of RESOURCE, Inc. and Subsidiary as of December 31, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

# Emphasis-of-Matter Regarding a Correction of an Error

As described in Note 11 to the consolidated financial statements, an understatement of beginning net assets for the year ended December 31, 2013 was discovered. Accordingly, beginning net assets for the year ended December 31, 2013 was restated to correct the error. Our opinion is not modified with respect to the matter.

# Report on Consolidating Information

Our audit was conducted for the purpose of forming an opinion on the 2014 consolidated financial statements as a whole. The 2014 consolidating statement of financial position and statement of activities are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CliftonLarsonAllen LLP

Clifton Larson Allen LLP

Minneapolis, Minnesota June 10, 2015

# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2014 AND 2013

		2014	(A	s Restated) 2013
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$	340,270	\$	2,671,005
Accounts Receivable (Less Allowance for Doubtful Accounts		·	,	. ,
of \$68,933 in 2014 and \$71,610 in 2013)		4,564,936		2,963,598
Pledges Receivable (Less Allowance for Doubtful Accounts of \$-0- in 2014 and \$6,885 in 2013)		440 722		100.040
Prepaid Expenses		110,732 368,011		196,846 256,310
Investments		475,786		118,911
Total Current Assets		5,859,735		6,206,670
		. ,		• •
OTHER ASSETS				
Real Estate Assessments		68,530		72,562
Charitable Remainder Unitrust		226,109		
Unemployment Trust Pledges Receivable Non-Current		481,721		516,727
Property and Equipment, Net		12,320 5,003,001		41,680 5,316,865
Total Other Assets		5,791,681		5,947,834
Total Ciliar Floods		0,701,001		0,047,004
Total Assets	\$ 1	1,651,416	\$	12,154,504
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts Payable	\$	845,535	\$	435,573
Accrued Expense		1,703,948	Ψ	1,641,440
Notes Payable - Current		176,215		168,980
Capital Leases Payable - Current		37,769		37,769
Refundable Advances		123,508		161,900
Deferred Revenue		152,151		453,498
Funds Held for Others		1,398		1,398
Total Current Liabilities	- 3	3,040,524		2,900,558
LONG-TERM LIABILITIES				
Notes Payable - Long-Term	•	3,819,286		3,992,775
Capital Leases Payable - Long-Term		7,445		45,215
Asset Retirement Obligation		109,619		104,399
Total Long-Term Liabilities		3,936,350		4,142,389
		· · · · · · · · · · · · · · · · · · ·		1,112,000
Total Liabilities	ε	5,976,874		7,042,947
NET ASSETS				
Unrestricted Net Assets	3	3,952,423		4,185,679
Temporarily Restricted Net Assets		718,869		922,628
Permanently Restricted Net Assets		3,250		3,250
Total Net Assets	4	,674,542		5,111,557
Total Liabilities and Net Assets	\$ 11	,651,416	\$	12,154,504

# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS YEARS ENDED DECEMBER 31, 2014 AND 2013

		20	2014			2013 (Restated)	estated)	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Inrestricted	Temporarily	Permanently	- t
SUPPORT AND REVENUE				ğ	חומפוווכופס	ואפפוווכופת	Nesti Iciea	lolai
Government Contracts	\$ 16,334,376	<del>СР</del>	ı <i>Θ</i>	\$ 16,334,376	\$ 16,380,252	69	· ·	\$ 16 380 252
Program Service Fees - Government	4,133,911	•	•	4,133,911	3,684,432			
Program Service Fees - Non-Government	4,419,376	•	•	4,419,376	4.056,090	•	•	4 056 090
Contributions (Including In-Kinds of \$192,441								00000
and \$142,466 in 2014 and 2013, Respectively)	354,323	495,563	ı	849,886	180.543	904.000		1 084 543
United Way	835,631		1	835,631	862,613	) I	1	862,613
Acquisition Gain (NOTE 9)	384,431	208,956	1	593,387	) ' ) ! !	,		
Change In Value of Trust	•	17,153	ı	17,153		1	1	
Interest Income	22,644	•	1	22,644	11.036	1	•	11 036
Miscellaneous	95,637	•	•	95,637	60,957	ı	•	60.957
Net Assets Released from Restriction	925,431	(925,431)	•	•	695,750	(695,750)	1	) ) ) )
Total Support and Revenue	27,505,760	(203,759)	1	27,302,001	25,931,673	208,250	-	26,139,923
EXPENSE Program Services								
Minnesota Resource Center	1.644.710		ı	1 644 710	1 507 168			7 100
Employment Action Center	9,449,365	1	,	9,449,365	9,455,812	·		9.455.812
RESOURCE Chemical and Mental Health	13,597,542	•	1	13,597,542	12,544,137	•	,	12.544.137
Total Program Services	24,691,617	1		24,691,617	23,597,117	1	ı	23,597,117
Support Services:								
Management and General	2,806,689	i	•	2,806,689	1,882,309	1	•	1,882,309
Fundraising	240,710	•	1	240,710	194,872	r	•	194,872
l otal Support Services	3,047,399		1	3,047,399	2,077,181	1		2,077,181
Total Expense	27,739,016	1		27,739,016	25,674,298	-	•	25,674,298
CHANGE IN NET ASSETS	(233,256)	(203,759)	ı	(437,015)	257,375	208,250	ı	465,625
Net Assets - Beginning of Year, As Restated	4,185,679	922,628	3,250	5,111,557	3,928,304	714,378	3,250	4,645,932
NET ASSETS - END OF YEAR	\$ 3,952,423	\$ 718,869	\$ 3,250	\$ 4,674,542	\$ 4,185,679	\$ 922,628	\$ 3,250	\$ 5,111,557

# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSE YEAR ENDED DECEMBER 31, 2014

				8	2014			
		Prograi	Program Services			Support Services	5	
	Minnesota	Employment	RESOURCE	Total			Totai	T-
	Resource	Action	Chemical and	Program	Management		Support	<u> </u>
	Center	Center	Mental Health	Services	and General	Fundraising	Services	Services
Salaries	\$ 805,364	\$ 4,779,879	\$ 6.600.086	\$ 12 185 329	9054 051	450 004	6	
Payroll Taxes	76 114			-	•	-	<del>-</del>	13,282,501
Employee Benefits	140.000	407,774	020,020	1,123,908	47,128	13,695		1,184,731
Total Description	200,041	1,100,1	1,500,344	2,448,318	104,897	18,853	123,750	2,572,068
l otal Personnel Costs	1,022,281	6,224,824	8,510,450	15,757,555	1,106,976	184,769	1,291,745	17,049,300
Assistance Provided to								
Individuals	23,504	1,432,291	1,596,175	3.051.970	566	412	978	3 052 048
Professional Fees	240,437	395,931	776,953	1,413,321	1,251,229	30.864	1.282	2,635,946
Occupancy	179,725	733,599	1,331,830	2,245,154	52,003	5.530		2 302 687
Supplies	44,898	110,034	167,182	322,114	21,620			343 734
Interest Expense	1,091	36,648	135,912	173,651	6,458	534		180.643
Telephone	11,236	56,573	117,323	185,132	11,247	657		197,036
Postage and Shipping	2,873	31,995	8,383	43,251	3,471	433		47 155
Printing and Publications	4,959	17,703	11,482	34,144	40,675	3,771	7	78.590
Local Transportation	17,625	47,653	172,960	238,238	2,923	317		241,478
Conferences and Meetings	10,193	38,558	67,156	115,907	40,965	4,897	4	161,769
Equipment Purchases	6,186	52,693	55,904	114,783	5,836	644		121.263
Equipment Rental	11,922	42,098	42,329	96,349	31,672	1,644	6)	129,665
Equipment Maintenance	6,007	45,009	41,626	92,642	3,939	337		96.918
Insurance	1,407	2,160	19,787	23,354	104,118	164	7	127.636
Membership Dues	15,642	15,478	15,027	46,147	4,440	335		50 922
Uncollectable Accounts	2,181	•	179,902	182,083	53,332		ц,	235.415
Depreciation	35,638	142,409	314,663	492,710	21,415	4.119		518 244
Other Expense	6,905	23,709	32,498	63,112	43,804	1,283		108,199
l otal Expense	\$ 1,644,710	\$ 9,449,365	\$ 13,597,542	\$ 24,691,617	\$ 2,806,689	\$ 240,710	\$ 3,047,399	\$ 27,739,016

(2)

# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSE YEAR ENDED DECEMBER 31, 2013

Employment Action Center 415,069 1,013,090 6,126,155 6,126,155 735,841 148,365 38,586 57,750 30,368	RES( Chemta Aenta 6, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Total Program Services \$ 11,659,331 1,033,938	Management			
Action Center Center Center Cetton Center 1,013,090 1,01	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>a</u> o –	Management		F	- Toto
Center  88	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ω -			Support	All
\$ 4,697,996 415,069 1,013,090 6,126,155 1,659,037 246,562 735,841 148,365 38,586 57,750 30,368		~	and General	Fundraising	Services	Services
2,10	548,280 1,289,349 8,020,476		\$ 1.009.747	\$ 62 617	\$ 1072364	\$ 12 731 695
21.00	1,515,107				94.731	
0 5	8,020,476	2,438,997	214,246	13,303	227.549	2.666.546
	1,515,107	15,132,266	1,313,348	81,296	1,394,644	16,526,910
- ·	1,515,107					
	1	3,190,865	r	893	893	3.191.758
	511,965	958,520	210,928	67,305	278,233	1,236,753
	1,163,818	2,084,835	47,994	3,112	51,106	2,135,941
	227,100	423,323	30,215	1,084	31,299	454.622
	137,416	177,173	8,401	470	8,871	186,044
	111,913	182,566	9,704	1,008	10,712	193,278
	7,901	41,682	5,695	94	5,789	47,471
	9,655	36,983	29,108	4,188	33,296	70,279
	185,792	257,270	3,565	225	3,790	261,060
16,020 35,458	56,460	107,938	49,953	24,675	74,628	182,566
7,517 63,625	63,572	134,714	7,774	233	8,007	142,721
	28,432	57,466	5,561	398	5,959	63,425
4,986 34,796	39,927	79,709	17,331	4,147	21,478	101,187
1,911 10,039	34,734	46,684	78,002	196	78,198	124.882
5,579 11,843	9,132	26,554	12,700	•	12,700	39.254
555	104,913	105,468	,	ı		105,468
74,887 131,798	277,648	484,333	25,386	4,358	29,744	514,077
	38,176	68,768	26,644	1,190	27,834	96.602
1,597,168 \$ 9,455,812 \$	12,544,137	\$ 23,597,117	\$ 1,882,309	\$ 194,872	\$ 2,077,181	\$ 25,674,298

See accompanying Notes to Consolidated Financial Statements

# RESOURCE, INC. AND SUBSIDIARY CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2014 AND 2013

OAOU ELOWO EDOM ODEDATINO ACTIVITICO		2014	201	3 (Restated)
CASH FLOWS FROM OPERATING ACTIVITIES	Φ.	(407.045)	Φ.	405.005
Change in Net Assets Adjustments to Reconcile Change in Net Assets to	\$	(437,015)	\$	465,625
Net Cash Provided (Used) by Operating Activities:				
Acquisition Gain (NOTE 10)		(EO2 207)		
Realized Gain		(593,387)		/G9.4\
Unrealized (Gain) Loss on Sale of Investments		(3,929)		(684)
		(9,857)		662
Loss on Disposal of Property and Equipment Costs on Real Estate Assessments		4.022		1,083
		4,032		8,141
Change in Value of Charitable Remainder Unitrust		(17,153)		(477.044)
Change in Value of Unemployment Trust		35,006		(177,614)
Depreciation		518,244		514,077
Uncollectible Accounts		235,415		105,468
(Increase) Decrease in Current Assets:				
Accounts Receivable	(	1,836,753)		(126,140)
Pledges Receivable		115,474		(72,958)
Prepaid Expense		(110,902)		16,189
Increase (Decrease) in Current Liabilities:				
Accounts Payable		409,962		226,283
Accrued Expenses		62,508		166,073
Refundable Advances		(38,392)		(75,668)
Deferred Revenue		(301,347)		83,779
Funds Held for Others				(4,053)
Net Cash Provided (Used) by Operating Activities	(	1,962,874)	<u>,                                      </u>	1,144,479
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of Property and Equipment		(204,380)		(631,796)
Purchase of Investments		(208,750)		(121,050)
Proceeds from Sale of Investments		249,293		43,114
Net Cash Used by Investing Activities		(163,837)		(709,732)
CASH FLOWS FROM FINANCING ACTIVITIES				
Principal Payments on Capital Leases Payable		(37,770)		(30,594)
Principal Payments on Notes Payable		(166,254)		(159,312)
Net Cash Used by Financing Activities		(204,024)		(189,906)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(2	2,330,735)		244,841
Cash and Cash Equivalents - Beginning	2	2,671,005	<del></del>	2,426,164
CASH AND CASH EQUIVALENTS - ENDING	\$	340,270	\$	2,671,005
SUPPLEMENTAL INFORMATION				
Cash Paid for Interest	\$	180,643	\$	186,044
In-Kind Contributions of Services	\$	192,441	\$	142,466
Capital Lease for Purchase of Property and Equipment	\$		\$	113,578

# NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Organizational Purpose

RESOURCE, Inc. (the Organization) is a nonprofit organization whose mission is to empower people to achieve greater personal, social and economic success. The Organization offers a variety of services through its divisions:

<u>Minnesota Resource Center</u> – Provides employer-driven career training programs and job placement services for people with disabilities or other barriers to employment.

<u>Employment Action Center</u> – Provides employment services, education and family-support services to low-income adults, youth, and families to ensure economic success, academic achievement, and family stability.

<u>RESOURCE Chemical and Mental Health</u> – Supports men, women and families in recovery through integrated, trauma-informed care-access, treatment, recovery support and care coordination-to help them achieve wellness and life-long recovery.

As described in Note 10, the Organization acquired Help Enable Alcoholics/Addicts Receive Treatment, Inc. (HEART, Inc.) during the year ended December 31, 2014 whose focus is to support people with chemical dependency struggling with financial hardships. This Organization is considered part of the RESOURCE Chemical and Mental Health.

### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of RESOURCE, Inc. and HEART, Inc. All significant intercompany balances and transactions have been eliminated.

# **Financial Statement Presentation**

Net assets and revenues, gains, and losses are classified based on donor imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

<u>Unrestricted</u> – Resources over which the board of directors has discretionary control. Designated amounts represent amounts which the board has set aside for a particular purpose.

<u>Temporarily Restricted</u> – Those resources subject to donor imposed restrictions which will be satisfied by actions of the Organization or passage of time.

<u>Permanently Restricted</u> – This classification includes net assets that have been restricted by donors that stipulate the resources be maintained permanently by the Organization.

# NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

# Cash and Cash Equivalents

For purposes of the statements of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

### **Accounts Receivable**

Accounts receivable are stated at net realizable value. The Organization provides an allowance for bad debts using the allowance method, which is based on management judgment considering historical information. Payment is required 30 days after receipt of the invoice. Accounts past due are individually analyzed for collectability. An allowance is provided for accounts when a significant pattern of uncollectability has occurred. When all collection efforts have been exhausted, the accounts are written off against the related allowance.

# Promises-to-Give (Pledges Receivable)

Unconditional promises-to-give are recognized in the period the promises are made. Conditional promises-to-give are recognized when the conditions on which they depend are substantially met, that is, when the conditional promise becomes unconditional. Pledges receivable at December 31, 2014 are expected to be received through 2020.

### Investments

Investments are stated at fair value. Realized and unrealized gains and losses are reflected in the statement of activities. At times, the investment portfolio may be invested in cash equivalents.

### **Property and Equipment**

All major expenditures for property and equipment that are over \$5,000 are capitalized at cost. Contributed items are recorded at fair market value at date of donation. Depreciation, which includes the amortization of assets recorded under capital leases, is provided through the use of the straight-line method over the estimated useful lives.

# **Charitable Remainder Unitrust**

HEART, Inc. is part of a Trust Agreement for which they are the beneficiary upon the death of the owner of the Trust Estate.

### **Unemployment Trust**

The Organization has an unemployment trust agreement for which they make contributions These contributions cover future claims from former employees.

# NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

# **Asset Retirement Obligations**

The Organization owns buildings that contain asbestos floor tiles. At this time, the Organization has no plans to renovate or demolish these buildings. In accordance with standards relating to *Accounting for Conditional Asset Retirement Obligations*, the Organization accrued a liability for the fair value of future costs to remediate environmental hazards related to certain property. The Organization uses a future value rate assumption of 5% and discounted the estimate to present value using a risk-free rate of return of 3%. The potential environmental remediation liability is reported on the statement of financial position as an asset retirement obligation in the amount of \$109,619 and \$104,399 at December 31, 2014 and 2013, respectively.

# **Government Contracts**

Government grants and contract funds are recorded as revenue when earned. Revenue is earned when eligible expenditures, as defined in each contract, are made. Funds received but not yet earned are shown as refundable advances. Expenditures under government contracts are subject to review by the granting authority. To the extent, if any, that such a review reduces expenditures allowable under these contracts, the Organization will record such disallowance at the time the final assessment is made.

# **Contributions**

Contributions are recorded as support in the period received. If donor-imposed restrictions accompany the contribution, the amount is recorded as temporarily or permanently restricted until the donor-imposed restrictions expire or are fulfilled. Temporarily restricted net assets are reclassified to unrestricted in the period donor-imposed restrictions expire or are fulfilled and are reported in the statements of activities and changes in net assets under the support and revenue category - net assets released from restrictions.

# **In-Kind Contributions**

Contributions of donated noncash assets are recorded at their fair values in the period received. Contribution of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period receive. The contributions presented on the accompanying statements of activities and changes in net assets include contributed materials and services valued at \$192,441 and \$142,466 for the years ended December 31, 2014 and 2013, respectively.

# **Functional Allocation of Expense**

Salaries and related expenses are allocated based on time spent and program assignments. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on time and occupancy percentages.

# NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### **Risks and Uncertainties**

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses.

# **Federal Income Taxes**

The Organization is classified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, is not subject to federal income taxes. As such, it is subject to federal and state income taxes on net unrelated business income. The Organization currently has no unrelated business income.

The Organization follows the accounting standards for contingencies in evaluating uncertain tax positions and files as a tax-exempt organization. Should that status be challenged in the future, all years since inception could be subject to review by the Internal Revenue Service (IRS).

# Fair Value Measurements

The Organization has categorized its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

Financial assets and liabilities recorded on the Statements of Financial Position are categorized based on the inputs to the valuation techniques as follows:

Level 1 — Financial assets and liabilities are valued using inputs that are unadjusted quoted prices in active markets accessible at the measurement date of identical financial assets and liabilities. The inputs include those traded on an active exchange, such as the New York Stock Exchange, as well as U.S. Treasury and other U.S. government and agency mortgage-backed securities that are traded by dealers or brokers in active over the-counter markets.

Level 2 – Financial assets and liabilities are valued using inputs quoted prices for similar assets, or inputs that are observable, either directly or indirectly for substantially the full term through corroboration with observable market data. Level 2 includes private collateralized mortgage obligations, municipal bonds, and corporate debt securities.

Level 3 – Financial assets and liabilities are valued using pricing inputs which are unobservable for the asset, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset. Level 3 includes private equity, venture capital, hedge funds and real estate.

### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Fair Value Measurements (Continued)

The following table presents the Organization's fair value hierarchy for those investments, measured at fair value on a recurring basis as of December 31:

		20	)14		
	Level 1	Level 2	Le	vel 3	Total
Money Market	\$ 103,520	\$ -	\$		\$ 103,520
Mutual Funds - Equities	165,622	-		-	165,622
Mutual Funds - Fixed Income	139,868	-		-	139,868
Mutual Funds - Other	 66,776	-		-	66,776
Total	\$ 475,786	\$ -	\$		\$ 475,786
		20	13		
	 Level 1	Level 2	Lev	/el 3	Total
Mutual Funds - Bonds	\$ -	\$ 118,911	\$	-	\$ 118,911

The fair value of a financial instrument is the current amount that would be exchanged between willing parties, other than in a forced liquidation. Fair value is best determined based upon quoted market prices. The carrying amounts for cash, receivables, accounts payable, accrued expenses, and capital lease payable approximate fair value due to the short maturity of these instruments. Long-term lease payable carrying amounts also approximate fair value due to same interest rate that could be obtained. For disclosure purposes, the fair value of notes payable is based on the comparable municipal bond rates. Under this method, the fair value of the Organization's notes payable approximates carrying value.

### **Subsequent Events**

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through June 10, 2015, the date the financial statements were available to be issued.

# NOTE 2 CONCENTRATIONS

### Significant Concentrations of Credit Risk

The Organization provides services primarily within the Twin Cities area. The amounts due for services provided are from individuals, substantially all of which are local residents or their third-party payers. In addition, accounts and pledges receivable are primarily from local residents, governments or institutions.

# Concentrations of Credit Risk Arising from Cash Deposits in Excess of Insured Limits

At various times during 2014 and 2013, the Organization held funds at a local financial institution in excess of federally insured limits.

# NOTE 3 INVESTMENTS

Following is a summary of fair value of investments:

•	 2014	2013
Money Market	\$ 103,520	\$ 
Mutual Funds - Equities	165,622	-
Mutual Funds - Fixed Income	139,868	_
Mutual Funds - Other	66,776	-
Mutual Funds - Bonds	_	118,911
	\$ 475,786	\$ 118,911

# NOTE 4 PROPERTY AND EQUIPMENT

The Organization owns the following as of December 31:

	 2014	 2013	
Land	\$ 411,408	\$ 411,408	
Buildings and Leasehold Improvements	7,509,133	7,485,009	
Equipment and Furniture	2,318,687	2,174,036	
Construction in Progress	50,662	15,027	
Total	 10,289,890	 10,085,480	
Less: Accumulated Depreciation/Amortization	 (5,286,889)	(4,768,615)	
Property and Equipment, Net	\$ 5,003,001	\$ 5,316,865	

Depreciation expense was \$518,244 and \$514,077 for the years ended December 31, 2014 and 2013, respectively.

# NOTE 5 NOTES PAYABLE

Notes payable consists of the following at December 31:

2020

Total

Description		2014		2013		
2010 tax exempt revenue bond issued by Minneapolis Community Development Agency, secured by certain land, buildings, and improvements; payable to Bremer Bank in monthly amounts of \$18,596 including interest of 4.2% fixed until rate re-set in 2015. Last payment and all remaining principal and interest due in 2020.	\$	2,542,810	\$	2,659,480		
2011 note payable, issued through Bremer Bank, secured by certain land, buildings, and improvements; interest was the reference rate 3.25% (which is announced by the bank from time to time) plus one half percent (.5%) until the conversion date which was June 31, 2012; after the conversion date the interest rate is 4.22% fixed for a five year period. The unpaid principal and interest shall be due and payable July 31,						
2017.		1,452,691		1,502,275		
Total		3,995,501	-	4,161,755		
Less: Portion Due Within One Year		(176,215)		(168,980)		
Long-Term Portion		3,819,286	\$	3,992,775		
Principal payments required are as follows:						
Year Ending December 31, 2015 2016 2017 2018 2019	\$	Amount 176,215 183,760 1,463,605 134,365 140,117				

Subsequent to year end, the Organization entered into a new debt with Bremer Bank in the amount of \$289,000. This debt is expected to mature July 31, 2017.

1,897,439

3,995,501

# NOTE 6 LEASED FACILITIES AND EQUIPMENT

Rental commitments under noncancelable leases for building and equipment in effect at December 31, 2014 total \$2,586,261. The future annual rental commitments are as follows:

Year Ending December 31,	Building	Equipment		Total		
2015	\$ 831,817	\$	59,426	\$	891,243	
2016	746,213		53,842		800,055	
2017	459,736		41,805		501,541	
2018	346,490		20,944		367,434	
2019	6,855		17,375		24,230	
Thereafter	-		1,758		1,758	
Total	\$ 2,391,111	\$	195,150	\$	2,586,261	

The rental expense for the years ended December 31, 2014 and 2013 was \$1,532,557 and \$1,526,289, respectively.

# NOTE 7 CAPITAL LEASES

The Organization leases certain office equipment under noncancelable leases which expires on April 1, 2016. The leases are capitalized and secured by equipment in the amount of \$96,654 at December 31, 2014 and 2013, less accumulated depreciation of \$35,440 and \$16,109 at December 31, 2014 and 2013, respectively. The future payments on the new lease are as follows:

Year Ending December 31,	<i>F</i>	Amount	
2015	\$	38,194	
2016		7,357	
Total Payments		45,551	
Less: Interest Expense		337	
Amounts Representing Principal		45,214	
Less: Current portion		37,769	
Long-Term Portion	\$	7,445	

Amortization expense of \$19,331and \$16,109 is included in depreciation expense for the years ended December 31, 2014 and 2013, respectively.

# NOTE 8 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of amounts for the following programs at December 31:

	2014	2013
Employment Action Center - General	\$ 100	\$ 20,638
Employment Action Center - Operations	8,124	8,245
Young Dads	54,211	7,661
First Opportunity	4,638	11,371
Bright Futures	11,427	15,423
Women in Transition	7,062	93,642
Women Achieving New Directions	105,407	182,082
Older Worker Financial Security	-	4,917
Sectorial Employment Initiative	134,177	45,110
Welfare to Work	-	34,150
Neighborhood House Collaborative	47,513	210,330
Minnesota Resource Center	8,017	8,017
St. Cloud	47,697	3,898
Spectrum Community Mental Health - General	4,759	4,243
Spectrum Artworks	400	400
Wellness for Life	-	84,459
Recovery Resource Center - General	-	7,484
Recovery Resource Center - Housing	-	42,250
Women's Housing Partnership		17,722
Building Resilient Families	-	45,000
Capacity Building	6,500	-
Achieving Dreams	52,728	75,586
Charitable Remainder Unitrust	226,109	
Total	\$ 718,869	\$ 922,628

# NOTE 8 TEMPORARILY RESTRICTED NET ASSETS (CONTINUED)

Temporarily restricted net assets released from restriction related to the following programs for the years ended December 31:

	2014	2013
Employment Action Center - General	\$ 20,53	8 \$ 8,954
Employment Action Center - Operations	12	1 444
Young Dads	69,39	0 78,448
New Chance		- 989
First Opportunity	22,73	2 30,907
Bright Futures	36,99	6 8,688
Women in Transition	86,58	0 212
Older Worker Financial Security	4,91	7 50,881
Sectorial Employment Initiative	60,93	3 69,813
Women Achieving New Directions	159,61	5 45,552
Neighborhood House Collaborative	137,81	7 49,670
Career Strategies		- 1,233
Welfare to Work	34,15	18,796
Jobs for Vets		- 961
Minnesota Resource Center		- 2,029
Training Services		- 51,101
St. Cloud	76,20	70,998
Wellness for Life	89,45	9 65,541
Spectrum Community Mental Health - General	51	4,452
Women's Housing Partnership	17,72	22,793
Spectrum Artworks		- 6,227
Charaka CSP		- 400
Recovery Resource Center - General	7,49	542
Recovery Resource Center - Housing	42,250	50,000
United Way MARFU		- 9,085
Building Resilient Families	57,500	10,000
Capacity Building		- 11,302
Achieving Dreams	500	
Total	\$ 925,43	\$ 695,750

### NOTE 9 EMPLOYEE RETIREMENT PLAN

The Organization maintains a 401(k) retirement plan for employees. Employees are allowed to make voluntary contributions immediately after six months of employment. The Organization matches employee contributions up to 2% of compensation for employees who have completed 1,000 or more hours of services. The Organization pays a discretionary contribution for employees who have completed 1,000 or more hours of service and were employed at the end of the year. The total expense for years ended December 31, 2014 and 2013 was \$359,940 and \$460,331, respectively.

# NOTE 10 ASSET TRANSFER ACQUISITION

Effective May 22, 2014, RESOURCE, Inc. acquired another nonprofit organization, HEART, Inc. This acquisition resulted in a gain to RESOURCE, Inc. in the amount of \$593,387. This amount represented the net gain when acquiring all assets and liabilities of HEART, Inc. Included below is a table of the assets and liabilities that were acquired as part of this transaction:

	Unrestricted		Temporarily Restricted		Total	
Cash	\$	6,044	\$	-	\$	6,044
Prepaid Expenses		799		-		799
Investments		386,059		-		386,059
Charitable Remainder Unitrust		-		208,956		208,956
Total Assets	\$	392,902	\$	208,956	\$	601,858
Accounts Payable	\$	3,491	\$	-	\$	3,491
Accrued Expenses		4,980		_		4,980
Total Liabilities	\$	8,471	\$	-	\$	8,471
Net Acquisition Gain	_\$	384,431	\$	208,956	_\$	593,387

### NOTE 11 RESTATEMENT

The December 31, 2013 consolidated financial statements were restated to properly record an unemployment trust that the Organization had in existence for a number of years but had not properly recorded as a prepaid asset. The correction of the 2013 financial statements resulted in an increase in assets of \$516,727, an increase in change of unrestricted net assets of \$177,614, an increase in beginning unrestricted net assets of \$339,113 and an increase in ending unrestricted net assets of \$516,727.