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

benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public

		of the Treasur nue Service	The organization may have to use a copy of this return to satisfy state is	reporting requirements.	Open to Public Inspection
_			lendar year, or tax year beginning and ending	<u> </u>	
В	Check if applicab	Please	C Name of organization	D Employer identific	ation number
_	Addre	use IRS			
늗	chang Name	type	NEIGHBOR TO NEIGHBOR NETWORK	20 5	E 0 E 0 0
-	chang linitial	le	Doing Business As	<del></del>	558500
늗	return Termi	Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/suite 1 MUNICIPAL PLAZA 213	E Telephone number	80-4017
F	—ated ☐Amen ☐return	Instruc- ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	36,134.
F	Applic		BLOOMFIELD, NJ 07003	H(a) Is this a group ref	
	pendi		ne and address of principal officer:PAULA PEIKES	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates incli	
<u> </u>	Tax-ex	empt statu	us: X 501(c) (3 ) ◀ (insert no.)	1	st. (see instructions)
<u>J</u> '	Websi	te: ▶ NA		H(c) Group exemption	
		organizatio		of formation 2008 M	State of legal domicile NJ
P	art I	Summ			
ë	1	Briefly des	scribe the organization's mission or most significant activities: PROVIDING		TREACH TO
Activities & Governance	i		T HOMEBOUND SENIOR CITIZENS IN THE TOWNSH		TIELD NJ.
/err			s box If the organization discontinued its operations or disposed of more	1 1	sets.
Ô	1		f voting members of the governing body (Part VI, line 1a)	3	
త	ì		of independent voting members of the governing body (Part VI, line 1b)  iber of employees (Part V, line 2a)	4	0
ij	į.		ber of volunteers (estimate if necessary)	5	0
çi	1		is unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	1		ated business taxable income from FDnD90 Line/II	7b	0.
			LILOLIVLD	Prior Year	Current Year
Ð	8	Contributi	service revenue (Part VIII, line 25) MAY 1 0 2010 Continue 25 MAY 1 0 2	1,500.	36,134.
eun	9	Program s	service revenue (Part VIII, line 20) MAY 10 2010		
Revenue	10	Investmer	nt income (Part VIII, column (4), lines 3, 4, and 7d)		
_	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 6c, 9c 10c and 1ne)		
				1,500.	36,134.
			d similar amounts paid (Part IX, column (A), lines 1-3)		
		•	paid to or for members (Part IX, column (A), line 4)		
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		· · · · · ·
реп	h		nal fundraising fees (Part IX, column (A), line 11e)  Iraising expenses (Part IX, column (D), line 25)		
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	170.	15,757.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	170.	15,757.
	10		ess expenses Subtract line 18 from line 12	1,330.	20,377.
Ces				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	1,330.	21,707.
at Ag	21	Total liabil	ities (Part X, line 26)		
롡	22		s or fund balances. Subtract line 21 from line 20	1,330.	21,707.
Pa	art II		ture Block	<del></del>	<del></del>
		and comple	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statements, it beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowledge	and belief, it is true, correct,
Sign	_	1	Vile Um	1 4/2~	110
Sign Here		Sign	ature of officer	Date Date	// 0
	•	PA	ULA PEIKES, OFFICER		
			or print name and title		
Paid	1	Preparer's	<b>—</b> [ • [ ] —	(see inst	's identifying number ructions)
_	arer's	signature	04/15/10 em	ployed >	P00112039
	Only	Firm's name yours if	o MARTIN KAHAN		3282644
		serf-emologi address, and	a 1220 COLIN TIMEWHI		
		Z:P - 4	BROOKLYN, NY 11230	Phone no ► 7 1	8-755-8374
May	the If	RS discuss	s this return with the preparer shown above? (see instructions)		X Yes No

				Form 990 (2009)
4e	Total program service expenses ►\$ 15,	757.		
4d	Other program services (Describe in Schedule O) (Expenses \$ 15,757 • including grants of \$	35,134.)(Revenue \$	,	
			\	
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·		
4b	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)
4a	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)
	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	,, sasii program sormoo roportoo.	·	
	Section 501(c)(3) and 501(c)(4) organizations and section 49 allocations to others, the total expenses, and revenue, if an			
4	Describe the exempt purpose achievements for each of the			
	If "Yes," describe these changes on Schedule O.			
3	Did the organization cease conducting,,or make significant	changes in how it conducts, any pro-	gram services?	Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.			Yes _A_No
2	Did the organization undertake any significant program sen	rices during the year which were not	listed on	Yes X No
	RESIDENTS IN COMPLETING APPLIC			
	HOMEBOUND SENIOR CITIZENS IN I			D, NJ
	THE TOWNSHIP OF BLOOMFIELD NJ			
1	PROVIDING COMMUNITY OUTREACH	HEDULE O FOR CONTIN TO ASSIST HOMEBOUND		ENS IN

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u>X</u>
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Λ_
J	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	0		
·	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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
124	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		X
IZA				
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, ,,,,		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20	000	<u> </u>
		⊢orm	99U (	2009)

## Form 990 (2009) Part IV Checklist of Required Schedules (continued)

			res	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
00	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	!		
04-	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Ь	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,
^~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
00	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	'		
_	instructions for applicable filing thresholds, conditions, and exceptions):	1		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l v
31	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	_	
•	If "Yes," complete Schedule R, Part V, line 2	25		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<b>-</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	"		<del> </del>
-	Note. All Form 990 filers are required to complete Schedule O	38		Х
			990 (	

### Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		
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 0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	i		İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1
	Tax Shelter Transaction?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		Х
	provided to the payor?	7a		_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		<u> </u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e	•	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>	<u> </u>	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders  11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
12-	amounts due or received from them)  Section 4047(a)(1) and executed the situation of the section 4047(a)(1) and executed the situation of the section 4047(a)(1) and executed the situation of the section 4047(a)(1) and executed the section of the			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes 1 enter the amount of tax-exempt interest received as approach divines the uses.	12a	<del> </del>	<u> </u>
Ü	If "Yes,* enter the amount of tax-exempt interest received or accrued during the year 12b	Farm	990	(2000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management				1	
1.	Enter the number of voting members of the governing hady	1a	1		Yes	No
b	Enter the number of voting members of the governing body  Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
~	officer, director, trustee, or key employee?	) WILLI C	iry Other	2	•	Х
3	Did the organization delegate control over management duties customarily performed by or under the	diroct	aupan//aloa			
J	of officers, directors or trustees, or key employees to a management company or other person?	s ulleci	supervision	3		x
4	Did the organization make any significant changes to its organizational documents since the prior For	·~ 000	was filed?	4		X
5	Did the organization make any significant changes to its organizational documents since the prior For Did the organization become aware during the year of a material diversion of the organization's assets		was nieu /	5	-	X
6	Does the organization become aware during the year of a material diversion of the organization's assets	5'		6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more mer	mhara	of the			
, a	governing body?	IIIDEIS	or the	7a		Х
ь.	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	cone?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of		the year	10		
٠	by the following.	Jurnig	ine year			
2	The governing body?			8a	x	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	shod s	tha	- 60		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	JIIEU a	. tile	9		Х
200	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code	1 3		
<del>)</del>	tion B. I Oncies (This Section B requests information about policies not required by the internal re-	venue	Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such of	chante	re affiliates	1.00		
_	and branches to ensure their operations are consistent with those of the organization?	энцэго	o, annacoo,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing the	form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing inc	101111	<b>-</b>		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could	ld awe	rise	120		
-	to conflicts?	ia giro	1100	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes." c	lescribe	1		
	in Schedule O how this is done	,		12c		
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization of the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization of the organization of the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization of the organizati	uate its	participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	nızatıc	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►NJ					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c	)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict (	of interest policy, a	nd fina	ncial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books an	nd reco	rds of the organiza	ation 🕨	·	
	PAULA PEIKES - 917-670-1455					
	35 CRESTWOOD DRIVE, WEST ORANGE, NJ 07052					
					200	200

932006 02-04-10 Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	-		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PAULA PEIKES OFFICER	0.50	<u> </u>						0.	0.	0
/11 10 LK	0.30								•	
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By B	Estimate amount other compensa from the organizati organizati	of ation ie tion ted
per week	other compensa from th organizat and relat	ation de dion ted dons
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors		0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors		0.
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<ul> <li>Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►</li> <li>Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>Section B. Independent Contractors</li> </ul>		0.
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the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors	4	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated	5	Х
the organization NONE	tion from	
(A) (B)	(C) mpensatio	on .
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0		

Pε	irt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 a	Federated campaigns	1a					
ž ž	ı	Membership dues	15					
s,e		c Fundraising events	1c					
gift		d Related organizations	1d					
S, E		Government grants (contribute						
ion	1	f All other contributions, gifts, gran				Ť		
but		similar amounts not included abo	1 1	36,134.				
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines		36,134.				
Co	ŀ	Total. Add lines 1a-1f	3 1a-11 V	<u> </u>	36,134.			
				Business Code				
o l	2 a	,		Dusiness occe			•	
Z Z	t							
Ser			_			. =		
ΕŽ				<del></del>				
88								
Program Service Revenue	•					<del>-</del>		- <del></del>
	•	All other program service reverse Total. Add lines 2a-2f	enue	<b>•</b>				
$\dashv$	3							
	•	Investment income (including other similar amounts)	dividends, inter-	est, and				
	4	Income from investment of ta						
	5	Royalties	x-exempt bond t	oroceeds -				
	,	noyaities	(A) Doort	(v) Damas and	,,,			
	6 a	Gross Rents	(i) Real	(II) Personal				
	b							
	C -	` ',	L					
		Net rental income or (loss)	(A) (2)	T				
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
ĺ		assets other than inventory	ļ	-				
	8	Less. cost or other basis						
l		and sales expenses						
[		Gain or (loss)	L					
		Net gain or (loss)		<b>•</b>			· · · · · · · · · · · · · · · · · · ·	
e e	8 a	Gross income from fundraisin	_					
Other Revenue		including \$	of					
B.		contributions reported on line	1c) See					
اة	_	Part IV, line 18	а					
ਰੋ		Less direct expenses	b					
		Net income or (loss) from fund	•	<u> </u>				
ŀ	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	Ь		b	L				
		Net income or (loss) from gam		<u> </u>				
Ì	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
Ì		Less cost of goods sold	b					
ŀ	с	Net income or (loss) from sale		<b>•</b>				· · · · · · · · · · · · · · · · · · ·
ŀ	11 -	Miscellaneous Revenu		Business Code				
	11 a			<del></del>				
	þ							
	c c	All other revenue						
İ	u a	Total. Add lines 11a-11d		>	<u> </u>			
İ	12	Total revenue See instructions			36,134.	0.	0.	
932CC 02-04-		. 2.3. roveride des mandensis			30,134.	0.	0.1	0 . Form <b>990</b> (2009)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Grants and other assistance to governments and organizations in the US. See Part IV, line 21 Clinate and other assistance to individuals in the US. See Part IV, line 22 Scale Part IV, line 23 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 151 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees.  5. Compensation of current officers, directors, trustees, and key employees.  5. Compensation of current officers (affectors, trustees, and key employees.)  7. Other salanes and wages.  7. Other salanes and wages.  7. Person plan centrollutions (include section 401(k) and section 403(k) employee controllutions; or controllutions (include section 401(k) and section 403(k) employee controllutions.  9. Person plan centrollutions (include section 401(k) and section 403(k) employee controllutions.  9. Other employee benefits.  1. Payor It takes.  2. Accounting.  3. Othice responses See Part IV, line 17.  4. Interestment management fees.  3. Other Prolivous and Provincion.  3. Office expenses in lind raising services. See Part IV, line 17.  4. Interestment management fees.  3. Other Payor It takes.  3. Other Payor It takes.  4. Occupancy.  4. Trust Interest in controllutions, and meetings information technology.  4. Payoralities.  5. Occupancy.  5. Trust Represe provincion dipother and labeled meetings information technology.  6. Payoralities.  7. Other expenses Items expenses not coveral above. (Expenses grouped lighters and labeled meetings information, depletion, and amortization insurance.  4. Other expenses Items expenses. Add lines I through 241.  5. Ital Intertable Items as presses. Add lines I through 241.  5. Ital Intertable Items as presses.  5. Ital Intertable Items as presses.  5. Ital Intertable Items as presses.  6. Ital Intertable Items as presses.  6. Ital Intertable Items as presses.  6. I		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 23 Grants and other assistance to individuals in the U.S. See Part IV, line 23 Grants and other assistance to organizations, and individuals outside the U.S. See Part IV, line 31 5 and 16 Banefits past to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of individual above, to disqualified persons (as defined under action 48580(t)) and persons described in asction 4958(c)(3)(8) Other salaries and wages Penson plan contributions (include saction 401(k) and section 403(b) employer contributions) Other employee benefits Person of services (include saction 401(k) and section 403(b) employer contributions) University of the employee benefits Person of services (include saction 401(k) and section 403(b) employees):  Management University of the services of			-	expenses	general expenses	expenses
2 Grants and other assistance to Individuals in the U.S. See Part IV, Inc. 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Inc. 25 and 16 4 Benefits pact to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Parsion (as defined under section 4958(s)(3)(8) 9 Parsion discribed in section 4958(s)(3)(8) 9 Parsion discribed in section 4958(s)(3)(8) 9 Other employee benefits 1 Payroll taxes 2 Payroll taxes 2 Payroll tax	٠	•				
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8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 investment management fees g Other 2 Advertising and promotion 3 Office expenses 1 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expense group of local public officials to perform the properties of the performance of the p	7			-		<u>-</u>
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26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined			15 757	15 757		
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined			13,131.	10,101,	· · ·	<u> </u>
reported in column (B) joint costs from a combined	_,					
		i i				
		aducational campaign and fundraising solicitation				

932010 02-04-10

Form 990 (2009)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,330.	1	21,707.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees. Con	plete Part II			
		of Schedule L		,	5	
	6	Receivables from other disqualified persons (as defined	l under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(	B). Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less. accumulated depreciation 10b			10c	
	11	investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments · program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	1,330.	16	21,707.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	i		18	
	19	Deferred revenue	i		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
∄	22	Payables to current and former officers, directors, trust-	ees, key employees,			,
Liabilities	ł	highest compensated employees, and disqualified pers	ons Complete Part II			
_	Ì	of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thin	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	Facel Control of the	0.	26	0.
		Organizations that follow SFAS 117, check here	X and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		1,330.	27	21,707.
Bal	28	Temporarily restricted net assets			28	
덛	29	Permanently restricted net assets			29	
Ţ		Organizations that do not follow SFAS 117, check he	ere 🕨 📖 and			
S O		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Asi	31	Paid-in or capital surplus, or land, building, or equipmen			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, o	or other funds		32	
_	33	Total net assets or fund balances		1,330.	33	21,707.
	34	Total liabilities and net assets/fund balances		1,330.	34	21,707.

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Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

	<del></del>		OR TO NEIGHBO							7-5558500	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t ) See inst	ructions.			
he organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)	•		<del>-</del>	
1 🔲	A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i)				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)						•	
з 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	•	The state of the s	operated in conjunction					(b)(1)(A)(ii	ii). Enter ti	he hospital's name.	
	city, and stat	-						1-71-71-71-	, =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 🔲	•		benefit of a college or u	niversity o	wned or o	perated by	a governi	nental un	t describe	ed in	
-		(b)(1)(A)(iv). (Compl				,	<b></b>				
6 🗀			nent or governmental uni	it describer	d in sectio	n 170(b)(1	1)(A)(v).				
7 X			ceives a substantial part					r from the	neneral r	aublic described in	
		(b)(1)(A)(vi). (Comple		O. 110 00PP		goromin	onica onic c	i iioiii aic	gonorai p		
8 🔲			section 170(b)(1)(A)(vı).	(Complete	Part II )						
9 🔲	-		ceives. (1) more than 33			rom contri	hutions m	nembershi	n fees an	d aross receipts from	
•	=	•	nctions · subject to certa		• •				•	•	
		•	axable income (less sec	•	•	•				•	
		509(a)(2). (Complete	•	11011 0111 10	D, HOIH DO	31103303	acquired b	y inc orga	anization a	inter durie do, 1575.	
o 🗆			perated exclusively to te	st for oubl	ic safety 5	See sectio	n 509(a)(4	IJ.			
	_	•	perated exclusively for the	•	•			•	v out the i	ourposes of one or	
	_	•	ations described in secti		•		•		•	•	
	-		organization and compl		•		2,. 000 00.		-,(-,: -::		
	a Type		Type II		e III - Func		tegrated		аГП	Type III · Other	
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f			tten determination from						- (-)(-)	,(=/	
	_	rganization, check tl				P - 1, 1, P -	, -, -, -,				
g		-	organization accepted a	nv aift or c	ontribution	from anv	of the follo	owina per	sons?		
ū			directly controls, either a							Yes No	
			upported organization?	J		•			, , ,	11g(i)	
		- ·	n described in (i) above?	,						11g(ii)	
	•	•	person described in (i)		e?					11g(iii)	
h	<u> </u>		about the supported or							L.,	
		Ū	.,	-	. ,						
(ı) Name	of supported	(II) EIN	(iii) Type of	(IV) is the c	rganization	(v) Did you	u notify the	(VI) IS		(vii) Amount of	
` '	anization	(11) 2.111	organization (described on lines 1-9 above or IRC section	in col (i) listed in your organ		organizat	organization in col   organiz		on in col	support	
Ū						(ı) of your support?		US?		,,	
			(see instructions))	Yes	No	Yes	No	Yes	No		
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932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Part II

Support Schedule for Organizations De	escribed 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.)		

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")				1,500.	36,134.	37,634.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						•
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				1,500.	36,134.	37,634.
5	The portion of total contributions						<u></u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,	!					
	column (f)	!					
6	Public support. Subtract line 5 from line 4						37,634.
Sec	ction B. Total Support						
Cald	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				1,500.	36,134.	37,634.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					İ	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						37,634.
12	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stor						<u>▶</u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage			··	
14	Public support percentage for 2009 (I	ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	100.00 %
	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						ightharpoons X
ь	33 1/3% support test - 2008. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• • • • • • • • • • • • • • • • • • • •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
_	meets the "facts-and-circumstances"						▶ 📑
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ 🛄
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instructions	<u>▶</u>
					Sche	dule A (Form 990)	cr 990-E71 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

20 Private foundation. If the organization did not check a oox on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### SCHEDULE O (Form 990)

... 3 ! A ...

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

NEIGHBOR TO NEIGHBOR NETWORK

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Employer identification number 20-5558500

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECRUITING VOLUNTEERS TO ASSIST THE HOMEBOUND SENIOR CITIZENS IN
BLOOMFIELD, NJ. ASSIST BLOOMFIELD, NJ RESIDENTS IN COMPLETING
APPLICATIONS FOR UTILITY ASSISTANCE PROGRAMS, SUCH AS NJ SHARES.
PROVIDING FOOD DELIVERY TO LOW-INCOME BLOOMFIELD, NJ RESIDENTS. PROVIDE
SERVICES TO SHELTER ANIMALS THAT INCLUDE DOG WALKING, CAT
SOCIALIZATION, MAINTEANCE, GROOMING, ADOPTION AND OUTREACH.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS, SUCH AS NJ SHARES. PROVIDING FOOD DELIVERY TO LOW-INCOME
BLOOMFIELD, NJ RESIDENTS. PROVIDE SERVICES TO SHELTER ANIMALS THAT
INCLUDE DOG WALKING, CAT SOCIALIZATION, MAINTEANCE, GROOMING, ADOPTION
AND OUTREACH.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATIONS GOVERING BODY
REVIEWED THE 990 BEFORE BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION INSTITUTE CONFLICT
OF INTEREST POLICY WILL BE DISCUSSED AT THE UP COMING BOARD MEETINGS. THE
990 IS AVAILABLE FOR PUBLIC INSPECTION AND UPON REQUEST.