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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NEIGHBOR TO NEIGHBOR INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1419 S PINE ST.

City or town, state or country, and ZIP + 4
PINE BLUFF, AR 71601

D Employer identification number
71-0587864

E Telephone number

F Group Exemption Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 287,538

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	234,158
	2	Program service revenue including government fees and contracts	2	31,837
	3	Membership dues and assessments	3	
	4	Investment income	4	1,351
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ RECEIVED of contributions reported on line 1) — 6a: 20,192		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,192
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	287,538
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	102,269
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	21,500
	15	Printing, publications, postage, and shipping	15	1,494
	16	Other expenses (describe ▶ STM130)	16	124,751
	17	**Total expenses.** Add lines 10 through 16 ▶	17	250,014
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,524
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	148,721
	20	Other changes in net assets or fund balances (attach explanation) STM104	20	(597)
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	185,648

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

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	78,635	22	112,064
23	Land and buildings	73,996	23	76,250
24	Other assets (describe ▶)		24	
25	**Total assets**	152,631	25	188,314
26	**Total liabilities** (describe ▶ STM132)	3,910	26	2,666
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	148,721	27	185,648

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

What is the organization's primary exempt purpose? PROVIDE ASSISTANCE TO INDIGENT

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	INDIGENT AID - PROVIDE FINANCIAL AID FOR UTILITIES, TRANSPORTATION, MEDICAL, LODGING, TOYS, SCHOOL, FOOD AND COUNSEL TO INDIGENT OR HOMELESS PERSONS. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	217,218
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	217,218

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY SHANNON FIKES 1419 PINE STREET PINE BLUFF AR, 71601	SECRETARY 0	0	0	0
CHAD TOMBOLI 1419 PINE STREET PINE BLUFF AR, 71601	TREASURER 0	0	0	0
REV KOFI ADZAKU 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
LISA ROWLAND 1419 S PINE ST. PINE BLUFF AR, 71601	PRESIDENT 0	0	0	0
DAVID BECK 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
SHARON SANCHEZ 1419 S PINE ST. PINE BLUFF AR, 71601	VICE PRESIDENT 0	0	0	0
WANDA BATEMAN 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
JUANITA CURRIE 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
TERI BETHGE 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
RUSSELL WILLIAMS 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
DAVID DEDMAN 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
BEVERLY WASSSON 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
DAVID BRIDGFORTH 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
CARLOTTA AYTCH 1419 S PINE ST. PINE BLUFF AR, 71601	MEMBER 0	0	0	0
CHARLOTTE ENGLAND 1419 S PINE ST. PINE BLUFF AR, 71601	EXEC DIRECTOR 40	31,000	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ AR			
42 a	The organization's books are in care of ▶ SANDRA BRASHEAR Telephone no ▶ 870-534-2883			
	Located at ▶ 1419 PINE STREET PINE BLUFF, AR ZIP + 4 ▶ 71601			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

F3

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

Sign Here

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

Charlotte England, Executive Director — Signature of officer

11-11-2010 — Date

CHARLOTTE ENGLAND, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying No (See inst)
Billy F. Stone, CPA BILLY F STONE CPA	11/9/10	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4

KELLY AND STONE PA CPAs
P O BOX 7445
PINE BLUFF, AR 71611-7445

EIN ▶

Phone no ▶ 870-534-8104

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

FH

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NEIGHBOR TO NEIGHBOR INC.

Employer identification number
71-0587864

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

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

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

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

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

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

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

F5

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	310,228	233,646	263,904	222,160	269,659	1,299,597
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	310,228	233,646	263,904	222,160	269,659	1,299,597
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from ln 4						1,299,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	310,228	233,646	263,904	222,160	269,659	1,299,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,259	8,017	383	2,607	1,351	18,617
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		14,129				14,129
11 **Total support.** Add lines 7 through 10						1,332,343

12 Gross receipts from related activities, etc (see instructions) 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 **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.54 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	97.21 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

20 **Private Foundation** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

F1

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NEIGHBOR TO NEIGHBOR INC.

Employer identification number

71-0587864

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Arkansas,

CB

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 FISH FRY (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c)
Revenue	1 Gross receipts	20,193			20,193
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	20,193			20,193
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,175			6,175
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(6,175)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				14,018

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column (d), and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		X
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		X
b	If "Yes," Explain		
11	Does the organization operate gaming activites with nonmembers? 11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		X

FG

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ SANDRA BRASHEAR			
	Address ▶ 1419 PINE STREET PINE BLUFF, AR 71601			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
SPECIFIC ASSISTANCE TO INDIVIDUALS	81,944
SUPPLIES	5,412
INSURANCE	7,620
PAYROLL TAXES	10,110
DEPRECIATION	5,485
EQUIPMENT RENT AND MAINT	2,200
FUNDRAISING EXPENSE	6,175
MEETINGS AND TRAVEL	2,097
DUES	875
MISCELLANEOUS	433
ACCOUNTING	2,400
TOTAL	124,751

FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED E	3,910	2,666
TOTAL	3,910	2,666

FORM 990EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS SCHEDULE

DESCRIPTION	AMOUNT
UNREALIZED LOSS	(597)
TOTAL	(597)

STATMENT LD

F12

ASSET DEPRECIATION SHORT REPORT
NEIGHBOR TO NEIGHBOR, INC. Dec. 31, 2009

Sorted ASSET A/C#
Method 1-BOOK-Std Conv Applied

Range 1600 - 1650
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C# 1600 - LAND								
03/11/88	PINE-THRIFT SHOP LAND	NONE/ 0 00	2,500 00	0 00	0 00	0 00	0 00	0 00
05/31/92	PINE-RECORDING FEES	NONE/ 0 00	59 00	0 00	0 00	0 00	0 00	0 00
Grand totals	1600 - LAND (2 assets)		2,559 00	0 00	0 00	0 00	0 00	0 00
ASSET A/C# 1630 - PROPERTY AND EQUIPMENT								
01/15/85	2 FIRE EXTINGUISHERS	SL/ 3 00	94 50	0 00	94 50	94 50	0 00	94 50
01/16/85	1 3X8 FT FOLDING TABLES	SL/ 8 00	206 33	0 00	206 33	206 33	0 00	206 33
01/25/85	24 FOLDING CHAIRS	SL/ 5 00	182 70	0 00	182 70	182 70	0 00	182 70
02/18/85	MICROWAVE OVEN	SL/ 3 00	188 54	0 00	188 54	188 54	0 00	188 54
03/01/85	50 FOLDING CHAIRS	SL/ 5 00	380 45	0 00	380 45	380 45	0 00	380 45
03/01/85	5 8FT FOLDING TABLES	SL/ 8 00	343 96	0 00	343 96	343 96	0 00	343 96
03/01/85	1 6FT FOLDING TABLE	SL/ 8 00	60 99	0 00	60 99	60 99	0 00	60 99
04/01/85	IBM XT 256K COMPUTER	SL/ 5 00	4,480 98	0 00	4,480 98	4,480 98	0 00	4,480 98
04/01/85	IBM MONITOR	SL/ 5 00	288 28	0 00	288 28	288 28	0 00	288 28
04/01/85	IBM MONITOR AND PRINTER ADAPTER	SL/ 5 00	259 96	0 00	259 96	259 96	0 00	259 96
04/01/85	HAYES 1200B SMARTMODEM	SL/ 5 00	625 57	0 00	625 57	625 57	0 00	625 57
04/01/85	PRINTER CABLE	SL/ 5 00	48 32	0 00	48 32	48 32	0 00	48 32
04/01/85	OKIDATA "93 PRINTER	SL/ 5 00	782 21	0 00	782 21	782 21	0 00	782 21
04/01/85	DOS 2 1	SL/ 5 00	68 32	0 00	68 32	68 32	0 00	68 32
04/01/85	MULTI-LINK SOFTWARE	SL/ 5 00	511 63	0 00	511 63	511 63	0 00	511 63
04/01/85	TELEVIDEO TERMINAL	SL/ 5 00	944 85	0 00	944 85	944 85	0 00	944 85
04/12/85	52" SUN LIGHT	SL/ 5 00	62 96	0 00	62 96	62 96	0 00	62 96
04/12/85	SCHOOLHOUSE LIGHT	SL/ 3 00	15 72	0 00	15 72	15 72	0 00	15 72
05/21/85	D-BASE III	SL/ 5 00	372 30	0 00	372 30	372 30	0 00	372 30
05/31/85	COMPUTER SURGE PROTECTOR	SL/ 5 00	60 00	0 00	60 00	60 00	0 00	60 00
06/13/85	3 FANS	SL/ 3 00	94 70	0 00	94 70	94 70	0 00	94 70
09/13/85	1 USED FREEZER	SL/ 3 00	200 00	0 00	200 00	200 00	0 00	200 00
10/07/85	2 8FT FOLDING TABLES	SL/ 8 00	137 60	0 00	137 60	137 60	0 00	137 60
10/07/85	20 FOLDING CHAIRS	SL/ 5 00	157 45	0 00	157 45	157 45	0 00	157 45
10/07/85	1 JACKSON 24 BF DISHWASHER	SL/ 7 00	3,034 50	0 00	3,034 50	3,034 50	0 00	3,034 50
12/10/85	1 AST SIX/PAK PLUS & 64K RAM CHIP	SL/ 5 00	600 75	0 00	600 75	600 75	0 00	600 75
01/31/86	SECURITY LIGHT	SL/ 3 00	59 98	0 00	59 98	59 98	0 00	59 98
03/03/86	4170 DUPLICATOR	SL/ 5 00	3,438 89	0 00	3,438 89	3,438 89	0 00	3,438 89
03/03/86	1103 SCANNER	SL/ 5 00	1,275 61	0 00	1,275 61	1,275 61	0 00	1,275 61
06/05/86	SECURITY SYSTEM	SL/ 5 00	756 00	0 00	756 00	756 00	0 00	756 00
01/05/87	CANON NP-155 COPIER #047244	SL/ 5 00	2,500 00	0 00	2,500 00	2,500 00	0 00	2,500 00
12/16/87	2 #29313 KENMORE FREEZERS	SL/ 8 00	1,679 98	0 00	1,679 98	1,679 98	0 00	1,679 98
12/22/87	2 #2620 CALCULATORS	SL/ 3 00	119 94	0 00	119 94	119 94	0 00	119 94
12/22/87	#2215 CALCULATORS	SL/ 3 00	52 48	0 00	52 48	52 48	0 00	52 48
02/16/88	KENMORE FREEZER	SL/ 8 00	839 99	0 00	839 99	839 99	0 00	839 99
03/15/88	HON 314 SWD FILE CABINET	SL/ 8 00	115 00	0 00	115 00	115 00	0 00	115 00
03/18/88	HON 314 SWB FILE CABINET	SL/ 8 00	135 00	0 00	135 00	135 00	0 00	135 00
04/14/88	2 HON 5149 4 DRAWER FILE CABINETS	SL/ 8 00	265 26	0 00	265 26	265 26	0 00	265 26
08/09/88	2 GAS HEATERS	SL/ 8 00	622 16	0 00	622 16	622 16	0 00	622 16
08/12/88	4 FIRE EXTINGUISHERS	SL/ 3 00	309 33	0 00	309 33	309 33	0 00	309 33
08/23/88	1 8FT FOLDING TABLE	SL/ 8 00	74 55	0 00	74 55	74 55	0 00	74 55
08/23/88	21 FOLDING CHAIRS	SL/ 5 00	183 44	0 00	183 44	183 44	0 00	183 44
10/01/88	FREEZER-31 CUBIC FT-#29313	SL/ 7 00	866 24	0 00	866 24	866 24	0 00	866 24
12/20/88	1 CUSTOM MADE CABINET	SL/ 8 00	171 15	0 00	171 15	171 15	0 00	171 15
01/13/89	24 FOLDING CHAIRS	SL/ 5 00	233 10	0 00	233 10	233 10	0 00	233 10
07/03/89	1 COLLATOR/FOLDING MACHINE	SL/ 5 00	1,429 38	0 00	1,429 38	1,429 38	0 00	1,429 38
01/08/90	80286 AT COMPUTER-FORMCRAFT OF AR	SL/ 5 00	1,872 86	0 00	1,872 86	1,872 86	0 00	1,872 86
01/08/90	SEIKOSHA PRINTER-FORMCRAFT OF AR	SL/ 5 00	721 94	0 00	721 94	721 94	0 00	721 94
01/22/90	COMPUTER WORK CENTER-KMART	SL/ 8 00	93 45	0 00	93 45	93 45	0 00	93 45
02/13/90	TAPE BACK-UP UNIT-FORMCRAFT OF AR	SL/ 5 00	416 00	0 00	416 00	416 00	0 00	416 00
12/31/90	ER125 CASH REGISTER	SL/ 5 00	130 89	0 00	130 89	130 89	0 00	130 89
06/28/91	IBM TYPEWRITER-REPL XEROX 6020	SL/ 5 00	561 54	0 00	561 54	561 54	0 00	561 54

A3

ASSET DEPRECIATION SHORT REPORT
NEIGHBOR TO NEIGHBOR, INC. Dec. 31, 2009

Sorted ASSET A/C#
Method 1-BOOK-Std Conv Applied

Range 1600 - 1650
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C# 1630 - PROPERTY AND EQUIPMENT								
09/17/91	2 INTERCOMMS-3 CHANNEL/3 STATION	SL/ 5 00	126 49	0 00	126 49	126 49	0 00	126 49
03/05/93	IBM PSL WHEELWRITER	SL/ 5 00	910 00	0 00	910 00	910 00	0 00	910 00
04/27/93	2 DESK CHAIRS	SL/ 5 00	258 00	0 00	258 00	258 00	0 00	258 00
06/01/93	FAN FOR KITCHEN	SL/ 5 00	124 24	0 00	124 24	124 24	0 00	124 24
10/05/94	DISHWASHER	SL/ 7 00	3,659 50	0 00	3,659 50	3,659 50	0 00	3,659 50
02/06/95	DEEP FAT FRYER - ELECTRICAL WORK	SL/ 7 00	910 00	0 00	910 00	910 00	0 00	910 00
08/04/95	AIR CONDITIONING UNIT	SL/ 7 00	529 31	0 00	529 31	529 31	0 00	529 31
05/15/96	LAWN MOWER	SL/ 7 00	127 14	0 00	127 14	127 14	0 00	127 14
05/08/97	NORSTAR TELEPHONE SYSTEM	SL/ 5 00	1,840 10	0 00	1,840 10	1,840 10	0 00	1,840 10
05/16/97	STOVE & FREEZER	SL/ 7 00	4,718 78	0 00	4,718 78	4,718 78	0 00	4,718 78
06/05/97	PORTABLE TELEPHONE	SL/ 5 00	163 14	0 00	163 14	163 14	0 00	163 14
06/11/97	COMPUTER SYSTEM WITH SOFTWARE	SL/ 5 00	4,702 50	0 00	4,702 50	4,702 50	0 00	4,702 50
11/12/97	AIR CONDITIONER	SL/ 7 00	6,175 00	0 00	6,175 00	6,175 00	0 00	6,175 00
01/09/98	HEATERS	SLP/ 7 00	73 44	0 00	73 44	73 44	0 00	73 44
02/25/98	1989 CHEVY TRUCK	SLP/ 5 00	5,613 41	0 00	5,613 41	5,613 41	0 00	5,613 41
03/20/98	NEW COMPUTER	SLP/ 5 00	1,064 66	0 00	1,064 66	1,064 66	0 00	1,064 66
10/07/98	FAX MACHINE	SLP/ 5 00	318 81	0 00	318 81	318 81	0 00	318 81
04/06/99	ICEMAKER	SLP/ 7 00	1,766 65	0 00	1,766 65	1,766 65	0 00	1,766 65
04/07/99	REFRIDGERATOR FREEZER	SLP/ 7 00	745 30	0 00	745 30	745 30	0 00	745 30
10/07/99	FREEZER	SLP/ 7 00	638 68	0 00	638 68	638 68	0 00	638 68
12/22/99	T-49 FREEZER FOR PANTRY	SLP/ 7 00	2,820 89	0 00	2,820 89	2,820 89	0 00	2,820 89
01/24/01	MIXER FOR KITCHEN	SLP/ 7 00	186 40	0 00	186 40	186 40	0 00	186 40
01/24/01	FAX MACHINE FOR OFFICE	SLP/ 5 00	179 71	0 00	179 71	179 71	0 00	179 71
02/06/01	TYPEWRITER & MONITOR	SLP/ 5 00	1,208 37	0 00	1,208 37	1,208 37	0 00	1,208 37
02/06/01	COPIER	SLP/ 5 00	1,562 06	0 00	1,562 06	1,562 06	0 00	1,562 06
02/06/01	MICROWAVE	SLP/ 7 00	128 50	0 00	128 50	128 50	0 00	128 50
03/06/01	2 NEW TELEPHONES	SLP/ 5 00	407 69	0 00	407 69	407 69	0 00	407 69
06/19/01	NEW WATER COOLER	SLP/ 7 00	267 10	0 00	267 10	267 10	0 00	267 10
07/23/01	GAS TRIMMER FOR YARD	SLP/ 7 00	245 96	0 00	245 96	245 96	0 00	245 96
02/01/02	COMPUTER PENT IV 1 6 GHZ 17" MONITO	SLP/ 5 00	1,680 79	0 00	1,680 79	1,680 79	0 00	1,680 79
02/15/02	COMPUTER DESK AND WORKCENTER	SLP/ 7 00	1,102 61	0 00	1,102 61	1,092 00	10 61	1,102 61
04/26/02	PRINTER & SCANNER	SLP/ 5 00	299 97	0 00	299 97	299 97	0 00	299 97
12/05/02	DOUBLE DOOR FREEZER	SLP/ 7 00	3,385 39	0 00	3,385 39	2,944 00	441 39	3,385 39
02/10/03	3 DOOR COOLER	SLP/ 7 00	3,908 91	0 00	3,908 91	3,302 00	558 00	3,860 00
11/03/03	2 DOOR COOLER	SLP/ 7 00	2,735 57	0 00	2,735 57	2,020 00	391 00	2,411 00
01/27/04	XP2400 COMPUTERS (2) WITH WIRELESS	SLP/ 5 00	1,982 16	0 00	1,982 16	1,982 16	0 00	1,982 16
02/23/04	PRINTER	SLP/ 5 00	385 34	0 00	385 34	379 00	6 34	385 34
04/04/05	3 DELL COMPUTERS W/SOFTWARE	SLP/ 5 00	3,474 19	0 00	3,474 19	2,606 00	695 00	3,301 00
04/21/05	COMPUTER TABLE & CABINET	SLP/ 7 00	724 52	0 00	724 52	390 00	104 00	494 00
07/25/06	LAWN MOWER 4 5 HP	SLP/ 7 00	149 73	0 00	149 73	53 00	21 00	74 00
09/06/06	2001 FORD F150	SLP/ 5 00	1,800 00	0 00	1,800 00	840 00	360 00	1,200 00
09/13/07	NEW BUILDING - ANNEX	SLP/39 00	62,655 17	0 00	62,655 17	2,143 00	1,607 00	3,750 00
01/28/09 A	SHARP AR208D DIGITAL CPR	SLP/ 5 00	1,410 50	0 00	1,410 50	0 00	282 00	282 00
05/04/09 A	ICE MACHINE (PARRISH SALES)	SLP/ 5 00	2,118 08	0 00	2,118 08	0 00	282 00	282 00
05/14/09 A	50 GAL HOT WATER HEATER & FAUCETS	SLP/ 5 00	1,133 20	0 00	1,133 20	0 00	151 00	151 00
07/10/09 A	21CF FREEZER (SEARS)	SLP/ 5 00	769 65	0 00	769 65	0 00	77 00	77 00
11/05/09 A	21CF FREEZER #1 LOWES	SLP/ 5 00	809 68	0 00	809 68	0 00	27 00	27 00
12/09/09 A	21CF FREEZER #2 (LOWES)	SLP/ 5 00	739 53	0 00	739 53	0 00	12 00	12 00
12/11/09 A	21CF FREEZER #3(LOWES)	SLP/ 5 00	758 88	0 00	758 88	0 00	13 00	13 00
Grand totals	1630 - PROPERTY AND EQUIPMENT (101 assets)		166,623 43	0 00	166,623 43	94,331 48	5,038 34	99,369 82
ASSET A/C# 1650 - LEASEHOLD IMPROVEMENTS								
03/01/85	GAS PIPING FOR KITCHEN	SL/ 3 00	2,878 00	0 00	2,878 00	2,878 00	0 00	2,878 00
05/29/87	IMPROVEMENTS-AIR/HEAT SYSTEM	SL/ 3 00	1,248 17	0 00	1,248 17	1,248 17	0 00	1,248 17
06/25/87	STEEL INSULATED DOOR	SL/ 3 00	288 75	0 00	288 75	288 75	0 00	288 75
07/26/88	CEDAR FENCE	SL/ 2 00	2,862 00	0 00	2,862 00	2,862 00	0 00	2,862 00
08/03/88	ASPHALT PARKING LOT	SL/ 2 00	4,530 00	0 00	4,530 00	4,530 00	0 00	4,530 00

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ASSET DEPRECIATION SHORT REPORT
NEIGHBOR TO NEIGHBOR, INC. Dec. 31, 2009

Sorted ASSET A/C#
Method 1-BOOK-Std Conv Applied

Range 1600 - 1650
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1650 - LEASEHOLD IMPROVEMENTS								
01/10/89	4 FT CEDAR FENCE W/GATE	SL/ 3 00	1,474 00	0 00	1,474 00	1,474 00	0 00	1,474 00
02/02/89	10 CURVED BENCHES	SL/ 3 00	420 00	0 00	420 00	420 00	0 00	420 00
02/06/89	LANDSCAPING	SL/ 2 00	1,850 47	0 00	1,850 47	1,850 47	0 00	1,850 47
03/14/89	14FTX24FT ALUMINUM COVER	SL/ 3 00	2,280 00	0 00	2,280 00	2,280 00	0 00	2,280 00
01/18/90	CARPET	SL/ 3 00	260 00	0 00	260 00	260 00	0 00	260 00
01/25/90	VERTICAL BLINDS-MARJORIES	SL/ 3 00	512 40	0 00	512 40	512 40	0 00	512 40
02/18/90	CARPET-12X24-CARPET BARN	SL/ 3 00	309 44	0 00	309 44	309 44	0 00	309 44
12/01/93	IMPROVE TO FENCING	SL/ 3 00	555 78	0 00	555 78	555 78	0 00	555 78
09/07/99	NEW FLOORING	SLP/39 00	6,984 74	0 00	6,984 74	1,671 00	179 00	1,850 00
03/15/02	HANDICAP RAILS AND DOOR	SLP/10 00	950 00	0 00	950 00	649 00	95 00	744 00
04/18/02	10X12 SHELTER	SLP/20 00	1,395 41	0 00	1,395 41	472 00	70 00	542 00
05/06/02	LIGHTING & IMPROVEMENTS	SLP/10 00	1,033 00	0 00	1,033 00	687 00	103 00	790 00
Grand totals	1650 - LEASEHOLD IMPROVEMENTS (17 assets)		29,832 16	0 00	29,832 16	22,948 01	447 00	23,395 01
Grand totals for all accounts. (120 assets)			199,014 59	0 00	196,455 59	117,279 49	5,485 34	122,764 83

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	199,014 59	0 00	0 00	196,455 59	117,279 49	5,485 34	122,764 83	76,249 76
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	199,014 59	0 00	0 00	196,455 59	117,279 49	5,485 34	122,764 83	76,249 76

FIS

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	NEIGHBOR TO NEIGHBOR INC.	71-0587864
	Number, street, and room or suite no If a P O box, see instructions 1419 S PINE ST.	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PINE BLUFF, AR 71601	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ _____

Telephone No ▶ 870-534-2883 FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-16, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 09 or

▶ [ ] tax year beginning _____, 20___, and ending _____, 20___

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

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

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

Mailed 5/17/10

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NEIGHBOR TO NEIGHBOR INC.		Employer identification number 71-0587864
	Number, street, and room or suite no If a P O box, see instructions 1419 S PINE ST.		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PINE BLUFF, AR 71601		

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

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ SANDRA BRASHEAR
  Telephone No ▶ 870-534-2883 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11-15, 2010

5 For calendar year 2009, or other tax year beginning _____, 20__ and ending _____, 20__

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO ASSEMBLE INFORMATION NECESSARY TO COMPLETE THE 990.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Billy F. Stone Title ▶ CPA Date ▶ 8/16/10

F-11-2
mailed to IRS 8-16-10