

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: NELSON RESOURCE CENTER
Number and street (or P. O. box, if mail is not delivered to street address): 469 S Washington St
Room/suite
Ripley, TN38063 City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

81-3311308

E Telephone number

(901) 338-3853

F Group Exemption Number

G Accounting Method: Cash [checked] Accrual Other (specify)

I Website: www.nelsonresource.com

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

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

K Form of organization: Corporation [checked] Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 36,432

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

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

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 36,432 and total expenses is 36,792.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	1,200	22 840
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O).	0	24 0
25 Total assets.	1,200	25 840
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,200	27 840

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

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

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

What is the organization's primary exempt purpose? Educational services and activities/literacy
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Premier Kids Arts Academy - Our after school program is designed as a followup to our Summer program. It serves students in grades K-8 and provides accountability throughout the school year for students to achieve and remain on task during the school year. Our goal is to ignite a passion for reading and learning and equip students with the tools that they need to become leaders of their own learning experience. Through our program, students also spend additional time after school workign on a skill. We offer access to a computer lab and a recording studio where students can work on music projects and PSAs. Students also receive homework assistance and tutoring to ensure they stay on task with school assignments.
(Grants \$ 3,000) If this amount includes foreign grants, check here

28a 5,500

29 Summer Enrichment Camp - The annual camp is for students in grades K-8 and is designed to foster accelerated programs for students during the offset months of summer break. The camp offers an advantage point to students because it equips them with the necessary skills and confidence to successfully apply their newfound achievements as they transition to the next grade level. Camp provides engaging enrichment activities, as well as arts & crafts, leisurely activities, and field trips to keep students engaged and active during their time at camp. Our educators utilize resources in developing reading and math lesson plans which are geared toward strengthening student vocabulary skills, as well as incorporating effective techniques which will help improve their reading fluency. This year we had over 40 students to participate in the Summer Enrichment Camp program
(Grants \$ 0) If this amount includes foreign grants, check here

29a 6,200

30 Career Readiness Training - 36 The Career Readiness Training Program is designed to help the adult learners gain literacy skills, obtain the knowledge and skills necessary for employment and self sufficiency, and prepare adults for a smooth transition to postsecondary careers. Participants work to complete modules, assimilations, and writing pieces until they become proficient in each area. The program is designed to assist the population of residents in Lauderdale County who either do not hold a High School Diploma/GED, who are unemployed, or other adults in the area who are interested in attaining higher levels of education and career advancement. Upon completion of the program, we expect participants who enroll for GED assistance to pass and receive their diploma. We expect those who already have a diploma to have an increase in literacy and employability skills. This year, there were 36 participants who completed the program.
(Grants \$ 10,000) If this amount includes foreign grants, check here

30a 21,430

Youth Leadership & Health Council - Our youth leadership and health council is a program for high school students that provides leadership training and learning opportunities. It is designed for these students to learn character development and gain experience in community developement. Students participate in the annual TN Strong Conference where they learn about how to advocate for non-tobacco use and healthy living in their community. We also partner with the health department and other organizations on projects like keeping the parks clean, college visits, and career training. This year there were 20 participants in the program.
(Grants \$ 0) If this amount includes foreign grants, check here

31a 1,700

32 Total program service expenses (add lines 28a through 31a) **32** 34,830

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Johnny Nelson Executive Director	30	0	0	0
Katie Howard Secretary	10	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O				
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No		
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		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <table border="1" style="display: inline-table;"><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <table border="1" style="display: inline-table;"><tr><td>38b</td><td></td></tr></table>	38b			
38b					
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9 <table border="1" style="display: inline-table;"><tr><td>39a</td><td></td></tr></table>	39a			
39a					
b	Gross receipts, included on line 9, for public use of club facilities <table border="1" style="display: inline-table;"><tr><td>39b</td><td></td></tr></table>	39b			
39b					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No		
41	List the states with which a copy of this return is filed. ▶				
42a	The organization's books are in care of ▶ <u>Katie Howard</u> Telephone no. ▶ <u>(901) 338-3853</u> Located at ▶ <u>469 S Washington St</u> <u>Ripley, TN</u> ZIP + 4 ▶ <u>38063</u>				
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)?	Yes	No		
	If "Yes," enter the name of the foreign country: ▶ <u></u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u></u>		No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table border="1" style="display: inline-table;"><tr><td>43</td><td></td></tr></table>	43			
43					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No		
c	Did the organization receive any payments for indoor tanning services during the year?		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No		

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

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

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

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		No

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

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

f Total number of other employees paid over \$100,000 ▶ 0

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here	Signature of officer	Date
	Johnny Nelson Executive Director	2020-08-06

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

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

Additional Data

Software ID:

Software Version:

EIN: 81-3311308

Name: NELSON RESOURCE CENTER

Form 990-EZ, Special Condition Description:

Special Condition Description