

SCHECHTER
DOKKEN
KANTER
CERTIFIED PUBLIC ACCOUNTANTS • ADVISORS

RESOURCE CENTER OF THE AMERICAS
3019 MINNEHAHA AVE, SUITE 20
MINNEAPOLIS, MN 55406

DEAR JASON,

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2009 for:

RESOURCE CENTER OF THE AMERICAS as follows...

2009 990EZ - Short Form - Organization Exempt from Income Tax
2009 Schedule A - Public Charity Status and Public Support
2009 Schedule B - Schedule of Contributors

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The enclosed returns were prepared primarily from data and information which you submitted. You should review the returns to ensure that there are no omissions or misstatements.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990EZ must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Sincerely,

CHARLES SELCER CPA
SCHECHTER DOKKEN KANTER
ANDREWS & SELCER, LTD

Schechter Dokken Kanter Andrews & Selcer Ltd
100 Washington Avenue South • Suite 1600 • Minneapolis, Minnesota 55401-2192
www.sdkcpa.com • 612.332.5500 • Fax 612.332.1529

Instructions for filing
RESOURCE CENTER OF THE AMERICAS
Form 990EZ - Exempt Organization
for the period ended December 31, 2009

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before July 15, 2010 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

If the return is not mailed in sufficient time to reach its destination on or before the filing date, we suggest that it be mailed by either registered or certified mail with the sender's receipt postmarked to prove mailing before the due date.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

NOTICE

The U.S. Postal Service has changed its mail collection procedures to increase security of commercial airlines carrying mail. All packages, domestic and international weighing 13 ounces or more and bearing stamps must be brought to a post office for entry with the retail clerks. Please be advised that packages found in collection boxes will be returned to the sender if the addressee is outside the local area identified for overnight first-class mail.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RESOURCE CENTER OF THE AMERICAS	Employer identification number 41-1505455
	Number, street, and room or suite no. If a P.O. box, see instructions. 3019 MINNEHAHA AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55406	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► JASON STONE

Telephone No. ► 612 276-0788 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>RESOURCE CENTER OF THE AMERICAS</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p>3019 MINNEHAHA AVENUE 20</p> <p>City or town, state or country, and ZIP + 4</p> <p>MINNEAPOLIS, MN 55406</p>	<p>D Employer identification number</p> <p>41-1505455</p> <p>E Telephone number</p> <p>(612) 276-0788</p> <p>F Group Exemption Number . . . ▶</p>
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.AMERICAS.ORG

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

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

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 117,469.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	27,974.
	2	Program service revenue including government fees and contracts	2	56,366.
	3	Membership dues and assessments	3	6,995.
	4	Investment income ATCH 2	4	5,389.
	5 a	Gross amount from sale of assets other than inventory 5a		
	5 b	Less: cost or other basis and sales expenses 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here . . . ▶ <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1) 6a		
6 b	Less: direct expenses other than fundraising expenses 6b			
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c			
7 a	Gross sales of inventory, less returns and allowances 7a			
7 b	Less: cost of goods sold 7b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶ _____ ATCH 3)	8	20,745.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	117,469.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	90,463.
	13	Professional fees and other payments to independent contractors	13	4,313.
	14	Occupancy, rent, utilities, and maintenance	14	11,293.
	15	Printing, publications, postage, and shipping	15	482.
	16	Other expenses (describe ▶ _____ ATCH 4)	16	55,264.
17	Total expenses. Add lines 10 through 16 ▶	17	161,815.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-44,346.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	287,866.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	243,520.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	ATCH 5		304,338.	22 226,746.
23	Land and buildings			2,178.	23 1,695.
24	Other assets (describe ▶ _____ ATCH 6)			8,044.	24 15,079.
25	Total assets			314,560.	25 243,520.
26	Total liabilities (describe ▶ _____ ATCH 7)			26,694.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			287,866.	27 243,520.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MN,		
42 a	The organization's books are in care of ▶ JASON STONE Telephone no. ▶ 612-276-0788 Located at ▶ 3019 MINNEHAHA AVENUE SUITE 20 MINNEAPOLIS, MN ZIP + 4 ▶ 55406		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign county: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **NONE**

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

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

d Total number of other independent contractors receiving over \$100,000 **NONE**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JASON STONE** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SCHECHTER DOKKEN KANTER CPA'S** EIN: _____
100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401-2192 Phone no.: **612-332-5500**

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization RESOURCE CENTER OF THE AMERICAS	Employer identification number 41-1505455
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	627,452.	420,515.	208,790.	19,302.	34,969.	1,311,028.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	627,452.	420,515.	208,790.	19,302.	34,969.	1,311,028.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),						
6 Public support. Subtract line 5 from line 4.						1,311,028.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	627,452.	420,515.	208,790.	19,302.	34,969.	1,311,028.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3,363.	5,389.	8,752.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	194,625.	185,933.	21,837.	26,503.	77,111.	506,009.
11 Total support. Add lines 7 through 10						1,825,789.
12 Gross receipts from related activities, etc. (see instructions)					12	1,261,444.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	71.81 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	75.17 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	194,625.	185,933.	21,837.	26,503.	77,111.	506,009.
TOTALS	<u>194,625.</u>	<u>185,933.</u>	<u>21,837.</u>	<u>26,503.</u>	<u>77,111.</u>	<u>506,009.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization RESOURCE CENTER OF THE AMERICAS	Employer identification number 41-1505455
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RESOURCE CENTER OF THE AMERICAS	Employer identification number 41-1505455
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMUNITY SHARES OF MINNESOTA 1619 DAYTON AVENUE #323 ST PAUL, MN 55104	\$ 6,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990EZ - GENERAL EXPLANATION ATTACHMENT

PUBLIC AVAILABILITY

YEAR END FINANCE AND TAX REPORTING ARE POSTED ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	5,389.
TOTAL	<u>5,389.</u>

FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME	20,472.
BOOK SALES	273.
TOTALS	<u>20,745.</u>

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	5,030.
TRAVEL	219.
DEPRECIATION	483.
IT - SUPPORT SERVICES	1,529.
HONORARIA	1,330.
INTERNET SERVICES/E-MAIL	1,500.
GOVERNMENT FILINGS	525.
TRAINING AND STAFF DEVELOPMENT	289.
PAYROLL PROCESSING	659.
CONTRACT SERVICES	32,120.
MEMBERSHIPS	125.
PERMIT RENEWAL	180.
MISCELLANEOUS	2,727.
ADVERTISING/MARKETING	3,871.
EVENTS/GALA	4,677.
TOTAL	<u>55,264.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	28,757.	
SAVINGS	275,581.	226,746.
TOTALS	<u>304,338.</u>	<u>226,746.</u>

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	99.	3,150.
PREPAID EXPENSES OR DEFERRED CHARGES	5,929.	6,929.
LOAN RECEIVABLE		5,000.
DAMAGE DEPOSIT	1,000.	
RESERVE FOR BAD DEBTS	1,016.	
TOTALS	<u>8,044.</u>	<u>15,079.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>
ACCOUNTS PAYABLE	17,500.
CAPITAL LEASE OBLIGATION	-528.
ACCRUED INTEREST PAYABLE	9,509.
SALES TAX PAYABLE	213.
TOTALS	<u>26,694.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE RESOURCE CENTER OF THE AMERICAS PRIMARY PURPOSE IS EDUCATIONAL. SPECIFICALLY, IT DEVELOPS AND IMPLEMENTS EDUCATIONAL PROGRAMS ON THE PEOPLE AND COUNTRIES OF THE AMERICAS, ESPECIALLY IN LATIN-AMERICA, AND THE HUMAN RIGHTS IMPACT OF GLOBALIZATION. 2009 WAS OUR FIRST FULL YEAR OF OPERATION SINCE RE-OPENING IN JULY, 2008. OUR ACHIEVEMENTS FOR THE YEAR ARE CHARACTERIZED OVERALL AS CREATING VALUED COMMUNITY PROGRAMMING, ATTRACTING OVER 200 CLASS AND EVENT PARTICIPANTS EACH WEEK, WHILE REALIZING FOR THE FIRST TIME 60% FINANCIAL SELF-SUFFICIENCY.

PROGRAM ACCOMPLISHMENTS

LANGUAGE AND MULTICULTURAL EDUCATION - DURING 2009 THE RESOURCE CENTER CONTINUED PROVIDING SPANISH LANGUAGE CLASSES, HIRING TEACHERS AND INITIATING CURRICULUM ENHANCEMENT. SPANISH CLASSES WERE THE MAIN REVENUE DRIVER OTHER THAN CONTRIBUTIONS RECEIVED.

LATINO VOICES - HELD 8 LATINO VOICES PRESENTATIONS WITH COMMUNITY AND FAITH ORGANIZATIONS, COMBINING PERSONAL STORIES OF LATINOS AND LATINO IMMIGRANT SPEAKERS WITH FACTS TO HELP INDIVIDUALS BETTER UNDERSTAND THE COMPLEX ISSUES SURROUNDING IMMIGRATION. MET WITH AN ESTIMATED 250 INDIVIDUALS IN THE TWIN CITIES AND GREATER MINNESOTA, INCLUDING MINNEAPOLIS, ST. PAUL, WAYZATA, WOODBURY, CIRCLE PINES, HOPKINS, AUSTIN, ALBERT LEA, AND DULUTH.

SPANISH AND TOPICAL CLASSES - GREATER THAN 300 STUDENT REGISTRATIONS IN CLASSES. DEVELOPED AND OFFERED 2 SPANISH CONVERSATION CLASSES WITH A TOTAL OF 20 STUDENTS FOCUSING ON LATIN-AMERICAN LITERATURE, FILM, ARTS AND HUMAN RIGHTS. DEVELOPED AND OFFERED 2 CLASSES WITH A TOTAL OF 15 STUDENTS FOCUSING ON LATINO IMMIGRATION AND PUBLIC POLICY ISSUES. UPDATED SPANISH LANGUAGE CURRICULUM TO FURTHER STRESS VERBAL LANGUAGE ACQUISITION IN CLASS, WRITTEN HOMEWORK WITH STUDENT SELF-CORRECTION.

INTERCAMBIOS - HELD 43 INTERCAMBIOS WITH 421 PARTICIPANTS

NEWS & EVENTS - PUBLISHED 50 WEEKLY EVENT UPDATES FOR A 4,000 MEMBER DISTRIBUTION LIST.

COFFEE HOURS - HELD 30 COFFEE HOURS WITH 509 ATTENDEES

MOVIE NIGHTS - HELD 8 MOVIE NIGHTS WITH 159 ATTENDEES

EVENTS - HELD A 25TH ANNIVERSARY GALA CELEBRATION WITH 150 GUESTS.

ADMINISTRATIVE ACCOMPLISHMENTS

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FINANCIAL - SELF-FUNDED APPROXIMATELY 60% OF BUDGET (EARNED INCOME AND PRIVATE DONATIONS). ROUGHLY DOUBLED DONATION INCOME 2008 TO 2009

DIVERSITY - ACHIEVED BOARD AND STAFF DIVERSITY GOALS, STRIVING TO MORE CLOSELY REFLECT OUR AREA OF SERVICE. ESTABLISHED AN EXPLICIT GOAL FOR OUR BOARD OF DIRECTORS TO CONSIST OF 50%+ LATINO COMMUNITY MEMBERS

PROGRAM SERVICE ACCOMPLISHMENT 1

~~INTERCAMBIOS: CONTINUED THE INTERCAMBIOS LANGUAGE EXCHANGE PRO.
COFFEE HOURS: HELD SEVERAL COFFEE HOURS WITH APPROXIMATELY 300
PARTICIPANTS ON SUBJECTS RANGING FROM PRESIDENTIAL ELECTIONS
SALVADOR TO THE HUMAN IMPACTS OF IMMIGRATION RAIDS IN POSTVILLE,
IOWA.~~

Struck in
submitted
return

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
MARK ANDERSON 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
CHRIS ENGEN 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
JOHN FLORY 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
LORI HANSEN 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
SARAH HUMPAGE 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	CHAIR 1.00	0.	0.	0.
JACKIE MOSIO 3019 MINNEHAHA AVENUE	BOARD MEMBER 1.00	0.	0.	0.

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
20 MINNEAPOLIS, MN 55406				
MEREDITH SOMMERS 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
RICH BERGERON 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.
STEPHANIE BATES 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	PROGRAM COORDINATOR 40.00	0.	0.	0.
FELIPE ILLESCAS 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	VICE-CHAIR 1.00	0.	0.	0.
EDUARDO JURADO 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	BOARD MEMBER 1.00	0.	0.	0.

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
JOY NELSON 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	SECRETARY 1.00	0.	0.	0.
JASON STONE 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
ERIKA BUSSE 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	1.00	0.	0.	0.
EVA BENAVIDEZ 3019 MINNEHAHA AVENUE 20 MINNEAPOLIS, MN 55406	1.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>

