PKF O'CONNOR DAVIES ADVISORY, LLC 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905

> NEIGHBOR TO NEIGHBOR, INC. 248 EAST PUTNAM AVENUE GREENWICH, CT 06830-4882

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| | | | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | | OMB No. 1545-0047 |
|--|------------------------|--------------------|--|---|------------------------------|
| Form 990 | | QN | . . | | 0000 |
| Form JJU | | 50 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may | | |
| Department of the Treasury Internal Revenue Service | | | Go to www.irs.gov/Form990 for instructions and the lates | | Open to Public Inspection |
| - | | | ar year, or tax year beginning JUL 1, 2022 and ending | | mepeeden |
| Β | Check if applicabl | C Name o | f organization | D Employer identifica | tion number |
| | Addre | | HBOR TO NEIGHBOR, INC. | | |
| | Name | 5 | | | |
| | Initial return | Number | and street (or P.O. box if mail is not delivered to street address) Room/su | uite E Telephone number | |
| | Final return | | EAST PUTNAM AVENUE | 203-622-92 | |
| _ | termir ated Amen | City or t | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 5,793,227. |
| | return | GKEE | NWICH, CT 06830-4882 | H(a) Is this a group retu | |
| | tion pendi | F Name a | nd address of principal officer: JOHN SHULMAN | for subordinates? | |
| | | empt status: [| AS C ABOVE \mathbf{X} = 504(a)(a) (insert no.) (4047(a)(4) or []) | H(b) Are all subordinates inclu | |
| | Nebsi | | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or : | 527 If "No," attach a lis H(c) Group exemption r | |
| | | | | ear of formation: 1948 M | |
| | art I | Summarv | | | |
| | 1 | | e the organization's mission or most significant activities: NEIGHBOR | TO NETGHBOR TH | (PROVES |
| e | · | | ES OF RESIDENTS IN NEED THROUGHOUT THE | GREENWICH ARE | A. |
| Governance | 2 | Check this bo | | | |
| veri | 3 | | | | 15 |
| ĝ | 4 | | ting members of the governing body (Part VI, line 1a) | | 15 |
| | 1 · | | of individuals employed in calendar year 2022 (Part V, line 2a) | | 10 |
| Activities & | | | of nonviduals employed in calendar year 2022 (Part V, line 2a) | | 150 |
| ť | | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| A | | | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | Not unrelated | | Prior Year | Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | 3,885,441. | 2,922,812. |
| anc | 9 | | ce revenue (Part VIII, line 2g) | 0. | 0. |
| Revenue | 10 | • | come (Part VIII, column (A), lines 3, 4, and 7d) | 97,584. | 72,352. |
| å | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | -14,949. |
| | 1 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,983,025. | 2,980,215. |
| | 1 | | nilar amounts paid (Part IX, column (A), lines 1·3) | 1,780,731. | 1,822,226. |
| | | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 45 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 704,426. | 818,735. |
| sei | 16a | | undraising fees (Part IX, column (A), line 11e) | 21,000. | 21,600. |
| Expenses | b | | ing expenses (Part IX, column (D), line 25) 233, 305. | | |
| ŭ | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 227,755. | 478,439. |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,733,912. | 3,141,000. |
| | | - | expenses. Subtract line 18 from line 12 | 1,249,113. | -160,785. |
| or | | | | Beginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (F | Part X, line 16) | 8,105,906. | 9,420,942. |
| ASS | 21 | - | (Part X, line 26) | 45,534. | 134,457. |
| Net | 22 | Net assets or | fund balances. Subtract line 21 from line 20 | 8,060,372. | 9,286,485. |
| Pa | art II | Signature | e Block | | |
| Und | er pena | alties of perjury, | I declare that I have examined this return, including accompanying schedules and stat | ements, and to the best of my kr | nowledge and belief, it is |
| true | , correc | ct, and complete | Declaration of preparer (other than officer) is based on all information of which prepa | arer has any knowledge. | |

| Sign | Signature of officer | | Date | | | | | |
|-------------|--|----------------------|----------------------------------|--|--|--|--|--|
| Here | JOHN SHULMAN, CO-PRESIDEN | Т | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | | | | | |
| Paid | EVA MRUK | EVA MRUK | 04/22/24 self-employed P00543254 | | | | | |
| Preparer | Firm's name PKF O'CONNOR DAVI | ES ADVISORY, LLC | Firm's EIN 87-3231666 | | | | | |
| Use Only | Firm's address 3001 SUMMER STREE | T, 5TH FLOOR, EAST | | | | | | |
| | STAMFORD, CT 0690 | 5 | Phone no. 203-323-2400 | | | | | |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 232001 12-1 | 32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022) | | | | | | | |

2-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 990 (2022) NEIGHBOR TO NEIGHBOR, INC. | 06-6071605 Page | 2 |
|--------|--|----------------------|-----|
| Par | rt III Statement of Program Service Accomplishments | _ | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: NEIGHBOR TO NEIGHBOR IMPROVES THE LIVES OF RESIDENTS IN | NEED | |
| | THROUGHOUT THE GREENWICH AREA AND STRENGTHENS OUR COMMUN | | — |
| | CREATING ACCESS TO FOOD, CLOTHING AND BASIC LIVING ESSEN | | _ |
| | ATMOSPHERE OF KINDNESS AND RESPECT. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes X No | D |
| • | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes X No | Э |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | | |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 2,646,067. including grants of \$ 1,822,226.) (Rever | | _) |
| | THE 3 MAIN CATEGORIES OF EXPENSES RELATED TO THE ORGANIZ | | |
| | SERVICES ARE: 1) FOOD: PROVIDED ENOUGH GROCERIES TO PREP | | |
| | 562,000 MEALS TO NEEDY CLIENTS; 2) FRESH PRODUCE AND PRO FROZEN MEAT AND FISH): ENRICHED DIETS OF CLIENTS BY PROV | | — |
| | NUTRITIOUS FRUITS, VEGETABLES AND PROTEIN; 3) NEW CLOTHI | | — |
| | ESSENTIAL SUPPLIES, INCLUDING LINENS, WINTER COATS, AND | | — |
| | HOUSEHOLD AND PERSONAL CARE SUPPLIES. | | _ |
| | | | |
| | IN ORDER FOR THE ORGANIZATION TO PROVIDE ITS SERVICES, T | | |
| | \$2,556,420 OF IN-KIND DONATIONS DURING THE YEAR ENDED JU | | |
| | (\$148,489 CLOTHING & ESSENTIAL SUPPLIES, \$1,103,887 FOOD |) & \$1,304,044 | |
| 46 | RENT/LAND). | | _ |
| 4b | (Code:) (Expenses \$ including grants of \$) (Rever | 1ue \$ | _) |
| | | | — |
| | | | _ |
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| | | | |
| | | | — |
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| | | | _ |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Rever | nue \$ | _) |
| | | | — |
| | | | — |
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| | | | — |
| | | | — |
| _ | | | _ |
| 4d | Other program services (Describe on Schedule O.) | | _ |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses2,646,067. | - 000 | |
| 00000 | | Form 990 (202 | :2) |
| 232002 | 2 12-13-22 3 | | |

13150422 756359 1123524.001

Form 990 (2022) NEIGHBOR TO Part IV Checklist of Required Schedules NEIGHBOR TO NEIGHBOR, INC.

| | | | 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? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 77 |
| _ | 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 | _ | | v |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the examination receive or held a concernation eccement including accompany to preserve on an approximation | 6 | | |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | - 23 |
| 0 | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - U | | |
| Ū | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| a | 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 | 444 | | х |
| • | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11d 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | - 23 |
| | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | 77 |
| 10 | 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 | | | x |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>л</u> |
| 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> See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | <u> </u> | | |
| .5 | 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? If "Yes," | | | |
| - | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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 | | Х |
| 232003 | 12-13-22 | Form | 990 | (2022) |

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232003 12-13-22

| Form | 990 | (2022) |
|-------|-----|--------|
| FUIII | 330 | 120221 |

 Form 990 (2022)
 NEIGHBOR TO NEIGHBOR, INC.
 06-6071605
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

| | | | Yes | No |
|----------|---|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 185 | No |
| ~~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | | x |
| 24 - | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | - 23 |
| 240 | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24a | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | - 23 |
| | | 240 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 040 | | |
| اہ | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| | 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u> </u> |
| 07 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 30 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | - 37 | | |
| 38 | | 38 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 1 30 | Δ | I |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | טוויטא א טטופטעוב ט טטוגמווס מ ובסטטוסל טו זוטנל נט מוץ ווויל וו נווס רמוג ע | | V | |
| . | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | - | | |
| b | | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | 000 | (0000) |
| 232004 | ⁴ 12-13-22 5 | Form | 530 | (2022) |
| | ل ل | | | |

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| Form | 990 (2022) NEIGHBOR TO NEIGHBOR, INC. | 06-6071 | 605 | Р | age 5 |
|--------|---|--------------------------|-----------|-------|--------------|
| Par | t V 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 10 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | Х | |
| | | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR) | | | |
| 5a | | | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | | x |
| | 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 | | | | <u> </u> |
| Ua | | | 6a | | x |
| h | | | 0a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | Ch. | | |
| - | were not tax deductible? | | <u>6b</u> | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | _ | x | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | X | |
| | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7c | | X |
| | 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 co | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | 7f | | x |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion 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? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| | 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 | | | |
| с | Enter the amount of reserves on hand | 13c | | | |
| | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | x |
| 10 | If "Yes," complete Form 4720, Schedule O. | income? | | | |
| 17 | | tivities | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 47 | | |
| | | | 17 | | |
| 000000 | If "Yes," complete Form 6069. | | Eorm | 990 | (2022) |
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| Form | 990 | (2022) |
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NEIGHBOR TO NEIGHBOR, INC.

06-6071605 Page 6

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 on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI | | X |
|---|-----|----|
| Section A. Governing Body and Management | | |
| | Yes | No |

| | | | | | | Yes | No |
|-----------|---|----------|-------------------|--------|------------|---------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 15 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | | 6 | | X |
| 7a | | | | | | | |
| | more members of the governing body? | | | | | | X |
| b | | | | | | | |
| | persons other than the governing body? | | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | - | | | | |
| а | The governing body? | | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | |
| | | | | 1 | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | _X_ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / betor | e filing the form | ? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | v | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | | 10. | х | |
| 40 | on Schedule O how this was done | | | | 12c | X | |
| 13 14 | Did the organization have a written whistleblower policy? | | | | 13 14 | ^ X | |
| 14 15 | Did the organization have a written document retention and destruction policy? | | | | 14 | 17 | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | reheingeur | | | | |
| ~ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | | | | 150 | х | |
| a r | | | | | 15a 15b | X | <u> </u> |
| U | | | | | 15b | - 12 | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nont w | ith a | | | | |
| iud | | | | | 16a | | х |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | 104 | | |
| U | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat | • | • | | | | |
| | | | | | 16b | | |
| Sec | exempt status with respect to such arrangements? | | | | 100 | | <u> </u> |
| <u>17</u> | List the states with which a copy of this Form 990 is required to be filed \underline{CT} | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990 | T (section 501) | :)(3)s | only) | availat | ole |
| | | | . ,222 | 1,0,0 | -··· , / | | |

| X Own website | Another's website | X Upon request | Other (explain on Schedule O) |
|-------------------------|--|---------------------------|---|
| Describe on Schedule (| O whether (and if so, how) the | organization made its gov | verning documents, conflict of interest policy, and financial |
| statements available to | the public during the tax year | r. | |
| State the name, addres | s, and telephone number of t | he person who possesses | the organization's books and records |
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for public inspection. Indicate how you made these available. Check all that apply.

| 248 | EAST | PUTNAM | AVENUE, | GREENWICH, | СТ | 06830-4882 | | |
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| 232006 12-13-2 | 2 | | | | | | Form 990 (20 | 22) |

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| Name and title Average hours per weak used and a state of the state bours per weak bours and a state of the state organization bours and a state of the state organization (W-2/1098-NEC) Reportable compensation granization (W-2/1098-NEC) Estimated compensation promise (W-2/1098-NEC) (1) MARGARET TUINOS GOLDBERG EXECUTIVE DIRECTOR, THRU MAR, 2023 40.000 X X 131,411. 0. 10,239. (1) MARGARET TUINOS GOLDBERG EXECUTIVE DIRECTOR, THRU MAR, 2023 40.000 X X 0. 0. 0. (2) MARY BETH MINTON 15.000 X X 0. 0. 0. 0. (3) KISTER SHAPTIO 4.000 X X 0. 0. 0. 0. (4) JOIN SHULMAN 4.000 X X 0. 0. 0. (5) KATHY WALKER 3.000 X X 0. 0. 0. (6) KIM GEBELL 3.000 X X 0. 0. 0. (7) STERUANT EREASURE X X 0. 0. 0. | (A) | (B) | | | | C) | | | (D) | (E) | (F) |
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| DIRECTOR X 0. <t< td=""><td>SECRETARY</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (9) KIP BURGWEGER 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) ANGELIQUE DAWSON 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) GEOFFREY ERICKSON, PH.D. 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (12) CONNIE FIGGIE 3.00 X 0. <td< td=""><td>(8) BOB BRADY</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | (8) BOB BRADY | 3.00 | | | | | | | | | |
| DIRECTOR X 0 0. 0. 0. (10) ANGELIQUE DAWSON 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (11) GEOFFREY ERICKSON, PH.D. 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (12) CONNIE FIGGIE 3.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (13) LORI JACKSON 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) CINDY LYALL 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) MARIA KELLY STEVENS 1.00 X 0. 0. 0. 0. | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) ANGELIQUE DAWSON 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (11) GEOFFREY ERICKSON, PH.D. 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) CONNIE FIGGIE 3.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (13) LORI JACKSON 2.00 X 0. <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | 2.00 | | | | | | | | | |
| DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | | Х | | | | | | 0. | 0. | 0. |
| (11) GEOFFREY ERICKSON, PH.D.1.00X0.0.DIRECTOR3.00X0.0.0.(12) CONNIE FIGGIE3.00X0.0.0.DIRECTORX0.0.0.0.(13) LORI JACKSON2.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.(14) CINDY LYALL2.00X0.0.0.DIRECTORX0.0.0.0.(15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0. | _ | 1.00 | | | | | | | | | |
| DIRECTORX0.0.0.(12) CONNIE FIGGIE3.00X0.0.0.DIRECTORX0.0.0.0.(13) LORI JACKSON2.00X0.0.0.DIRECTORX0.0.0.0.(14) CINDY LYALL2.00X0.0.0.DIRECTORX0.0.0.0.(15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0. | | | Х | | | | | | 0. | 0. | 0. |
| (12) CONNIE FIGGIE 3.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (13) LORI JACKSON 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) CINDY LYALL 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) MARIA KELLY STEVENS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) KAREN ROYCE 3.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0IRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. | | 1.00 | | | | | | | | | - |
| DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<> | | | Х | | | | | | 0. | 0. | 0. |
| (13) LORI JACKSON2.00X0.0.0.DIRECTORX0.0.0.0.(14) CINDY LYALL2.00X0.0.0.DIRECTORX0.0.0.0.(15) MARIA KELLY STEVENS1.000.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.(17) ELIZABETH SANDERS MILLS1.00X0.0.0.DIRECTORX0.0.0.0. | | 3.00 | | | | | | | | | - |
| DIRECTORX0.0.0.(14) CINDY LYALL2.00X0.0.0.DIRECTORX0.0.0.0.(15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0. | | | Х | | | | | | 0. | 0. | 0. |
| (14) CINDY LYALL2.00X0.0.0.DIRECTORX0.0.0.0.(15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0. | | 2.00 | | | | | | | | | • |
| DIRECTORX0.0.0.(15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0. | | | Х | | | | | | 0. | 0. | 0. |
| (15) MARIA KELLY STEVENS1.00X0.0.0.DIRECTORX0.0.0.0.0.(16) KAREN ROYCE3.00X0.0.0.0.DIRECTORX0.0.0.0.0.(17) ELIZABETH SANDERS MILLS1.00X0.0.0.DIRECTORX0.0.0.0. | | 2.00 | | | | | | | | • | • |
| DIRECTOR X 0. 0. 0. (16) KAREN ROYCE 3.00 DIRECTOR X 0. 0. 0. 0. (17) ELIZABETH SANDERS MILLS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. | | 1 | Х | | | | | | 0. | 0. | 0. |
| (16) KAREN ROYCE3.000.0.DIRECTORX0.0.0.(17) ELIZABETH SANDERS MILLS1.00X0.0.DIRECTORX0.0.0. | | 1.00 | | | | | | | | • | • |
| DIRECTORX0.0.0.(17) ELIZABETH SANDERS MILLS1.00X0.0.0.DIRECTORX0.0.0.0. | | | Х | | | | | | 0. | 0. | 0. |
| (17) ELIZABETH SANDERS MILLS 1.00 X 0. 0. 0. | | 3.00 | | | | | | | | • | <u>^</u> |
| DIRECTOR X 0. 0. 0. | | 1 00 | X | | | - | | | 0. | 0. | U. |
| | | L 1.00 | | | | | | | | • | <u>^</u> |
| | | | X | | | | | | 0. | υ. | |

232007 12-13-22

Form **990** (2022)

8

| Form 990 | | TO NEIG | HE | BOR | , | IN | IC . | | | 06-607 | /1605 | Page 8 |
|--------------|--|--|--------------------------------|------------------------|---------|-----------|---------------------------------|--------|---|---|-------------------------------------|---|
| Part VI | Section A. Officers, Directors, Trus | stees, Key Emp | oloy | ees, | anc | l Hig | ghes | t C | ompensated Employee | s (continued) | | |
| | (A) Name and title | (B) (C) Average hours per week vertice and a director/trustee | | | | | | an | (D) Reportable compensation | (E) Reportable compensation | Estii amo | (F) mated ount of |
| | | week (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC, 1099-NEC) | / compe / fror orgar and i | ther ensation m the nization related nizations |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - | | | | | | | | | |
| 16 0.1 | -+-+-1 | | | | | | | | 188,811. | 0 | 0. 10 | ,239. |
| c Tot | ototal al from continuation sheets to Part V al (add lines 1b and 1c) | II, Section A | | | | | | | 0. | C |). | 0. |
| | al number of individuals (including but r npensation from the organization | not limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | 1 (es No |
| line | the organization list any former officer 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | ····· | | X |
| and | any individual listed on line 1a, is the s related organizations greater than \$15 any person listed on line 1a receive or | 0,000? If "Yes, | " со | mple | ete S | Sche | edule | J f | for such individual | - | . 4 | X |
| ren | dered to the organization? If "Yes," con | | | | | | | | | | . 5 | X |
| 1 Cor | B. Independent Contractors mplete this table for your five highest co organization. Report compensation for | - | | | | | | | | | sation from | <u></u> ו |
| | (A) Name and business | | | | 0 | | | | (B) Description of s | | (C) Compens | |
| | ONSTRUCTION GROUP | | 60 | 00 | | | | | | | 600 | 651 |
| <u>44 BR</u> | IDGE STREET, WESTPOI | <u>RT, CT 0</u> | 00 | 80 | | | | | CONSTRUCTION | | 022 | <u>,651.</u> |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | al number of independent contractors ()0,000 of compensation from the organ | • | ot lin | nited | l to i | thos 1 | | ted | above) who received mo | ore than | | |
| ס ונ | o,ooo or compensation norn the organ | | | | | 4 | - | | | | Form 9 | 90 (2022) |

232008 12-13-22

| Pa | rt \ | /111 | | | | | | | | | |
|---|------|--------|--|----------|-------------------|-------|--------------------------|-----------------------------------|-------------------|------------------|--------------------------------------|
| | | | Check if Schedule O c | contai | ns a resp | onse | or note to any line I | <u>e in this Part VIII</u> (A) | (B) | (C) | D |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| 6 6 | 4 | _ | Federated campaigns | | 1a | | 35,000. | | | | 3000013 012 014 |
| ants | | | | | | | | | | | |
| G | | | Membership dues Fundraising events | | | | 148,865. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | | | , - | | | | |
| i, G nila | | | Government grants (contri | | | | 68,922. | | | | |
| Sir | | | All other contributions, gifts, | | | | | | | | |
| ber | | | similar amounts not included | | | | 2,670,025. | | | | |
| l Of | | g | Noncash contributions included in I | lines 1a | ⊩1f 1g | \$ | 1,258,476. | | | | |
| Col | | h | Total. Add lines 1a-1f | | | | | 2,922,812. | | | |
| | | | | | | | Business Code | | | | |
| é | 2 | а | | | | | | | | | |
| Program Service Revenue | | b | | | | | | | | | |
| gram Ser | | с | | | | | | | | | |
| ram eve | | d | | | | | | | | | |
| rogi | | е | | | | | | | | | |
| P | | | All other program service | | | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (includ | | | , | 50 500 | | | 50 500 | |
| | | | | | | | | 59,502. | | | 59,502. |
| | 4 | | Income from investment o | | | | F | | | | |
| | 5 | | Royalties | ····· | (i) Rea | | (ii) Personal | | | | |
| | ~ | _ | 0 | | | 11 | (II) Personal | | | | |
| | 6 | | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) Net rental income or (loss) | 6c | | | | | | | |
| | 7 | | Gross amount from sales of | / | (i) Securi | ities | (ii) Other | | | | |
| | ' | u | assets other than inventory | 7a | 2,787, | | (| | | | |
| | | b | Less: cost or other basis | <u> </u> | , , | | | | | | |
| er | | | | 7b | 2,774, | 763. | | | | | |
| ent | | с | | 7c | | 850. | | | | | |
| Revenue | | | Net gain or (loss) | | | | | 12,850. | | | 12,850. |
| P | 8 | | Gross income from fundraisir | | | | | | | | |
| Othe | | | including \$ | | | | | | | | |
| | | | contributions reported on | line 1 | c). See | | | | | | |
| | | | Part IV, line 18 | | | 8a | 23,300. | | | | |
| | | b | Less: direct expenses | | | 8b | 38,249. | | | | |
| | | | Net income or (loss) from | | - | | | -14,949. | | | -14,949. |
| | 9 | а | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | |
| | | | Less: direct expenses | | | - | | | | | |
| | | | Net income or (loss) from | | | es | | | | | |
| | 10 | а | Gross sales of inventory, le | | | 10 | | | | | |
| | | Ŀ | and allowances | | | | | | | | |
| | | | Less: cost of goods sold | | | | | | | | |
| | | C | Net income or (loss) from | sales | or invento | лу | Business Code | | | | |
| sn | 44 | а | | | | | Suchess Oud | | | | |
| neo | 11 | a b | | | | | | | | | |
| scellaneo Revenue | | с С | | | | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | | | |
| | 12 | | Total revenue. See instructio | | | | | 2,980,215. | 0. | 0. | 57,403. |
| 23200 | 9 12 | -13- | | | | | | | | | Form 990 (2022 |

NEIGHBOR TO NEIGHBOR, INC.

232009 12-13-22

Form 990 (2022)

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Page **9**

06-6071605

NEIGHBOR TO NEIGHBOR, 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).

INC.

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons | | | npiete column (A). | |
|-----------------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| Do | 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 | | CAPCINGCO | general expenses | CAPCINGCO |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| ~ | individuals. See Part IV, line 22 | 1,822,226. | 1,822,226. | | |
| 3 | Grants and other assistance to foreign | | | | |
| U | 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, | | | | |
| 5 | trustees, and key employees | 185,224. | 74,090. | 37,044. | 74,090. |
| 6 | Compensation not included above to disqualified | 105,224. | / 4,0000 | 57,0110 | /1/0000 |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | neurona described in section $4000(s)(0)(D)$ | | | | |
| 7 | Other salaries and wages | 539,924. | 389,566. | 102,454. | 47,904. |
| 7 8 | Pension plan accruals and contributions (include | 555,544. | | | |
| 0 | section 401(k) and 403(b) employer contributions) | 14,311. | 10,606. | 2,707. | 998 |
| 9 | Other employee benefits | 13,844. | 8,879. | 2,662. | <u>998.</u> 2,303. |
| 9 10 | | 65,432. | 41,966. | 12,583. | 10,883. |
| 11 | Payroll taxes Fees for services (nonemployees): | 05,452. | <u> </u> | 12,303. | 10,003 |
| | | | | | |
| a b | F | 962. | | 962. | |
| b c | Legal Accounting | 25,285. | | 12,910. | 12,375. |
| d | | 25,205. | | 12,910. | 12,575. |
| u e | | 21,600. | | | 21,600. |
| f | Investment management fees | 10,167. | | 10,167. | 21,000. |
| | | 10,107. | | 10,107. | |
| g | column (A), amount, list line 11g expenses on Sch 0.) | 38,524. | 4,782. | 32,641. | 1 101 |
| 12 | Advertising and promotion | 2,369. | | 52,041. | <u>1,101.</u> 2,369. |
| 12 13 | Office expenses | 56,244. | 1,905. | 12,435. | 41,904. |
| | F | 8,113. | 2,449. | 1,383. | 4,281. |
| 14 15 | Information technology | 0,113. | 2,117. | 1,505. | 4,2010 |
| 15 16 | Royalties | 139,536. | 116,517. | 16,395. | 6,624. |
| 16 17 | | 5,438. | 4,655. | 783. | 0,0240 |
| 17 18 | Travel Payments of travel or entertainment expenses | 5,450. | ±,055. | 105. | |
| 10 | , | | | | |
| 40 | for any federal, state, or local public officials Conferences, conventions, and meetings | | | | |
| 19 20 | | | | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 22 | Depreciation, depletion, and amortization | 140,459. | 121,865. | 12,624. | 5,970. |
| 22 23 | Insurance | 15,151. | 11,840. | 3,311. | 5,510. |
| 23 24 | Other expenses. Itemize expenses not covered | 15,151. | 11,040. | 5,5110 | |
| 24 | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MAINTENANCE & REPAIRS | 14,146. | 14,146. | | |
| a b | PROGRAM SUPPLIES | 11,247. | 11,243. | | 4. |
| с С | VOLUNTEER & HOSPITALITY | 8,855. | 8,855. | | |
| d | MISCELLANEOUS | 1,943. | 477. | 567. | 899. |
| | All other expenses | ±,513. | <u> </u> | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,141,000. | 2,646,067. | 261,628. | 233,305. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 5,222,0000 | | | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 23201 | 0 12-13-22 | | | I | Form 990 (2022) |
| 20201 | J 12-10-22 | 11 | | | 10111 200 (2022) |

13150422 756359 1123524.001

33

8,105,906.

| | | Check if Schedule O contains a response or note to | any line in this Part X | | | |
|-----------------------------|----------|---|-------------------------|---------------------------------|------------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 119,005. | 1 | 268,290. |
| | 2 | Savings and temporary cash investments | | 1,086,159. | 2 | 891,808. |
| | 3 | Pledges and grants receivable, net | | 55,935. | 3 | 1,228,772. |
| | 4 | Accounts receivable, net | | 11,984. | 4 | 1,661. |
| | 5 | Loans and other receivables from any current or for | | | | |
| | | trustee, key employee, creator or founder, substant | ial contributor, or 35% | | | |
| | | controlled entity or family member of any of these p | ersons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | | 131,995. | 8 | 121,650. |
| ∢ | 9 | Prepaid expenses and deferred charges | | 26,846. | 9 | 16,270. |
| | 10a | Land, buildings, and equipment: cost or other | 4 605 500 | | | |
| | | basis. Complete Part VI of Schedule D | 0a 4,625,529. | 120 000 | | |
| | b | Less: accumulated depreciation | | 137,706. | 10c | 4,439,577. 2,426,551. |
| | 11 | Investments - publicly traded securities | 2,234,929. | 11 | 2,426,551. | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | 1 201 247 | 14 | 26 262 | |
| | 15 | Other assets. See Part IV, line 11 | | 4,301,347. 8,105,906. | 15 | 26,363. 9,420,942. |
| | 16 | Total assets. Add lines 1 through 15 (must equal lin | | 45,534. | 16 | 134,457. |
| | 17 | Accounts payable and accrued expenses | 45,554. | 17 | 134,437. | |
| | 18 | Grants payable | | 18 19 | | |
| | 19 20 | Deferred revenue | | 19 20 | | |
| | 20 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part | | | 20 | |
| | 22 | Loans and other payables to any current or former of | | | 21 | |
| ties | ~~ | trustee, key employee, creator or founder, substant | | | | |
| Liabilities | | controlled entity or family member of any of these p | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated thi | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payab | | | | |
| | | parties, and other liabilities not included on lines 17 | | | | |
| | | of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 45,534. | 26 | 134,457. |
| | | Organizations that follow FASB ASC 958, check | here X | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | |
| lano | 27 | Net assets without donor restrictions | | 3,612,387. | 27 | 7,859,138. |
| Ba | 28 | Net assets with donor restrictions | | 4,447,985. | 28 | 1,427,347. |
| pur | | Organizations that do not follow FASB ASC 958, | check here | | | |
| Ę | | and complete lines 29 through 33. | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds \dots | | | 29 | |
| sei | 30 | Paid-in or capital surplus, or land, building, or equip | | | 30 | |
| t Aŝ | 31 | Retained earnings, endowment, accumulated incom | | 0 0 0 0 0 0 0 0 | 31 | 0 000 405 |
| Ne | 32 | Total net assets or fund balances | ····· | <u>8,060,372</u> | 32 | 9,286,485. |
| | 22 | Total liabilities and not accets/fund balances | | X 105 906 | 22 | 9 420 942. |

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9,420,942.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

NEIGHBOR TO NEIGHBOR, INC.

Total liabilities and net assets/fund balances

| Form | 1990 (2022) NEIGHBOR TO NEIGHBOR, INC. | 06-6 | 071605 | Pag | _{ge} 12 |
|------|---|----------|-----------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,980 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,141 | <u> </u> | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -160 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,060 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 26. |
| 6 | Donated services and use of facilities | 6 | 1,294 | .,7 | 72. |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 9,286 | 5,48 | 85. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | | | 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 | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | , 5 | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | 77 |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

Name of the organization

| Nam | e of t | he organization | | | | | | | identification number | | |
|----------|---|---|--------------------------------|--|------------------------|--------------------|------------------|--------------|----------------------------|--|--|
| _ | | NEIG | HBOR TO NE | IGHBOR, INC. | | | | | 6-6071605 | | |
| Pa | | Reason for Public (| | | | | ee instructions | 6. | | | |
| The o | organi | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | ו 990).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | inization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operat | ed by a go | vernmental un | it describe | ed in | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | ental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | |
| 7 | X | An organization that norma | • | ntial part of its support fr | om a gove | ernmental | unit or from the | e general | public described in | | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | | | |
| 8 | | A community trust describe | | | | | | | | | |
| 9 | | An agricultural research org | | | | - | | - | - | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of t | he college | e or | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that norma | | | | | | | | | |
| | | activities related to its exem | | | | | | | - | | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acqui | red by the orga | anization a | atter June 30, 1975. | | |
| 44 | | See section 509(a)(2). (Con | | volu to tost for public os | foty Soo | nantian E(| O(a)(4) | | | | |
| 11 12 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or | | | | | | | | | |
| 12 | | | - | - | - | | | • | | | |
| | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | | |
| а | | Type I. A supporting orga | | | | - | | - | aivina | | |
| | - | the supported organization | - | - | • • • • | - | | | | | |
| | | organization. You must c | | | , , | | | | 11 5 | | |
| b | | Type II. A supporting org | | | ion with it | s supporte | d organization | (s), by hav | /ing | | |
| | | control or management o | - | | | | - | | * | | |
| | | organization(s). You mus | | | | | | | | | |
| с | |] Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionally | y integrate | ed with, | | |
| | | its supported organization | n(s) (see instructions) | . You must complete l | Part IV, Se | ctions A, | D, and E. | | | | |
| d | |] Type III non-functionally | v integrated. A supp | orting organization oper | ated in co | nnection w | ith its support | ed organiz | zation(s) | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | veness | | |
| | | _ requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | | | |
| е | | Check this box if the orga | | | | | Type I, Type II | , Type III | | | |
| | | functionally integrated, or | | nally integrated supporting | ng organiz | ation. | | | | | |
| f | | r the number of supported o | • | | | | | | | | |
| g | | vide the following information Name of supported | about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monetary | (vi) Amount of other | | |
| | | organization | | (described on lines 1-10 | in your governi Yes | ng document? No | support (see ins | | support (see instructions) | | |
| | | Ū | | above (see instructions)) | 165 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | 1 | | | | | | | | | | |
| - uld | | | | | | | | | 1 | | |

Part II

NEIGHBOR TO NEIGHBOR, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | | | | |
|------|--|----------------------|---------------------|---------------------------|----------------------|---------------------|------------------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 2670229. | 3613615. | 5208507. | 3885441. | 2922812. | 18300604. | | | |
| 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 | | | | | | 1000000 | | | |
| 4 | Total. Add lines 1 through 3 | 2670229. | 3613615. | 5208507. | 3885441. | 2922812. | 18300604. | | | |
| 5 | 1 | | | | | | | | | |
| | 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, | | | | | | 1000000 | | | |
| _ | column (f) | | | | | | 1636764. | | | |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | 16663840. | | | |
| | | (-) 0010 | (1-) 0010 | (-) 0000 | (1) 0001 | (-) 0000 | (0 T-+-) | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 2670229. | (b)2019 3613615. | (c) 2020 5208507. | (d) 2021 3885441. | (e) 2022 | (f) Total 18300604. | | | |
| | Amounts from line 4 | 2070229. | 20120120 | 5200507. | 2002441. | 2922012. | 10300004. | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | 45,295. | 34,632. | 39,113. | 50,160. | 59,502. | 228,702. | | | |
| ~ | and income from similar sources | 45,295. | 54,052. | <u> </u> | 50,100. | ,502. | 220,702. | | | |
| 9 | | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | |
| 40 | business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | |
| 44 | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | 18529306. | | | |
| | Gross receipts from related activities, | | ne) | | | 12 | 103233000 | | | |
| | First 5 years. If the Form 990 is for th | | , | fourth or fifth tax y | | | | | | |
| 10 | organization, check this box and stop | | | | | | | | | |
| Se | ction C. Computation of Publi | ic Support Per | centage | | | | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | 89.93 % | | | |
| | Public support percentage from 2021 | | | | | 15 | 90.58 % | | | |
| | 33 1/3% support test - 2022. If the o | | | | | ore, check this bo | | | | |
| | stop here. The organization qualifies | | | | | | V | | | |
| k | 33 1/3% support test - 2021. If the o | | - | | | | | | | |
| | and stop here. The organization qual | | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | : - 2022. If the org | anization did not c | | | | | | | |
| | and if the organization meets the fact | | | | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | | | | |
| k | 0 10% -facts-and-circumstances test | 2021. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or | | | |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, cheo | ck this box and st | op here. Explain i | n Part VI how the | | | | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 | Private foundation. If the organization | on did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s | | | |
| | | | | | | Schedule A | (Form 990) 2022 | | | |

232022 12-09-22

| 20 | Privat | te foundation | If the organizatio | n did |
|--------|---------|---------------|--------------------|-------|
| 232023 | 3 12-09 | -22 | | |
| 131504 | 122 | 756359 | 1123524.0 | 01 |

16 2022.05090 NEIGHBOR TO NEIGHBOR, INC 11235241

| Schedule A | | | NEIGHBOR | | | | |
|------------|---------|----------|------------------|-------|---------------|-------------------|--|
| Part III | Support | Schedule | for Organization | is De | escribed in S | 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.)

| Sec | ction A. Public Support | | | | | | |
|-------|--|----------------------------|----------------------------|-----------------------|---------------------|-----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | • | | ł | I |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) orgar | vization, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), d | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2021 Schedule A, | , Part III, line 17 $_{.}$ | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | organization did | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and I | ine 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | e organization qual | ifies as a publicly s | supported organiz | ation | |
| b | 33 1/3% support tests - 2021. If the | organization did | not check a box or | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3 | 3%, and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | orted organiza | tion |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see in | structions | <u></u> |
| 23202 | 23 12-09-22 | | | | | Sched | lule A (Form 990) 2022 |

NEIGHBOR TO NEIGHBOR, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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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| A (Form 990) 2022 NEIGHBOR TO NEIGHBOR, INC |
|---|
|---|

1

| | | | Vaa | No |
|-----|---|-----|-----|----|
| | | | 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | ١ | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i> | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | 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 | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | | | |
| | | 1 | 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).

| | Section D. | All Typ | e III Sup | porting | Organizations |
|--|------------|---------|-----------|---------|---------------|
|--|------------|---------|-----------|---------|---------------|

Part IV Supporting Organizations (continued)

| | | | 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 on line 2, above, 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 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method | d that the organization used | d to satisfy the Integral Part | t Test during the vear | (see instructions) |
|---|----------------------------------|-----------------------------------|--------------------------------|------------------------|--------------------|
| • | Check the DOX heat to the method | <i>inal line organization use</i> | | | 1000 1100 000 |

a The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of | of each of its | supported of | organizations. | Complete line 3 be | elow. |
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|

| С | | The organization | supported | a governmental | entity. | Describe in P | art VI how | you supported a | governmental entity | / (see instruction <u>s)</u> |). |
|---|--|------------------|-----------|----------------|---------|---------------|------------|-----------------|---------------------|------------------------------|----|
|---|--|------------------|-----------|----------------|---------|---------------|------------|-----------------|---------------------|------------------------------|----|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If "Yes" or "No" provide details in* **Part VI.**

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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

232025 12-09-22

Schedule

13150422 756359 1123524.001

| 4 | Add lines 1 through 3. | 4 | | |
|----------|---|----------------|--------------------------|--------------------------------|
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| <u>a</u> | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 | Multiply line 5 by 0.035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | Ilv integrated | Type III supporting orga | nization (see |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

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Schedule A (Form 990) 2022

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ying trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
|------|--|-----------------|----------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations m | ust complete S | Sections A through E. | 1 |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 2 | Subtract line 0 from line 1d | | | |

Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

NEIGHBOR TO NEIGHBOR, INC.

Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

NEIGHBOR TO NEIGHBOR, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

06-6071605 Page 7

1

2

Current Year

Schedule A (Form 990) 2022

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

2

| Schedule A | (Form 990) 2022 | NEIGHBOR | TO NEIC | GHBOR, | INC. | 06-6071605 Page 8 |
|----------------|--------------------------|--------------------------|---------------|--------------|-------------------|--|
| Part VI | line 1; Part IV, Section | D, lines 2 and 3; Part I | V, Section E, | lines 1c, 2a | , 2b, 3a, and 3b; |); Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information. |
| | | | | | | |
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| | | | | | | |
| 232028 12-09-2 | 2 | | | 21 | | Schedule A (Form 990) 2022 |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

~ c

| | NEIGHBOR TO NEIGHBOR, INC. | 06-6071605 |
|-----------------------------------|---|------------------------------------|
| Organization type (che | eck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox{X} 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Check if your organizat | tion is covered by the General Rule or a Special Rule. | |
| | 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec | ial Rule. See instructions. |
| General Rule | | |
| | zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contri | 0, , |
| Special Rules | | |
| sections 509(a contributor, de | zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 0-EZ, line 1. Complete Parts I and II. | 6b, and that received from any one |

___ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Name of organization

Employer identification number

| EIGHBOR TO | NEIGHBOR, INC. | 06 | 5-6071605 |
|---------------|---|--------------------------------|--|
| Part I Contri | butors (see instructions). Use duplicate copies of Part I | if additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1 | | \$ <u>105,150.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll |

noncash contributions.) Schedule B (Form 990) (2022)

Noncash

(Complete Part II for

223452 11-15-22

24 2022.05090 NEIGHBOR TO NEIGHBOR, INC 11235241

\$

Name of organization

Page 3

Employer identification number

06-6071605

NEIGHBOR TO NEIGHBOR, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. irom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

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223453 11-15-22

Schedule B (Form 990) (2022)

| Schedule E | B (Form 990) (2022) | | Page 4 |
|---------------------------|---|--|--|
| Name of o | rganization | | Employer identification number |
| NEIGHI | BOR TO NEIGHBOR, INC. | | 06-6071605 |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year rv. For organizations |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of gift | t |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | t |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| - | | (e) Transfer of gift | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |

Schedule B (Form 990) (2022)

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| ~ ~ ~ | | Supplement | al Einancial Statements | OMB No. 1545-0047 |
|-------|-----------------------|---|---|--|
| | | | al Financial Statements nization answered "Yes" on Form 990, | 2022 |
| (Form | n 990) | | 112 110 115 110, 110, 110, 110, 111, 120, or 12b. | |
| | nent of the Treasury | | ttach to Form 990. | Open to Public Inspection |
| | Revenue Service | | 0 for instructions and the latest information. | |
| name | e of the organizati | NEIGHBOR TO NEIGHBO | | Employer identification number 06-6071605 |
| Par | t I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or A | ccounts. Complete if the |
| | organizatio | on answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at e | nd of year | | |
| 2 | | of contributions to (during year) | | |
| | | of grants from (during year) | | |
| | | at end of year | | |
| | | | writing that the assets held in donor advised fun | ds |
| | • | | exclusive legal control? | |
| 6 | | | dvisors in writing that grant funds can be used of | |
| | • | | r donor advisor, or for any other purpose confer | |
| | impermissible priv | vate benefit? | | |
| Par | | | ganization answered "Yes" on Form 990, Part IV | |
| 1 | | servation easements held by the organization | | |
| | | n of land for public use (for example, recrea | | orically important land area |
| | | of natural habitat | | tified historic structure |
| | Preservation | n of open space | | |
| 2 | | | ied conservation contribution in the form of a co | onservation easement on the last |
| _ | day of the tax yea | | | Held at the End of the Tax Year |
| а | Total number of c | onservation easements | | 2a |
| | | | | 2b |
| | ÷ | | ucture included in (a) | 2c |
| | | vation easements included in (c) acquired a | | |
| u | | | | 2d |
| 3 | | | eased, extinguished, or terminated by the organ | |
| U | year | valion casements mounica, transienca, rei | cased, extinguished, or terminated by the organ | |
| 4 | | where property subject to conservation eas | sement is located | |
| | | ation have a written policy regarding the per | | |
| 5 | • | forcement of the conservation easements it | | Yes No |
| 6 | | | handling of violations, and enforcing conservati | |
| U | | i nours devoted to morntoning, inspecting, | handling of violations, and emotoling conservation | on casements during the year |
| 7 | Amount of oxnone | | lling of violations, and enforcing conservation ea | soments during the year |
| ' | Amount of expense | ses incurred in monitoring, inspecting, nanc | | asements during the year |
| 8 | | | e satisfy the requirements of section 170(h)(4)(B | \/i) |
| 0 | | | | |
| 0 | and section 170(h | | on easements in its revenue and expense stater | |
| 9 | | - · | - | |
| | | | note to the organization's financial statements th | Ial describes the |
| Par | | counting for conservation easements. | Art, Historical Treasures, or Other S | Similar Assets |
| 1 0 | | _ | | |
| | | f the organization answered "Yes" on Form | | |
| 1a | • | | 8, not to report in its revenue statement and ba | |
| | of art, historical tr | easures, or other similar assets held for put | plic exhibition, education, or research in furthera | nce of public |

| service, | provi | ide in | Par | t XIII | the t | ext | of th | ne f | foot | note | e to | its | fina | ancia | al s | taten | nent | s that | des | crib | es [.] | these | item | IS. |
|----------|-------|--------|-----|--------|-------|-----|-------|------|------|------|------|-----|------|-------|------|-------|------|--------|-----|------|-----------------|-------|------|-----|
| | | | | | | | | | | | | | | | | | | | | | | | | |

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$

| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide |
|---|--|
| | the following amounts required to be reported under FASB ASC 958 relating to these items: |
| а | Revenue included on Form 990, Part VIII, line 1\$ |

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Schedule D (Form 990) 2022

2022.05090 NEIGHBOR TO NEIGHBOR, INC 11235241

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| Sche | | R TO NEIGHI | | | | | | 06-60 | | | _{age} 2 |
|----------|---|---------------------------------|-------------|---------------|-----------------------|-------------|-------------------------|--------------|------------------|--------|------------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Othei | r Simila | r Assets | i (contir | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the | following that | t make si | gnificant u | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | 1 🗌 I | Loan or exc | change progra | am | | | | | |
| b | Scholarly research | е | , 🗌 (| Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how the | ey further tl | ne organizatio | on's exer | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | of art, his | storical trea | sures, or othe | er similar | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | "Yes" on | Form 990 | , Part IV, I | line 9, or | | |
| | reported an amount on Form 990, Pa | | | - | | | | - · | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for c | ontribution | s or other as | sets not i | ncluded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | . 1c | | | | |
| d | Additions during the year | | | | | | . 1d | | | | |
| е | Distributions during the year | | | | | | . 1e | | | | |
| f | Ending balance | | | | | | . 1 f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for e | scrow or c | ustodial acco | unt liabili | ity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | | | | | | | | () 5 | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Three y | 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 curr | • | e (line 1g | i, column (a | i)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that | t are held a | nd administer | red for th | е | | 1 | V I | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| _ | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | <u> </u> |
| 4 Dar | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | wment fi | unds. | | | | | | | |
| I ai | Complete if the organization answere | |) Dort IV | lino 11a S | Soo Earm 000 | Dort V | lino 10 | | | | |
| | · · · · · | | | | | | | | () | | |
| | Description of property | (a) Cost or o basis (investr | | • • | t or other (other) | | ccumulate preciation | ed | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | 4,33 | 35,791. | | 99,3 | 66. | 4,23 | 6,43 | 25. |
| с | Leasehold improvements | | | - | | | | | | | |
| d | Equipment | | | | 9,738. | | 41,5 | | | | 52. |
| - | Other | | | | 50,000. | | 45,0 | | | | 00. |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X. colum | n (B), line 1 | 0c.) | <u></u> | | | 4,43 | 9,5 | 17. |

Schedule D (Form 990) 2022

232052 09-01-22

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
|--|----------------------------|---|------------------------|
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| 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 en | d-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 IXOther Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11d See Form 990 Part X line 15 | |
| | Description | | (b) Book value |
| | Description | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | e 15.) | | |
| | on Form 000 Dout N/ line | 110 or 11f Soo Form 000 Dort V line 05 | : |
| Complete if the organization answered "Yes" 1. (a) Description of liability | on Form 990, Part IV, line | THE OF THI. SEE FORM 990, Part A, IINE 25 | b. (b) Book value |
| | | | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🗴

232053 09-01-22

Schedule D (Form 990) 2022 NEIGHBOR TO NEIGHBOR, INC.

Part VII Investments - Other Securities. Part IV line 11h See Form 000 Part X line 12 moloto if the organ ration answerod "V

| Complete if the organization answered "Yes" of | 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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| | | |

| Sche | dule D (Form 990) 2022 NEIGHBOR TO NEIGHBOR, INC. | | | 06- | 6071605 Page 4 |
|--|--|----------------------|--------------------|-------|---|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | nts Wit | h Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,366,218. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2 a | 92,126. | | |
| b | Donated services and use of facilities | . 2b | 1,304,044. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 1,396,170. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,970,048. |
| 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 | 10,167. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 10,167. |
| | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,980,215. |
| | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per I | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents Wi | ith Expenses per I | Retur | n. |
| | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents Wi | ith Expenses per I | | |
| Pa | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents Wi | ith Expenses per I | Retur | n. |
| Pa 1 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents Wi | ith Expenses per I | Retur | n. |
| Pa 1 2 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents Wi . 2a | ith Expenses per I | Retur | n. |
| Pa 1 2 | XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 | ents Wi | ith Expenses per I | Retur | n. |
| Pa 1 2 a b c d | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 | 9,272. | Retur | n. 3,140,105. |
| Pa 1 2 a b c d | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 | 9,272. | Retur | n. 3,140,105. 9,272. |
| Pa 1 2 a b c d | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 | 9,272. | 1 | n. 3,140,105. |
| Pa 1 2 a b c d e | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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: | ents Wi | 9,272. | Retur | n. 3,140,105. 9,272. |
| Pa 1 2 b c d 3 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 | ents Wi | 9,272. | Retur | n. 3,140,105. 9,272. |
| Pa 1 2 b c d 3 | TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 | ents Wi | 9,272. | Retur | n. 3,140,105. 9,272. 3,130,833. |
| Pa 1 2 a b c d e 3 4 a b | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.) Add lines 4a and 4b | ents Wi | 9,272. 9,167. | Retur | n. 3,140,105. 9,272. 3,130,833. 10,167. |
| Pa 1 2 a b c d a b c 3 4 b c 5 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.) | ents Wi | 9,272. 9,167. | Retur | n. 3,140,105. 9,272. 3,130,833. |

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 RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF |
|--|
| THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS |
| DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD |
| REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS |
| NO LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDICTIONS FOR |
| THE PERIODS PRIOR TO 2020. |
| |

232054 09-01-22

| SCHEDULE G | Suppleme | ental Information Regarding | Fund | raisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|---|--|---|---|-------------------|-----------------------------------|----------|--|--|
| (Form 990) | Complete if the | or if the | 2022 | | | | | |
| Department of the Treasury | · | | Open to Public | | | | | |
| Internal Revenue Service | | to www.irs.gov/Form990 for instruc | ctions | and tl | he latest information | ı. | | Inspection |
| Name of the organization | | R TO NEIGHBOR, INC | • | | | | Employer ide $06-6071$ | entification number .605 |
| | ing Activities. | Complete if the organization answe | | es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-E2 | I filers are not |
| · · · · · | complete this par e organization rais | t. sed funds through any of the followin | g activ | ities. (| Check all that apply. | | | |
| a 🔟 Mail solicitat | | e 🔀 Solicita | tion of | non-g | overnment grants | | | |
| — | email solicitations | | | • | e e | | | |
| c Phone solicit d X In-person sol | | g X Special | fundra | lising | events | | | |
| | | or oral agreement with any individual | (includ | ling of | ficers, directors, trus | tees, | or | |
| | | art VII) or entity in connection with p | | | | | X Yes | s 🗌 No |
| | • | viduals or entities (fundraisers) pursu | ant to | agreei | ments under which th | 1e fur | idraiser is to b | e |
| compensated at le | ast \$5,000 by the | organization. | | | 1 | | | |
| (i) Name and address or entity (fund | | (ii) Activity | (iii) fundr have cr or con contribu | ustody trol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| CAROL NORDGREN - 24 | | | Yes | | | | | |
| AVENUE, GREENWICH, | | GRANT WRITING | 100 | X | 390,858. | | 21,600. | 369,258. |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | 390,858. | | 21,600. | 369,258. |
| | ch the organizatio | on is registered or licensed to solicit o | contrib | utions | or has been notified | it is e | exempt from re | egistration |
| or licensing. | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

NEIGHBOR TO NEIGHBOR, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| Gross receipts | (event type) | | | (add col. (a) through col. (c)) |
|--|--|---|--|--|
| | | (event type) | (total number) | Col. (C)) |
| | 172,165. | | | 172,165 |
| Less: Contributions | 148,865. | | | 148,865 |
| Gross income (line 1 minus line 2) | 23,300. | | | 23,300 |
| Cash prizes | | | | |
| Noncash prizes | | | | |
| Rent/facility costs | 4,550. | | | 4,550 |
| Food and beverages | 19,301. | | | 19,301 |
| | 1,152. | | | 1,152 13,246 |
| | | | | 38,249 |
| | | | | -14,949 |
| | | | | |
| \$15,000 on Form 990-EZ, line 6a. | | | | |
| | (a) Bingo | | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (d |
| | | | | |
| | | | | |
| | | | | |
| Rent/facility costs | | | | |
| Other direct expenses | | | | |
| Volunteer labor | └── Yes % └── No | └── Yes % │ | 6 Yes % | |
| Direct expense summary. Add lines 2 throug | gh 5 in column (d) | | | |
| Net gaming income summary. Subtract line | 7 from line 1, column (d) | | | |
| he organization licensed to conduct gaming | activities in each of these | states? | | 🗌 Yes 🗌 N |
| | | erminated during the tax | < year? | Yes N |
| | Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming No," explain: re any of the organization's gaming licenses | Food and beverages 19,301. Entertainment 1,152. Other direct expenses 13,246. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Net income summary. Subtract line 10 from line 3, column (d) Image: Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. Gross revenue (a) Bingo Gross revenue (a) Bingo Cash prizes (b) Bingo Noncash prizes (c) Bingo Other direct expenses (c) Bingo Direct expense summary. Add lines 2 through 5 in column (d) (c) Bingo Direct expense summary. Add lines 2 through 5 in column (d) (c) Bingo Direct expense summary. Subtract line 7 from line 1, column (d) (c) Bingo Met gaming income summary. Subtract line 7 from line 1, column (d) (c) Bingo ter the state(s) in which the organization conducts gaming activities in each of these No," explain: (c) Bingo | Rent/facility costs 4,550. Food and beverages 19,301. Entertainment 1,152. Other direct expenses 13,246. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Met income summary. Subtract line 10 from line 3, column (d) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a. Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Cash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Noncash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Other direct expenses (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Other direct expenses (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Other direct expenses (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Other direct expenses (b) Pull tabs/instant bingo/progressive bingo (cash prizes Noncash prizes (b) Pull tabs/instant bingo/progressive bingo (cash prizes Other direct expenses (cash prizes (cash p | Rent/facility costs 4,550. Food and beverages 19,301. Entertainment 1,152. Other direct expenses 13,246. Direct expense summary. Add lines 4 through 9 in column (d) |

232082 10-27-22

Schedule G (Form 990) 2022

| Sch | edule G (Form 990) 2022 | NEIGHBOR | то | NEIGHBOR, | INC. | 06-6 | 507160 | 5 Page 3 |
|--|---|-----------------------|----------|----------------------|----------------------|--------------------|-----------------|-------------|
| 11 | Does the organization conduct ga | | | | | | Yes | No |
| 12 | Is the organization a grantor, bene | • | | | | - | | |
| 13 | to administer charitable gaming? Indicate the percentage of gaming | a activity conductor | 1 in: | | | | Yes | No |
| | The organization's facility | | | | | | 13a | % |
| b | An outside facility | | | | | | 13b | % |
| 14 | Enter the name and address of the | e person who prepa | ares th | e organization's ga | ming/special events | books and records: | | |
| | Name | | | | | | | |
| | Address | | | | | | | |
| 15a | Does the organization have a con | tract with a third pa | irty fro | m whom the organ | ization receives gar | ing revenue? | 🗌 Yes | No No |
| b | If "Yes," enter the amount of gam | ing revenue receive | d by t | he organization | \$ | and the amount | | |
| | of gaming revenue retained by the | | | | | | | |
| C | If "Yes," enter name and address | of the third party: | | | | | | |
| | Name | | | | | | | |
| | | | | | | | | |
| | Address | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | News | | | | | | | |
| | Name | | | | | | | |
| | Gaming manager compensation | \$ | | _ | | | | |
| | Description of convises provided | | | | | | | |
| | Description of services provided | | | | | | | |
| | | | | | | | | |
| | Director/officer | Employee | | | ent contractor | | | |
| | | | | | | | | |
| 17 | | | | | | | | |
| а | Is the organization required under | | | | | | Yes | No No |
| b | retain the state gaming license? Enter the amount of distributions | | | | other exempt organ | | | |
| | organization's own exempt activit | ies during the tax y | ear | \$ | | ľ | | |
| Pa | rt IV Supplemental Infor | | | | | | rt III, lines 9 | , 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicable. Also pr | ovide | any additional infor | mation. See Instruct | lions. | | |
| SC | HEDULE G, PART I, | LINE 2B, | LIS | T OF TEN H | IIGHEST PAI | D FUNDRAISERS | 5: | |
| | | | | | | | | |
| | | | | | | | | |
| <u>(</u>] |) NAME OF FUNDRAIS | SER: CAROL | NO | RDGREN | | | | |
| (I |) ADDRESS OF FUND | RATSER · 24 | 8 P | UTINAM AVEN | IIIE GREENV | | 80-4882 | 2 |
| <u>\ </u> | / ADDIALOG OF FONDI | | 01 | | | | 0 400 | <u> </u> |
| | | | | | | | | |
| PA | RT I, LINE 2B, COI | LUMN (V): | | | | | | |
| TH | E ORGANIZATION'S H | ISCAL YEA | R B | UDGET ALLC | WS FOR PAY | ING THE GRANT | WRIT | ER |
| <u>\$8</u> | 0 PER HOUR FOR UP | то 20 нои | RS | PER MONTH. | | | | |
| 2320 | 33 10-27-22 | | | | | Sched | ule G (Form | n 990) 2022 |
| _ 3 _ 3 | | | | 33 | | 251100 | (| , |

13150422 756359 1123524.001

| Schedule G | (Form 990) |
|------------|------------|
| Dart IV | Quantam |

| | (continued) | | |
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| | | | Schedule G (Form 990) |
| | | | |

232084 04-01-22

| SCHEDULE I | | G | rants and Oth | er Assistan | ce to Organ | izations. | | OMB No. 15 | 45-0047 | | |
|----------------------------|---|---------------------|------------------------------------|-----------------------------|--|---|---------------------------------------|------------------------------------|----------|--|--|
| (Form 990) | Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | | | |
| Department of the Treasury | | Attach to Form 990. | | | | | | | | | |
| Internal Revenue Service | | | Go to www.irs | | the latest information | ation. | | Open to I Inspec | | | |
| Name of the organizat | | | | | | | | Employer identification | | | |
| | NEIGHBOR | | DR, INC. | | | | | 06-607 | 1605 | | |
| | nformation on Grants a | | | | | | | | | | |
| • | ization maintain records t | | • | | • • • • | v | | | <u> </u> | | |
| | award the grants or assis t IV the organization's pro | | | | | | | A Yes | No No | | |
| Part II Grants ar | nd Other Assistance to I | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any | | | |
| · · · | that received more than \$ | , | • | | | (f) Method of | () | () - () | | | |
| | ddress of organization overnment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of gr or assistance | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

06-6071605

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | WEEKLY DISTRIBUTION OF |
| | | | | | GROCERIES SUFFICIENT FOR 9 |
| OOD ASSISTANCE | 2147 | 0. | 1,538,965. | COST | MEALS PER INDIVIDUAL |
| | | •• | 2,000,000 | | AD-HOC DISTRIBUTION OF |
| | | | | | HOUSEHOLD CLEANING PRODUCTS, |
| | | | | | PERSONAL CARE ITEMS, AND |
| LOTHING & ESSENTIALS ASSISTANCE | 1754 | 0. | 283,261. | COST | , CLOTHING |
| | | | | | |
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| Part IV Supplemental Information. Provide the information | | | <u> </u> | | |

PART I, LINE 2:

IN ORDER TO RECEIVE ASSISTANCE, ALL CLIENTS ARE REQUIRED TO BE GREENWICH

RESIDENTS AND ARE REFERRED TO THE ORGANIZATION THROUGH A SOCIAL SERVICES

AGENCY WHICH DOES THE VETTING (RESIDENCY, INCOME QUALIFICATION, ETC).

CLIENTS MUST MEET THE STANDARD OF HAVING A HOUSEHOLD INCOME OF LESS THAN

THREE TIMES THE FEDERAL POVERTY LIMIT FOR THE SIZE OF ITS HOUSEHOLD IN

ORDER TO RECEIVE ASSISTANCE.

THE ORGANIZATION DOES MAKE AN EXCEPTION TO THIS PROCESS - ANYONE FROM

| Schedule I (Form 990 |) omontal Ir | NEIGH | BOR | TO N | EIGHBOR, | INC. | | | | (| 06-60' | 71605 | Page 2 |
|----------------------|-----------------|---------|------|--------|----------|--------|------|-----|---------|-------|--------|-------------|---------------|
| | | | | | | | | | | | | | |
| ANYWHERE CA | N WALK | THROUG | H TH | HE ORO | GANIZATI | ON'S I | DOOR | S Z | AND REC | CEIVI | EAOI | IETIME | |
| 'EMERGENCY' | DISTR | IBUTION | OF | FOOD | (ENOUGH | FOOD | FOR | 9 | MEALS | FOR | EACH | HOUSH | OLD |
| MEMBER). | | | | | | | | | | | | | |
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| 232291 04-01-22 | | | | | | | | | | | Sch | edule I (Fo | rm 990) |

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Noncash Contributions

OMB No. 1545-0047

2022

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30 | | | | | | | |
|---|--|--|--|--|--|--|--|
| Attach to Form 990. | | | | | | | |

D In

| • | | , | |
|---|---------------------|---|--|
| | Attach to Form 990. | | |

| | Il Revenue Service Go to www.ir | rs.gov/Form | 990 for instruction | ns and the latest information | n. | Inspe | | |
|-----|---|--------------------------------------|---|--|---------------|---------------------------------------|-------|------|
| Nam | e of the organization | | | | Employer | identificati | on nu | mber |
| | NEIGHBOR TO | NEIGHB | OR, INC. | | 0 | 6-6071 | 605 | |
| Pa | | | - | | • | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) d of determir ontribution a | • | ts |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 148,489. | RETAIL V | ALUE | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | 2 | 6,100. | AVG. SEL | LING P | RIC | E |
| 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 | | 606.040 | 1 100 005 | | | | |
| 19 | Food inventory | | 606,842 | 1,103,887. | RETAIL V | ALUE | | |
| 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 | ization during | g the tax year for c | ontributions | | | _ | |
| | for which the organization completed Form 82 | 283, Part V, D | onee Acknowledg | ement 29 | | | 0 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | by contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | f the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period | l? | | | | <u>30a</u> | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contribu | tions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | | | | | | <u>32a</u> | | X |
| b | If "Yes," describe in Part II. | | | | | | | |

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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232141 09-09-22

| | (Form 990) 2022 | NEIGHBOR | TO | NEIGHBOR, | INC. |
|---------|-----------------|--------------|--------|--------------------|-----------|
| Part II | Supplemental | Information. | Provid | the information re | auired by |

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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,

COLUMN (B) FOR ALL NON-CASH CONTRIBUTIONS EXCEPT THE NUMBER OF

CONTRIBUTORS FOR THE PUBLICLY TRADED SECURITIES.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



06-6071605

NEIGHBOR TO NEIGHBOR, INC.

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. IN FY 22-23, NEIGHBOR CONTINUED TO PROVIDE SUPPLEMENTAL

FOOD, NEW CLOTHING AND ESSENTIAL HOUSEHOLD ITEMS TO AN INCREASING

NUMBER OF CLIENTS. THE USED CLOTHING ROOM REMAINS CLOSED AND THE

ORGANIZATION'S MISSION REMAINS UNCHANGED.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN INDEPENDENT ACCOUNTINF FIRM. THE FORM 990 IS REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR DURING PREPARATION AND PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. ONCE FINALIZED BUT BEFORE FILED, COPIES ARE PROVIDED TO THE FULL BOARD FOR REVIEW.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH REQUIRES ALL BOARD MEMBERS TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICT. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. EACH YEAR AT THE ANNUAL MEETING, BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THE FORMS ARE REVIEWED BY THE PRESIDENT OF THE BOARD AND THE EXECUTIVE DIRECTOR WHO DETERMINE IF CONFLICTS OF INTEREST EXIST. CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. A BOARD MEMBER WITH A POTENTIAL CONFLICT MUST NOT VOTE ON THE MATTER OR ATTEMPT TO INFLUENCE ANY OTHER DIRECTORS.

| Schedule O (Form 990) 2022 | Page 2 | | | | | |
|---|---|--|--|--|--|--|
| Name of the organization NEIGHBOR TO NEIGHBOR, INC. | Employer identification number $06-6071605$ | | | | | |
| FORM 990, PART VI, SECTION B, LINE 15: | | | | | | |
| THE EXECUTIVE DIRECTOR AND HEAD OF FINANCE'S SALARY IS REVIEWED ANNUALLY AS | | | | | | |
| PART OF AN ANNUAL PERFORMANCE REVIEW THAT INCLUDES FEEDBACK SOLICITED FROM | | | | | | |
| ALL BOARD MEMBERS AND STAFF. PERIODICALLY, AN INFORMAL COMPENSATION | | | | | | |
| COMPARISON IS PERFORMED USING INFORMATION DERIVED FROM FORM 990S FOR | | | | | | |
| SELECTED LOCAL NON-PROFIT ORGANIZATIONS.THE COST OF LIVING RATE IS ALSO | | | | | | |
| TAKEN INTO CONSIDERATION WHEN DETERMINING COMPENSATION. THE FINANCE | | | | | | |
| COMMITTEE AND THE BOARD OF DIRECTORS VOTE ON THE EXECUTIVE DIRECTOR AND | | | | | | |
| HEAD OF FINANCE COMPENSATION AS PART OF THE BUDGET APPROVA | L PROCESS, WHICH | | | | | |
| IS DOCUMENTED IN THE MEETING MINUTES. | | | | | | |

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS ALSO POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22