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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

Prepared for	
	NEIGHBOR TO NEIGHBOR, INC. 248 EAST PUTNAM AVENUE GREENWICH, CT 06830-4882
Prepared by	WALTER J. MCKEEVER & COMPANY, LLC P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\underline{JUL}1$, 2018, and ending $\underline{JUN}30$, 20 $\underline{19}$

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

06 - 6071605

NEIGHBOR TO NEIGHBOR, INC.

Name and title of officer KIM CANTWELL TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,678,596.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize WALTER J. MCKEEVER & COMPANY, I ERO firm name	LC to enter my PIN 03751 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed ret is being filed with a state agency(ies) regulating charities as part of the IRs enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on th indicated within this return that a copy of the return is being filed with a st program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶	S Fed/State program, I also authorize the aforementioned ERO to e organization's tax year 2018 electronically filed return. If I have
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	06574703751 Do not enter all zeros electronically filed return for the organization indicated above. I
confirm that I am submitting this return in accordance with the requirements of Pub <i>e-file</i> Providers for Business Returns.	
ERO's signature 🕨	Date ►
ERO Must Retain This Form - Do Not Submit This Form to the IRS U	
LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18	Form 8879-EO (2018)

			EXTENDED TO MAY 15, 2	2020		
	Ο	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		
		of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and ar year, or tax year beginning JUL 1, 2018 and e		UN 30, 2019	Inspection
	heck if		f organization		D Employer identifie	cation number
a	pplicab	le:				
	Addre		HBOR TO NEIGHBOR, INC.			
	Name chang Initial	ge Doing bi	usiness as			071605
	_return	Number		Room/suite		r 622-9208
	lreturr termi	n–	EAST PUTNAM AVENUE		G Gross receipts \$	3,868,454.
	ated Amer returr	ded CDTT	own, state or province, country, and ZIP or foreign postal code NWICH, CT 06830-4882		H(a) Is this a group re	
	Appli 		nd address of principal officer:KIM CANTWELL		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	
		empt status:		or 527		list. (see instructions)
			NTNGREENWICH.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 1948	State of legal domicile: CT
Pa	irt I		NETCL		NETCUDOD	
ce	1	Briefly describ	e the organization's mission or most significant activities: NEIGE ES OF RESIDENTS IN NEED THROUGHOUT	IBOR I P THE	CREENWICH A	REA AND
Activities & Governance	2		$x \triangleright$ if the organization discontinued its operations or dispos			
ver	3		•		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	19
ğ	4		lependent voting members of the governing body (Part VI, line 1b)			19
8 8	5		of individuals employed in calendar year 2018 (Part V, line 2a)			9
vitie	6		of volunteers (estimate if necessary)			250
Cti	7a		d business revenue from Part VIII, column (C), line 12			0.
_			business taxable income from Form 990-T, line 38			0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		2,423,827.	2,633,646.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		36,608.	55,471.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,605. 2,455,830.	-10,521.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,455,850.	2,678,596.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	-	to or for members (Part IX, column (A), line 4)		344,062.	378,225.
ses	15	Brofossional fr	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	h h	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 79,84	12.		
ы	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,919,485.	2,105,040.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,263,547.	2,483,265.
	19		expenses. Subtract line 18 from line 12		192,283.	195,331.
or ces			_ •		ginning of Current Year	End of Year
sets alanu	20	Total assets (F	Part X, line 16)		2,953,502.	3,192,026.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)		11,264.	33,053.
			fund balances. Subtract line 21 from line 20		2,942,238.	3,158,973.
	nrt II	5				
			I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	

Sign Here	Signature of officer KIM CANTWELL, TREASURE Type or print name and title	R		Date		
Paid	Print/Type preparer's name DENISE C. DORIA	Preparer's signature	Date	Check X PTIN if self-employed P01283182		
Preparer	Firm's name 🕒 WALTER J. MCKEEV	ER & COMPANY, LLC		Firm's EIN 06-1253566		
Use Only	Use Only Firm's address P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831 Phone no. (203)6228625					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
832001 12-3	332001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		R TO NEIGHBOR		06-6071605 Page
Par	t III Statement of Program Ser	-		
	Check if Schedule O contains a res		in this Part III	L
1	Briefly describe the organization's mission NEIGHBOR TO NEIGHBOR		LIVES OF RESIDE	NTS IN NEED
	THROUGHOUT THE GREENW			
	CREATING ACCESS TO FO			G ESSENTIALS IN AN
	ATMOSPHERE OF KINDNES			
2	Did the organization undertake any signifi	icant program services di	uring the year which were not list	ed on the Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on \$			Yes A No
3	Did the organization cease conducting, or		es in how it conducts, any progra	m services?
-	If "Yes," describe these changes on Sche			
4	Describe the organization's program servi	ice accomplishments for	each of its three largest program	services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organization		t the amount of grants and alloca	tions to others, the total expenses, and
4-	revenue, if any, for each program service	reported.) (Revenue \$ 0.
4a) (Revenue \$ U. ORGANIZATION'S PRIMARY
				S WORTH OF FOOD TO
				F CLIENTS BY PROVIDING
	FRESH FRUITS AND VEGE			
	SUPPLIES: SUPPLEMENT			UP CLOTHING AND FOOD
	TO FILL OUR FOOD PANT			
				•
	IN ORDER FOR THE ORGA			
	\$1,882,599 OF IN-KIND			
	(\$1,170,468 CLOTHING		, \$675,548 FOOD,	\$50 GRAPHICS &
41-	\$36,533 RENT/OCCUPANC) (Bevenue \$
4b	(Code:) (Expenses \$	including g	grants of \$) (Revenue \$
4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$
4d	Other program services (Describe in Sche	,		۱. ۱
4e	(Expenses \$ Total program service expenses ►	including grants of \$ 2,294,023	(Revenue \$	
		,		Form 990 (2018
32002	2 12-31-18		•	
<u> </u>			2	
60	226 758707 3751	2018.0500	50 NEIGHBOR TO NE	EIGHBOR, INC. 37511

Form 990 (2018)

NEIGHBOR TO NEIGHBOR, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	- 23	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
• -	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	0000	X
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 Form 990 (2018)
 NEIGHBOR TO NEIGHBOR, INC.

 Part IV
 Checklist of Required Schedules (continued)

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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If</i> "Yes,"	26		x
27	<i>complete Schedule L, Part II</i> 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 of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	26 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
4	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	34		x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
57	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V

018) NEIGHBOR TO NEIGHBOR INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 11
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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 contract?	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 Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.	0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	n res, completer of the 4720, confedule O.			

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NEIGHBOR TO NEIGHBOR, INC.

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				
Sec	tion A. Governing Body and Management				_
		1 1 .		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing				L
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				I
b	Enter the number of voting members included in line 1a, above, who are independent		19		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any other			I
	officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or under	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?			
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				Ι
	more members of the governing body?		. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			Ī
	persons other than the governing body?	·	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				t
	The governing body?		8a	X	l
b	Each committee with authority to act on behalf of the governing body?			X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				1
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
10				x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	by before ming the form	f Ild		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	1
		a to conflicto		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12 b		┨
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If the other states are descented by the state of the states are descented by the states are descented			x	
~	in Schedule O how this was done			X	┨
	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			37	ļ
	The organization's CEO, Executive Director, or top management official			X	4
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			ļ
	taxable entity during the year?		16 a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			l
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 501(c	:)(3)s only) avail	З
	for public inspection. Indicate how you made these available. Check all that apply.				
		in in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy,	and finar	ncial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨			
	NEIGHBOR TO NEIGHBOR, INC 203-622-9208				
	248 EAST PUTNAM AVENUE, GREENWICH, CT 06830-4882				_
2006	5 12-31-18		Forn	1 990	(
	6				
6 O	226 758707 3751 2018.05060 NEIGHBOR TO NE	IGHBOR, INC.	37.	51_	_

(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contra	ctors		

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

Т

(D)

(^)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 (\mathbf{n})

(D)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1/11/13		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	tiona		nploy	st cor yee	L_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIP BURGWEGER	1.00	_			-					
PRESIDENT		X		Х				0.	0.	0.
(2) GAIL GALLAGHER	4.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) ANNE PFETSCH	4.00									
TREASURER		x		x				0.	0.	0.
(4) PAM SPEER	2.00									
SECRETARY		X		X				0.	0.	0.
(5) BOB BRADY	5.00									
BUILDING COMMITTEE		X						0.	0.	0.
(6) ANNE MILLER	2.00									
TREAS, CAP CAMPAIGN; GOVERNANCE		Х						0.	0.	0.
(7) PAMELA KELLY	4.00									
CHAIR, BUILDING COMMITTEE		Х						0.	0.	0.
(8) CHRISTINE ZADIK	2.00									
CHAIR, NOMINATING COMMITTEE		Х						0.	0.	0.
(9) KAREN ROYCE	4.00									_
CHAIR, SERVICES; CHAIR, FUND DEV		Х						0.	0.	0.
(10) KIM CANTWELL	2.00									-
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(11) SUSAN DAY	1.00									
TREASURER, BUILDING COMMITTEE		Х						0.	0.	0.
(12) KARA DONAHUE	1.00									•
AT LARGE		х						0.	0.	0.
(13) CONNIE FIGGIE	1.00									•
SERVICES COMMITTEE		х						0.	0.	0.
(14) LORI JACKSON	3.00									•
CHAIR, ADVOCACY		х						0.	0.	0.
(15) EILEEN BARTELS	1.00									
AT LARGE		х						0.	0.	0.
(16) CINDY LYALL	2.00									
CHAIR, COMMUNITY		X						0.	0.	0.
(17) KRISTEN SHAPIRO	1.00									
SERVICES COMMITTEE		Х						0.	0.	0.
832007 12-31-18										Form 990 (2018)

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2018.05060 NEIGHBOR TO NEIGHBOR, INC.

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Form 990 (2018)

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orm 990 (2018) NEIGHBOR TO NEIGHBOR, INC. 06-6071605 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Name and title Avera hours wee		(B) (C) Average hours per week (list any			n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	of		
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(fr org an	pensa om the anizati d relate anizatio	e ion ed
(18) JOHN SHULMAN	2.00		_		×	- •		_					
CHAIR, STRATEGIC PLANNING	2 00	X						0.		0.			0.
(19) MARIA KELLY STEVENS	2.00	x						0.		ο.			0.
SERVICES COMMITTEE (20) NANCY COUGHLIN	40.00	^						0.		0.			0.
EXEC DIRECTOR (UNTIL 6/14/19)	10000					x		103,465.		0.			0.
1b Sub-total								103,465.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 103,465.		0.			0.
2 Total number of individuals (including but r compensation from the organization ▶								eceived more than \$100	,000 of reportable))			1
compensation nom the organization												Yes	No
3 Did the organization list any former officer,	,		·		•			0	. ,		0		Х
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	tion	and	ot				3		
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for services		4		X
rendered to the organization? If "Yes," con	•				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										sens	ation 1	rom	
(A) Name and business	(A) (B) Name and business address NONE Description of services							С	(C ompe	;) nsatio	n		
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	iot lii	mite	d to	thos C	se lis)	stec	above) who received m	nore than				
											Form	990 (2	2018)

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Form	990 (IEIGHBOR,	INC.		06-6071	605 Page 9
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin		<u> </u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
arar our		Membership dues						
Am (Fundraising events		92,978.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
ns, Simi	е	Government grants (contribut	ions) 1e					
er S	f	All other contributions, gifts, gran	ts, and					
Ę		similar amounts not included abo	ve 1f	2,540,668.				
onti o d		Noncash contributions included in lines		1,847,278.				
δē	h	Total. Add lines 1a-1f			2,633,646.			
				Business Code				
Program Service Revenue	2 a							
Ser	b							
m Ner	c d							
Be	e u							
Pro		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			45,295.			45,295.
	4	Income from investment of ta						
	5	Royalties	. <u></u>	►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,174,758.	,				
	D	Less: cost or other basis	1,164,582.					
	~	and sales expenses Gain or (loss)						
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	10,176.			10,176.
		Gross income from fundraisin						
Other Revenue	• -	including \$ 92	•					
eve		contributions reported on line						
л Н		Part IV, line 18	а	14,755.				
Ę	b	Less: direct expenses	b	25,276.				
Ŭ		Net income or (loss) from fund		>	-10,521.			-10,521.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		►	2,678,596.	0.	0.	44,950.
83200	9 12-31	1-18						Form 990 (2018)

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NEIGHBOR TO NEIGHBOR, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	110 004	44-	00.047	~~ ~ ~ ~
	trustees, and key employees	110,234.	55,117.	22,047.	33,070
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	222 047	107 024	22.004	0 010
7	Other salaries and wages	220,047.	187,834.	23,994.	8,219
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	20,733.	15,253.	2 000	2 500
9	Other employee benefits	20,733.	20,018.	2,890. 3,794.	2,590 3,399
10	Payroll taxes	27,211.	20,010.	5,/94.	5,399
11	Fees for services (non-employees):				
a	Management	500.		500.	
b		14,373.		10,511.	3,862
C	Accounting	14,575.		10,511.	5,002
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17	10,088.		10,088.	
f	Investment management fees	10,000.		10,000.	
g	column (A) amount, list line 11g expenses on Sch 0.)	4,530.			4,530
12	Advertising and promotion				
13	Office expenses	3,663.		3,639.	24
14	Information technology				
15	Royalties				
16	Occupancy	9,460.	4,029.	5,431.	
17	Travel	3,955.	3,925.	30.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,787.	6,787.		
23	Insurance	7,192.	4,953.	2,239.	
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)				
а	amount, list line 24e expenses on Schedule 0.) IN-KIND - FOOD & CLOTHI	1,720,725.	1,720,725.		
a b	PURCHASES - FOOD & CLOT	215,485.	215,485.		
c	MAINTENANCE & REPAIRS	22,388.	22,388.		
d	SUPPLIES	21,603.	19,173.		2,430
u e	All other expenses	64,291.	18,336.	24,237.	21,718
е 25	Total functional expenses. Add lines 1 through 24e	2,483,265.	2,294,023.	109,400.	79,842
25 26	Joint costs. Complete this line only if the organization	_,,	_,,0_0		,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
83201	Check here if following SOP 98-2 (ASC 958-720)		10		

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10 2018.05060 NEIGHBOR TO NEIGHBOR, INC.

2,942,238.

2,953,502.

Form 990 (2018) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

34

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			539,469.	2	503,995.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
3		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
200	7	Notes and loans receivable, net				7	
Ċ,	8	Inventories for sale or use			152,558.	8	275,854.
	9	Prepaid expenses and deferred charges			13,783.	9	10,996.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		119,114.			
	b	Less: accumulated depreciation	10b	64,180.	2,049.	10c	54,934.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -			1,462,787.	12	1,557,832.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	3.
	15	Other assets. See Part IV, line 11			782,856.	15	788,412.
	16	Total assets. Add lines 1 through 15 (must equ			2,953,502.	16	3,192,026.
	17	Accounts payable and accrued expenses			11,264.	17	33,053.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
201	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
3		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines	-				
		Schedule D	5 17-24).	Complete Fart X OI		25	
	26	Total liabilities. Add lines 17 through 25		······	11,264.	25	33,053.
	20	Organizations that follow SFAS 117 (ASC 958) chec	k here X and	/_*	20	
,		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			2,225,485.	27	2,462,586.
28		Temporarily restricted net assets			716,753.	28	696,387.
ב	29			·····	-	29	· · · ·
-		,					

INC.

NEIGHBOR TO NEIGHBOR,

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Form 990 (2018)

3,158,973. 3,192,026.

30

31

32

33

34

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Part 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) [] 2 Total expenses (must equal Part IX, column (A), line 25) []	55. 31.
1 Total revenue (must equal Part VIII, column (A), line 12)	55. 31.
	55. 31.
	55. 31.
	31.
3 Revenue less expenses. Subtract line 2 from line 1 3 195, 33	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,942,23	
5 Net unrealized gains (losses) on investments 5 23,22	24.
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8 -1,82	
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 3,158,97	/3.
Part XII Financial Statements and Reporting	
	Х
	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 O.	
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	
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 basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c 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?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2018)

832012 12-31-18

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Name of the	he organization	Employer identification number
	NEIGHBOR TO NEIGHBOR, INC.	06-6071605
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	S.
The organi	zation is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)	
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 X	An organization that normally receives a substantial part of its support from a governmental unit or from t	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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	l land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state o	of the college or
	university:	
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, members	ship 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 or	rganization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)	
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to can	arry 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)(2) and 509(a)(2) a	509(a)(3). Check the box in
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, an	id 12g.
a 💷	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s),	typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	ees of the supporting
	organization. You must complete Part IV, Sections A and B.	
b 🗌	Type II. A supporting organization supervised or controlled in connection with its supported organization	
	control or management of the supporting organization vested in the same persons that control or mana	age the supported
	organization(s). You must complete Part IV, Sections A and C.	

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g	g Provide the following information about the supported organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other		
	organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)		
			above (see instructions))						
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.05060 NEIGHBOR TO NEIGHBOR, INC. 3751 1

Schedule A (Form 990 or 990-EZ) 2018 NEIGHBOR TO NEIGHBOR, INC. 06-60716 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

06-6071605 Page 2

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2495606.	129,668.	2289892.	2456139.	2670229.	10041534.
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 \dots						
4	Total. Add lines 1 through 3	2495606.	129,668.	2289892.	2456139.	2670229.	10041534.
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.						10041534.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2495606.	129,668.	2289892.	2456139.	2670229.	10041534.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	21,061.	2,513.	22,465.	25,542.	45,295.	116,876.
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 VI.)						
11	Total support. Add lines 7 through 10						10158410.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor						
	ction C. Computation of Publ						00 05
	Public support percentage for 2018 (14	98.85 %
	Public support percentage from 2017					15	99.02 %
1 6a	33 1/3% support test - 2018. If the c	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	. —
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	QUIE A LFORM 990	or 990-EZ) 2018

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832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 NEIGHBOR TO NEIGHBOR, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

9 Amounts from line 6 Image: Constraint of the second securities loans, rents, royalties, and income from similar sources 10 Gross income from similar sources Image: Constraint of the second securities loans, rents, royalties, and income from similar sources 10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Constraint of the second	or fiscal year beginning in) 🕨 🛛 (a) 2014 (b) 2	015 (c) 2016	(d) 2017	(e) 201	18 (f) Total	1
include any 'unusual grants.')	nts, contributions, and						
include any "unusual grants.")	hip fees received. (Do not						
2 Gross receipts from admissions, merchandle sold or services profermed, or fabilities furnished in any activity that is related to the organization's tax-exempt purpose any activity that is related to the organization's tax-exempt purpose are not an unrelated trade or business under section 513 Tax revenues levid of the organization's tax-exempt purpose break and the section 513 comparization's tax-exempt purpose comparexempt purpose	ny "unusual grants.")						
organization is tax exempt purpose	eipts from admissions, dise sold or services per-						
are not an unrelated trade or bus- iness under section 513 Tax revenues levid for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge To Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge To Total. Add lines 1, 2, and 3 received from disqualified persons To Amounts included on lines 1, 2, and 3 received from disqualified persons To the value of second or the second from disqualified persons To the value of second or the second from disqualified persons To the value of second or the second from disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the disqualified persons To the value of second or the value of second or the disqualified persons To the value of second or the value of second or the value of second or the value of th							
iness under section 513	eipts from activities that						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	າ unrelated trade or bus-						
ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other handback in the second that exceed the greater of \$5,000 or 15 of the amount on line disqualified persons that exceed the greater of \$5,000 or 15 of the amount on line 15 of the year c Add lines 7 and 7 b 8 Public support. Subjustite 7 tom line 3 exceed the greater of \$5,000 or 15 of the amount on line 6 a Cross income from interest. dividends, payments received on securities loans, rents, royallies, and income from sinterest. dividends, payments received on securities loans, rents, royallies, acquired after June 30, 1975 c Add lines 10 and 10b 1 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from the sale of capital assets (Explain in Part VI). 2 Other income, Bo not include gian or loss for the sale of capital assets (Explain in Part VI). 3 Total subport of Public Support Percentage 5 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15	er section 513						
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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7b 8. Public support. Guipmet lea 7 to miles 6 9 Amounts from line 6 10 Gaross income from interest, dividends, payments received on securities loans, rents, royalties, and income from subusinesses acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income from surflated business activities not in line 10b, whether or not the business is regularly carried on c Inset in line 10b, whether or not the business is regularly carried on c Inset in line 10b, whether or not the business is regularly carried on c Inset in Part VI, Total Support (Log lines 0, 11, and 12) 4 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 5 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (fi)	ues levied for the organ-						
5 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the service of the organization of the service of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 5 The value of service of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 5 The value of service or 108 (tine 8, column (f), divided by line 13, column (f)) 15	lad an its habalf						
furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5	by a governmental unit to						
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3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 53,000 r 1% of the amount on line 13 for the year c Add lines 7a and 7b c a Public support. Subtact line 7c time line 5) c c Section B. Total Support Subtact line 7c time line 5) c Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) " 9 Amounts from line 6							
from other than disqualified persons that acceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b	an disqualified persons that reater of \$5,000 or 1% of the						
8 Public support. (Subtract line 7c from line 6.) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from line 6 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 9 Amounts from similar sources (a) 2017 (a) 2017 (e) 2018 (f) b Unrelated business taxable income (less section 511 taxes) from businesses (a) 2017 (a) 2017 (a) 2017 (a) 2017 c Add lines 10a and 10b (c) Add lines 10a and 10b (c) Add line 10b, whether or not the business is regularly carried on site taxes is regularly carried on t							
Section B. Total Support ialendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) T 9 Amounts from line 6 0 <							
9 Amounts from line 6 Image: Constraint of the second				•			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Complexity of the security of the sec	or fiscal year beginning in) 🕨 🛛 (a) 2014 (b) 2	015 (c) 2016	(d) 2017	(e) 201	18 (f) Total	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Complexity of the security of the sec	from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of the section of the business activities not included in line 10b, whether or not the business is regularly carried on Image: Comparison of the business of the section of the business of the section of the section of the section of the section of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here If Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) Image: Im	s, payments received on bloans, rents, royalties,						
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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 100 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 111 13 Total support. (Add lines 9, 10c, 11, and 12.) 111 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15							
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	years. If the Form 990 is for the or	ganization's first, sec	ond, third, fourth, or fifth	tax year as a sectior	n 501(c)(3) o	organization,	
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15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15	Computation of Public Su	pport Percentag	je				
					15		%
				F	16		%
Section D. Computation of Investment Income Percentage							
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	•			۱ ۱	17		%
Investment income percentage from 2017 Schedule A, Part III, line 17							%
19a 33 1/3% support tests - 2018. 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						d 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	support tests - 2017. If the organi	zation did not check	a box on line 14 or line 19	9a, and line 16 is mor	re 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							\square
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	undation. If the organization did r	not check a box on lir	ie 14, 19a, or 19b, check				
				Coho		rm 000 or 000-E7)	2018
332023 10-11-18 Schedule A (Form 990 or 990- 15			1 5	Sche	dule A (FO	1111 990 01 990-LZ)	

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

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Schedule A (Form 990 or 990-EZ) 2018

16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
	17			

2018.05060 NEIGHBOR TO NEIGHBOR, INC. 3751___1

Schedule A (Form 990 or 990 EZ) 2018 NEIGHBOR TO NEIGHBOR, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	l lines 1 through 3	4		
5 Dep	preciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
b Aver	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other			
fact	ors (explain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d	3		
4 Cas	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	tiply line 5 by .035	6		
7 Rec	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
2 Ente	er 85% of line 1	2		
3 Mini	imum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ente	er greater of line 2 or line 3	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		
eme	signing temperary reduction (eee methodicitie)			

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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	he organization is responsiv	е					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
с	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
с	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

00360226 758707 3751

Schedule A (Form 990 or 990-EZ) 20	2018 NEIGHBOR TO NEIGHBOR, INC.	06-6071605 _{Page}
Part IV, Section A, line line 1; Part IV, Section	formation. Provide the explanations required by Part II, line 10; P es 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S I D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this par	Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
028 10-11-18		Schedule A (Form 990 or 990-EZ) 20
50226 758707 3751	20 2018.05060 NEIGHBOR TO N	NEIGHBOR, INC. 3751

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



3751___1

Employer identification number

06-6071605

Name of the organization

00360226 758707 3751

NEIGHBOR TO NEIGHBOR, INC.

Par			s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(b) Eur	do and other appounts
		(a) Donor advised funds	(D) Fur	nds 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 v	-		
-	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad	• •	2	
	for charitable purposes and not for the benefit of the donor of		0	
Par		anization answard "Vas" on Form 000 J		
1	Purpose(s) of conservation easements held by the organization		Fart IV, III e I	•
	Preservation of land for public use (e.g., recreation or e		orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	• •	
	Preservation of open space			Structure
2		ad concernation contribution in the form	of a concord	ation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.			Held at the End of the Tax Year
а			2a	
	Total number of conservation easements			
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			n during the tax
-	year		e ei gui illuite	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the period			
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l			
	►	5 , 5		5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easeme	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organiza	tion's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	·· ·		
	historical treasures, or other similar assets held for public exh		ince of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea		al gain, provid	le
	the following amounts required to be reported under SFAS 1			•
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		►	•
	For Paperwork Reduction Act Notice, see the Instructions	101 FUTIII 390.		Schedule D (Form 990) 2018
83205	10-29-18	21		

2018.05060 NEIGHBOR TO NEIGHBOR, INC.

		R TO NEIGH						06-60			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, checl	k any of the	following that	at are a się	gnificant ı	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizati	ion's exen	npt purpc	se in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatic	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		diam (fau								
Ia	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ └──	lites		JINO
a	In res, explain the arrangement in Part XIII	and complete the id	nowing i	lable.					Amount		
~	Reginning balance						1c		Amoun	-	
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •]
Pa											
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance					`				-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	Ind administe	ered for th	e organiz	ation	-		
	by:									Yes	No
	(i) unrelated organizations 3a(i)										
	(ii) related organizations 3a(ii)										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere				1						
	Description of property	(a) Cost or c basis (investr			or other (other)		cumulate reciation	d	(d) Bool	< value	3
1a	Land										
b	Buildings										
с	Leasehold improvements				3,657.		43,65				0.
d	Equipment				0,000.		5,00			5,0	
	Other				5,457.		15,52	23.		9,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				5	4,9:	34.

Schedule D (Form 990) 2018

832052 10-29-18

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	407,243.	END-OF-YEAR MARKET VALUE
(B) EQUITIES	176,087.	END-OF-YEAR MARKET VALUE
(C) EXCHANGE TRADED FUNDS	422,924.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	551,578.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,557,832.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NEW FACILITY - CONSTRUCTION IN PROGRESS	762,049.
(2) PREPAID LEASE EXPENSE	26,363.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	788,412.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inc	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	

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) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 NEIGHBOR TO NEIGHBOR, INC	•		06-	6071605 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,738,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	23,224.		
b	Donated services and use of facilities	2b	36,583.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	59,807.
3	Subtract line 2e from line 1			3	2,678,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с				4c	0.
F	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,678,596.
5				-	
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With		-	
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Witł a.	n Expenses per	Retu	irn.
	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Witł a.	n Expenses per	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	n Expenses per	Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With a. 2a	n Expenses per	Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With a. 2a	n Expenses per	Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	n Expenses per	Retu	irn.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents With a. 	36,583.	Retu	rn. 2,519,848.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	36,583.	Retu	rn. 2,519,848. 36,583.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	36,583.	Retu	rn. 2,519,848.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	36,583.	Retu	rn. 2,519,848. 36,583.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents With a. 2a 2b 2c 2d	36,583.	Retu	rn. 2,519,848. 36,583.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents With a. 2a 2b 2c 2d 2d	36,583.	Retu	rn. 2,519,848. 36,583.
Pa 1 2 a b c d e 3 4 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	36,583.	Retu 1 2e 3 4c	rn. 2,519,848. 36,583. 2,483,265. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	36,583.	Retu 1 2e 3	rn. 2,519,848. 36,583.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS IN THE
FINANCIAL STATEMENTS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT
ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS
ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30,
2019, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN
THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN
THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information	on (continued)	
		Schedule D (Form 990) 2018
32055 10-29-18	25	
60226 758707 3751	2018.05060 NEIGHBOR TO NEIGHBOR	, INC. 37511

SCHEDULE G	Suppleme	ntal Int	formation Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)			zation answered "Yes" o tion entered more than \$				or 19	, or if the	2018
Department of the Treasury	U	ganizat	Attach to Form 99						Open to Public
Internal Revenue Service		to www	.irs.gov/Form990 for ins	truction	s and	the latest informat	ion.		Inspection
Name of the organization		r to	NEIGHBOR, IN	c.				06-6071	ntification number 605
	complete this part		te if the organization answ	vered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	ed funds or oral ag art VII) or viduals or	f Solicit g Specia reement with any individu r entity in connection with r entities (fundraisers) pure	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
				_					
				+					
3 List all states in wh or licensing.	ich the organizatio	n is regis	stered or licensed to solici	t contrik	oution	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see	the Instructions for Form	1 990 or	990-	EZ. 8	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
	1	Gross receipts	107,733.			107,733
	2	Less: Contributions	92,978.			92,978
	3	Gross income (line 1 minus line 2)	14,755.			14,755
	4	Cash prizes				
		Noncash prizes				
		Rent/facility costs				1,605
-		Food and beverages				13,396
		Entertainment	4 685			
		Other direct expenses	0 600			1,675
		Direct expense summary. Add lines 4 throu			· · · · · ·	25,276
		Net income summary. Subtract line 10 from				-10,521
ar	<u>. II</u>	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
T			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
T			(a) Bingo	(b) Pull tabs/instant	1	
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	1	
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	1	
	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant	1	(d) Total gaming (ad col. (a) through col. (d
-	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	1	
-	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant	1	col. (a) through col. (
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
a	1 2 3 4 5 7 8 Ente	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col.

b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 NEIGHBOR TO NEIGHBOR, INC.	06-6			Page 3
11 Does the organization conduct gaming activities with nonmembers?			'es	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?		Υ	'es	🗌 No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		%
b An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:			
Name 🕨				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		L Y	'es	└── No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	mount			
of gaming revenue retained by the third party ▶\$				
c If "Yes," enter name and address of the third party:				
Name				
Address				
16 Gaming manager information:				
o Gaming manager mormation.				
Name				
Gaming manager compensation 🕨 \$				
Description of services provided 🕨				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		L Y	'es	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the			
organization's own exempt activities during the tax year > \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Par	t III, line	es 9,	96, 106,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	ule G (Form	990 or	990	EZ) 2018
28				

00360226 758707 3751

2018.05060 NEIGHBOR TO NEIGHBOR, INC. 3751___1

Schedule G	(Form 990 or 990-EZ)	NEIGHBOR	то	NEIGHBOR,	INC.
Part IV	Supplemental Info	rmation (continue	ed)		

332084 04-01-18 60226 758707 3751	2018.05060	29 NEIGHBOR	TO NEIG	HBOR,	INC.	3751
				Sch	edule G (F	orm 990 or 990-E

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

18

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

	Inspection
mployer	identification number
-	

ΖU

	e of the organization NEIGHBOR TO				Employer ident	tification 0716(ıber
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		1,170,468.	SALVATION A	RMY \	/AI	JUE
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	1,262.	MEAN FMV AI	DONA	ΥT	ON
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		675,548.	AVG OF RETA	IL PE	RIC	'IN
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organ for which the organization completed Form 82							
						Ye	es	No
30a	During the year, did the organization receive b must hold for at least three years from the dat	-			-			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

00360226 758707 3751

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

360226 758707 3751	31 2018.05060 NEIGHBOR TO NEIGHBO	
832142 10-18-18		Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

INC.

Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 06-6071605

OMB No 1545-0047

Open to Public

Inspection

8

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEIGHBOR TO NEIGHBOR,

STRENGTHENS OUR COMMUNITY BY CREATING ACCESS TO FOOD, CLOTHING AND

BASIC LIVING ESSENTIALS IN AN ATMOSPHERE OF KINDNESS AND RESPECT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DOCUMENTS ARE REVIEWED BY THE TREASURER AND FINANCE COUNCIL DURING

PREPARATION. ONCE FINALIZED BUT BEFORE FILED, COPIES ARE PROVIDED TO THE

FULL BOARD FOR APPROVAL.

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

EACH YEAR AT THE ANNUAL MEETING, BOARD MEMBERS ARE ASKED TO FILL OUT THE CONFLICT OF INTEREST FORMS AND RETURN THEM TO THE VICE PRESIDENT OF THE BOARD. THESE FORMS ARE REVIEWED BY THE VICE PRESIDENT AND EXECUTIVE DIRECTOR TO DETERMINE IF ANY ACTUAL OR POTENTIAL CONFLICTS EXIST. THE VICE PRESIDENT WILL KEEP THE BOARD INFORMED OF THE RESULTS SO THAT IN THIS MANNER BOARD MEMBERS WILL BE MAKING DECISIONS ON AN INFORMED BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED ANNUALLY AS PART OF AN ANNUAL PERFORMANCE REVIEW THAT INCLUDES FEEDBACK SOLICITED FROM ALL BOARD MEMBERS PERIODIC COMPENSATION SURVEY DATA IS REVIEWED TO ENSURE AND STAFF. ACCURACY IN THE PAY RATE. IN ADDITION, NTN ENGAGED THE SERVICES OF AN EXECUTIVE SEARCH FIRM IN AUGUST 2019 TO SECURE A PERMANENT EXECUTIVE DIRECTOR. THEIR SEARCH PROCESS INCLUDES COMPENSATION COMPARABILITY ANALYSIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

32

Name of the organization NEIGHBOR TO NEIGHBOR, INC.	Employer identification numb $06-6071605$			
FORM 990, PART VI, SECTION C, LINE 18:				
DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST AND PROVI	DED ANNUALLY TO			
ALL BOARD MEMBERS. FORMS 990 AND AUDITED FINANCIAL STATE	MENTS ARE			

NEIGHBOR TO NEIGHBOR ITS 4 STAR RATING.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS UPON REQUEST.

PART XI, LINE 2C: FINANCIAL STATEMENTS AND REPORTING THE BOARD OF DIRECTORS ANNUALLY APPOINTS THE AUDITOR. THE TREASURER OVERSEES THE AUDIT PROCESS ALONG WITH ASSISTANCE/INPUT FROM THE EXECUTIVE DIRECTOR WHO WORKS WITH THE TREASURER IN FULFILLING INFORMATION REQUESTS FROM THE AUDITOR. THE TREASURER AND EXECUTIVE DIRECTOR BOTH REVIEW THE DRAFT OF THE AUDITED FINANCIAL STATEMENTS FOR APPROVAL.

THE ORGANIZATION MAKES PUBLIC FOR INSPECTION ITS GOVERNING DOCUMENTS AND

PART IV, LINE 29 & SCHEDULE M - NONCASH CONTRIBUTIONS: DONATED FOOD & CLOTHING ARE AN ESSENTIAL PART TO FULFILLING THE ORGANIZATION'S MISSION. A DONATION RECEIPT IS GIVEN AT THE TIME OF THE DONATION AND A THANK YOU LETTER IS SENT FOR LARGE DONATIONS. NO VALUE IS ASSIGNED ON THESE DONATION RECEIPTS/THANK YOU LETTERS FOR IN-KIND GOODS; ONLY THE NUMBER OF CRATES/BAGS AND/OR DESCRIPTION OF THE GOODS DONATED IS GIVEN. INVENTORY TAKES PLACE AT THE END OF THE ORGANIZATION'S FISCAL YEAR. ACTUAL STOCK IS COUNTED BY VOLUNTEERS AND STAFF. FOR FOOD, THE VALUE OF EACH ITEM IS DETERMINED BY CHECKING THE 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 33 00360226 758707 3751 2018.05060 NEIGHBOR TO NEIGHBOR, INC. 3751___1

60226 758707 3751	34 2018.05060 NEIGHBOR TO NEIGHBOR, INC. 3751_
32212 10-10-18	Schedule O (Form 990 or 990-EZ) (
CLIENTS CAN RECEIVE CLOTH	IING EVERY OTHER MONTH. ONE BAG OF CLOTHING FOR
	DE 9 MEALS FOR EACH FAMILY MEMBER. CLOTHING
	JIENTS WEEKLY, WITH ENOUGH GIVEN (DETERMINED BY
LOTHING AND HOUSEHOLD IT	EMS DATA AVAILABLE ON THEIR WEBSITE.
	S DETERMINED BY USING THE SALVATION ARMY USED

Page 2

Employer identification number 06-6071605

Schedule O (Form 990 or 990-EZ) (2018)

NEIGHBOR TO NEIGHBOR, INC.

Name of the organization

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

|--|

• • • • • • •	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	CABINET	09/10/02	SL	5.00		16	1,140.				1,140.	1,140.		0.	1,140.
2	DELL DIMENSION 2400 COMPUTER	03/10/04	SL	5.00		16	1,251.				1,251.	1,251.		0.	1,251.
3	DELL DIMENSION 4700 COMPUTER	09/16/05	SL	3.00		16	1,649.				1,649.	1,649.		0.	1,649.
4	SHELVING	10/07/05	SL	5.00		16	618.				618.	618.		0.	618.
5	WORK TABLE	09/30/05	SL	5.00		16	558.				558.	558.		0.	558.
6	DONOR DATABASE SOFTWARE	07/15/05	SL	5.00		16	995.				995.	995.		0.	995.
8	REFRIGERATOR	02/08/07	SL	5.00		16	2,647.				2,647.	2,647.		٥.	2,647.
9	TELEPHONE SYSTEM	01/30/08	SL	5.00		16	1,536.				1,536.	1,536.		٥.	1,536.
10	COMPUTER (ED HEALY)	01/20/08	SL	3.00		16	1,392.				1,392.	1,392.		٥.	1,392.
15	NEW COMPUTER	12/23/14	SL	5.00		16	1,000.				1,000.	500.		200.	700.
16	FREEZER	01/29/15	SL	5.00		16	2,999.				2,999.	1,450.		600.	2,050.
17	COMPUTER	06/27/19	SL	3.00		16	3,300.				3,300.			550.	550.
18	FORKLIFT	06/27/19	SL	5.00		16	4,370.				4,370.			437.	437.
19	OFFICE FURNITURE (DEPOSIT ONLY)	06/28/19	NC	7.00	НҮ		2,002.				2,002.			0.	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						25,457.				25,457.	13,736.		1,787.	15,523.
	TRANSPORTATION EQUIPMENT														
11	(D)VAN	08/23/07	SL	4.00		16	18,110.				18,110.	18,110.		0.	18,110.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

ORE J.	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	2018 FORD TRANSIT 250 CARGO VAN	12/17/18	SL	5.00		16	23,000.				23,000.			2,300.	2,300.
	2018 FORD TRANSIT CONNECT						,				,			,	,
21	CARGO VAN	12/17/18	SL	5.00		16	27,000.				27,000.			2,700.	2,700.
	* 990 PAGE 10 TOTAL						68,110.				68,110.	18,110.		5,000.	23,110.
	TRANSPORTATION EQUIPMENT						00,110.				00,110.	10,110.		5,000.	23,110.
	OTHER														
7	LEASEHOLD IMPROVEMENTS	11/01/05		52M	нү	43	39,796.				39,796.	39,796.		0.	39,796.
12	LEASEHOLD IMPROVEMENTS - WILLIAM HENRY	11/25/07		60M	НҮ	43	1,992.				1,992.	1,989.		0.	1,989.
	LEASEHOLD IMPROVEMENTS -														
13	PLUMBING	11/25/07		60M	HY	43	715.				715.	715.		0.	715.
14	LEASEHOLD IMPROVEMENTS - WILLIAM HENRY	12/01/07		60M	ну	43	1,154.				1,154.	1,154.		0.	1,154.
	* 990 PAGE 10 TOTAL OTHER						43,657.				43,657.	43,654.		0.	43,654.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						137,224.				137,224.	75,500.		6,787.	82,287.
							,				,	,		,	,
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						77,552.			0.	77,552.	75,500.			76,300.
	ACQUISITIONS						59,672.			0.	59,672.	0.			5,987.
	DISPOSITIONS						18,110.			0.	18,110.	18,110.			18,110.
	ENDING BALANCE						119,114.			0.	119,114.	57,390.			64,177.
	ENDING ACCUM DEPR LESS DISPOSITIONS											64,177.			
	ENDING BOOK VALUE											54,937.			

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number						
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identificatio	n number (EIN) or						
print		06-6071605										
File by the												
due date for filing your return. SeeNumber, street, and room or suite no. If a P.O. box, see instructions.Social security numSocial security num Security num248 EAST PUTNAM AVENUESocial security num												
	nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENWICH, CT 06830-4882											
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)									
Applica	tion	Return	Application			Return						
Is For		Code	Is For			Code						
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 99	IO-BL	02	Form 1041-A			08						
Form 47	20 (individual)	03	Form 4720 (other than individual)			09						
Form 99	0-PF	04	Form 5227			10						
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 99	0-T (trust other than above) NEIGHBOR TO NE	06	Form 8870			12						
• If the • If this box 1 Ir th 2 If [equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginningJUL 1, 2018 the tax year entered in line 1 is for less than 12 months, c C Change in accounting period	Group Exe and atta MA anization's , an theck reas	emption Number (GEN) In to a list with the names and EINs of Y 15, 2020 , to file s return for: d ending JUN 30, 2019 on: Initial return I F	f this is fo all memb	r the whole <u>o</u> ners the exten npt organizat							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, av poprefundable credits. See instructions	, or 6069,	enter the tentative tax, less	3a	\$	0.						
any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and												
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b												
	alance due. Subtract line 3b from line 3a. Include your pa											
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.						
instructi		-	· ·	453-EO a								
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	ucuons.		Form 8	868 (Rev. 1-2019)						

823841 12-19-18

- NEXT YEAR FEDERAL -

NEIGHBOR TO NEIGHBOR, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
1	CABINET	091002		5.00	1,140.		1,140.		0.
	DELL DIMENSION 2400 COMPUTER	031004		5.00	1,251.		1,251.		0.
	DELL DIMENSION 4700 COMPUTER	091605		3.00	1,649.		1,649.		0.
	SHELVING	100705		5.00	618.		618.	618.	0.
	WORK TABLE	093005		5.00	558.		558.		0.
	DONOR DATABASE SOFTWARE	071505		5.00	995.		995.	995.	0.
	REFRIGERATOR	020807		5.00	2,647.		2,647.		0.
	TELEPHONE SYSTEM	013008		5.00	1,536.		1,536.		0.
	COMPUTER (ED HEALY)	012008		3.00	1,392.		1,392.		
-	NEW COMPUTER	122314		5.00	1,000.		1,000.		
-	FREEZER	012915		5.00	2,999.		2,999.		
	COMPUTER	062719		3.00	3,300.		3,300.		
	FORKLIFT	062719		5.00	4,370.		4,370.	437.	874.
19	OFFICE FURNITURE (DEPOSIT ONLY)	062819	NC	7.00	2,002.		2,002.		0.
	* 990 PAGE 10 TOTAL FURNITURE &								
	FIXTURES				25,457.		25,457.	15,523.	2,774.
	TRANSPORTATION EQUIPMENT								
	2018 FORD TRANSIT 250 CARGO VAN	121718		5.00	23,000.		23,000.		
21		121718	SL	5.00	27,000.		27,000.	2,700.	5,400.
	* 990 PAGE 10 TOTAL TRANSPORTATION						50.000		10.000
	EQUIPMENT				50,000.		50,000.	5,000.	10,000.
	OTHER	110105		5.014					
	LEASEHOLD IMPROVEMENTS	110105		52M	39,796.		39,796.	39,796.	0.
	LEASEHOLD IMPROVEMENTS - WILLIAM	110505		6.014	1 000		1 000	1 0 0 0	2
	HENRY	112507		60M	1,992.		1,992.		3.
	LEASEHOLD IMPROVEMENTS - PLUMBING	112507		60М	715.		715.	715.	0.
	LEASEHOLD IMPROVEMENTS - WILLIAM	1 0 0 1 0 5		6.014	4 4 5 4		4 4 5 4	4 4 5 4	
	HENRY	120107		60M	1,154.		1,154.		0.
	* 990 PAGE 10 TOTAL OTHER				43,657.		43,657.	43,654.	3.
	* GRAND TOTAL 990 PAGE 10 DEPR &				110 114		110 114	CA 177	10 777
	AMORT				119,114.		119,114.	64,177.	12,777.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone