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Form **990**

232001 12-10-12

Department of the Treasury Internal Revenue Service

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

2012

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning	and ending		
B	Check if ipplicable	C Name of organization		D Employer identific	cation number
	Addres	NEIGHBORHOOD FUNDERS GROUP, INC.			
_	Name change			06-1	368627
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termin	· · · · · · · · · · · · · · · · · · ·	3RD FI	· ·	652-2 4 00
	Ameno			G Gross receipts \$	954,215
\vdash	Applica			H(a) Is this a group re	
	pendin			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
11	ax-exe	empt status. X 501(c)(3) 501(c) ()	(1) or 527	7	list (see instructions)
		e: ► WWW.NFG.ORG		H(c) Group exemptio	n number 🕨
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1991 N	A State of legal domicile: De
		Summary			
e	1	Briefly describe the organization's mission or most significant activities SEI	E PART I	III, LINE 1.	
Governance	2	Check this box I if the organization discontinued its operations or dis	sposed of more	e than 25% of its not as	esets
Ver	l	Number of voting members of the governing body (Part VI, line 1a)	sposed of mon	3	1
တိ		Number of independent voting members of the governing body (Part VI, line 1	b)	4	1
<u>ಇ</u>	ì	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5,	5	
Activities	ŀ	Total number of volunteers (estimate if necessary)		6	1
ξį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
Ă	l	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0
	, D			Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		606,648.	791,100
Revenue	1	Program service revenue (Part VIII, line 2g)	 01 [-	114,646.	38,935
ě		• • • • • • • • • • • • • • • • • • • •		51.	27
æ	11	Investment income (Part VIII, column (A), lines 3, pand 7(1)0 1 9 2013 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1001	7,014.	5,203
	l .	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12	ہا≅ا ⊢	728,359.	835,265
		Grants and similar amounts paid (Part IX, column (A), line (3) EN, U	1	19,415.	0
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>	0.	0
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	220,035.	287,952
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	'''	0.	0
en	loa h		,229.		<u> </u>
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,225.	604,597.	338,387
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		844,047.	626,339
	1	Revenue less expenses Subtract line 18 from line 12		-115,688.	208,926
or es	'-	10.5 Job oxponedo edelidor mo To Hom mie 12	D.	eginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		263,156.	472,515
Ass I Bai	21	Total liabilities (Part X, line 16)		50,945.	51,378
Fund	22	Net assets or fund balances Subtract line 21 from line 20		212,211.	421,137
		Signature Block	1		
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and staten	nents, and to the best of m	y knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of			
Sig		My last H. 15th		1/- 13	3-13
Sig	n	Signature of officer		Date	-
Her		■ GARLAND YATES, INTERIM EXECUTIVE DIP	RECTOR		
	•	Type or print name and title		,	
		Print/Type preparer's name	T	Date Check	P01329561
Paid	j	Jamon bases monal		10/4/12 self-employ	
	- parer	Firm's name GELMAN, ROSENBERG & RREEDMAN		Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 6501	Ŋ	Thin o Line	<u> </u>
		BETHESDA, MD 20814-2930	-•	Phone no. (301) 951-909
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)	·	1	X Yes No
	, ui⊊ II	to discuss this folder with the property shown above: (500 mish@chons)			۱۱ لـــا دی، بینیا

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2012) NEIGHBORHOOD FUNDERS GROUP, INC.	06-1368627	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X.
1	Briefly describe the organization's mission		
	NFG BUILDS THE CAPACITY OF PHILANTHROPY TO ADVANCE SOCI		עע
		POWER. NFG	
	ORGANIZES THE FIELD, DEVELOPS LEADERSHIP, AND CULTIVATE	-	
	LEADERSHIP AMONG ITS NATIONAL BASE OF MEMBERS AND ENCOU	KAGES THE	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes	V Na
	the prior Form 990 or 990-EZ?	∟ tes	LA NO
_	If "Yes," describe these new services on Schedule O	XYes	□ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LAL Tes	LINU
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as	mageured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	ns, the total expenses, a	and
42	10.700	¢	<u> </u>
4a	(Code) (Expenses \$) (Reven THE SOCIAL JUSTICE INSTITUTE IS A PROFESSIONAL DEVELOPM		
	CONDUCTED ANNUALLY TO IMPROVE THE EFFICACY OF NFG MEMBE		
	PHILANTHROPIC ORGANIZATIONS TO INFUSE THEIR GRANTMAKING		
	A SOCIAL JUSTICE LENS.	1141011010	
	II booring control mario.		
			
			
4b	(Code) (Expenses \$ 50,558 • including grants of \$) (Reven	ue \$)
	SOCIAL JUSTICE INFRASTRUCTURE FUNDERS (SJIF): SJIF IS A		
	LIKE-MINDED, VALUE-DRIVEN PHILANTHROPIC PROFESSIONALS F		
		O ADDRESS GA	PS
	IN SOCIAL JUSTICE INFRASTRUCTURE. WE WORK ACROSS THE IS		
	SECTOR DIVISIONS THAT STRUCTURE OUR RESPECTIVE FOUNDATI		
	HISTORICALLY DONE THIS WORK IN A NUMBER OF DIFFERENT WA		
		D STRATEGICA	LLY
	ALIGNING FUNDING FOR GREATEST IMPACT.		
	162 071		
4c	(Code) (Expenses \$ 163,971. including grants of \$) (Rever WORKING GROUP ON LABOR AND COMMUNITY PARTNERSHIP: A NAT		<u>~~~</u> ′
	FUNDERS COMMITTED TO EDUCATING FUNDERS ABOUT THE LABOR		
	ENCOURAGING PHILANTHROPY TO SUPPORT LABOR-COMMUNITY PAR		
	ADDRESS ISSUES FACING THE WORKING POOR.	INENDITED III	<u> </u>
	ADDRESS ISSUES FACING THE WORKING TOOK:		
	·		· · ·
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 22,308 • including grants of \$) (Revenue \$	38,935.)	
4e	Total program service expenses ► 256,635.		
	_	Form 9	90 (2012)

Form 990 (2012) NEIGHBORHOOD
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-		
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	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			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u></u>	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

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 contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Х

Х

X

X

X

Х

Х

X

30

31

32

33

34

35a

35b

36

37

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b 13c 14a Х

N/A

13a

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
-	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		-	·
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a		11a	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	x_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 approval by independent	- '-7		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	·	
	NADIM SALTI - 703-941-0051			
23200	6415 LYRIC LANE, FALLS ROAD, VA 22044			
12-10		Form	990	(2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter $\cdot 0 \cdot$ in columns (\tilde{D}) , (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of	
	week	-	cer an	dad	director/trustee)		tee)	from	from related	other	
	(list any hours for	director	ŀ			_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	=	stee			Highest compensated employee		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	ll trust	nal tru		loyee	ad mo		,		and related	
	below	Individual trustee	Institutional trustee	Officer	Key employee	hest c	Former			organizations	
	line)	르	SE.	ŧ	Xe,	울통	호				
(1) KEVIN RAN	2.00	. ,		v					_	0	
CO-CHAIR	2.00	Х		X	-	┢		0.	0.	0.	
(2) MOLLY SCHULZ-HAFID	2.00	x		Х				0.	0.	0.	
CO-CHAIR (3) CHERYL FITZGERALD	2.00	^		^		-		0.	0.	<u></u>	
(3) CHERYL FITZGERALD TREASURER	2.00	х	}	Х				0.	0.	0.	
(4) CHARLES FIELDS	2.00	1	-	122				0.	0.		
BOARD MEMBER	2000	х						0.	0.	0.	
(5) SOLOMON GREENE	2.00	==			-						
BOARD MEMBER		Х						0.	0.	0.	
(6) SARAH HERNANDEZ	2.00										
BOARD MEMBER		X						0.	0.	0.	
(7) EG EGNATIOS	2.00										
BOARD MEMBER		X		<u></u> .				0.	0.	0.	
(8) KAREN FITZGERALD	2.00										
BOARD MEMBER		X				ļ		0.	0.	0.	
(9) ANGELA BROWN	2.00				1						
BOARD MEMBER		X		<u> </u>	ļ			0.	0.	0.	
(10) JERRY MALDONADO	2.00									•	
BOARD MEMBER		X			-		_	0.	0.	0.	
(11) JAMES HEAD	2.00	v								^	
BOARD MEMBER	2.00	Х			-			0.	0.	0.	
(12) DAVID BECKWITH	2.00	X						0.	0.	0.	
BOARD MEMBER (13) NATHANIEL CHIOKE WILLIAMS	2.00	Δ.			\vdash		1	0.	0.		
BOARD MEMBER	2.00	X						0.	0.	0.	
(14) CHRISTOPHER PEREZ	2.00	1		 		+-	<u> </u>	ļ ·			
BOARD MEMBER	2.00	x					ŀ	0.	0.	0.	
(15) GARLAND YATES	40.00	† 		 		T		† ·			
INTERIM EXECUTIVE DIRECTOR		1		Х				90,000.	0.	0,	
		ļ			<u> </u>	<u> </u>	_				
		1									
		<u> </u>		<u> </u>		1	<u>L</u>	<u> </u>		Form 990 (2012	

	(A) Name and title	(B) Average hours per week (list any	(do box offic	Pos (do not check box, unless profficer and a c			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	1	(F) Estimat amount other	t of
		hours for related organizations below line)	tee or direc		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpens from the rganizatind rela ganizati	ne ition ited
										· · · · · · · · · · · · · · · · · · ·			
											-		
													
						:							
С	Sub-total Total from continuation sheets to Part	VII, Section A					>		90,000.	0	•	· · ·	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	ose	liste	ed al	bov	e) wh	no re	90,000. eceived more than \$100	,000 of reportable	•		<u>0.</u> 0
	compensation from the organization Did the organization list any former office	or director or th	ısto	n ko	v on	nnlo	21/00	or	highest componented o	malayaa an		Yes	$\overline{}$
	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individual							,	, ,	3	_	x
	and related organizations greater than \$1 Did any person listed on line 1a receive o	50,000? If "Yes,	" со	mple	ete S	Sche	edule	9 <i>J f</i>	or such individual	_	_4		х
	rendered to the organization? If "Yes," co	•				•			-		5		X
	Complete this table for your five highest of the organization. Report compensation for	-									nsation	from	
	(A) Name and busines	ss address	N	INC	3				(B) Description of s	ervices		(C) ensati	on
		·····											
											.		
2	Total number of independent contractors	(including but r	not li	mıte	d to	tho	ا موا	stec	d above) who received m	ore than			
	\$100,000 of compensation from the orga						0			S (MI)	For	ո 990	(2012)

Form 990 (2012) NEIGHBO
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts tts	1 a	Federated campaigns	1a					
E Z		Membership dues	1b					
اغ ق	c	Franklin and a superha	1c					
# Z	d	Data to the second second	1d					
9,8	e	0		· · · · · · · · · · · · · · · · · ·				
Ö	f	All other contributions, gifts, gran						
돌힐	•	similar amounts not included abo	1 [791,100.				
절				73171001				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1f	. ia-ii \$		791,100.			
-		Total Nos miss ia n		Business Code	, , , , , , , , , , , , , , , , , , , ,			+
	2 a	MEMBERSHIP		900099	38,010.	38,010.		
ķ	z a b	COMPEDENCE		900099	925.	925.		-
Program Service Revenue	_	•		700033	725.	723.		+
E S	ب 0	•						
Re	d	-						+
Pro	e	All other program convectors		-				+
_	-	All other program service reve	nue		38,935.			
\dashv	g	Total. Add lines 2a-2f Investment income (including	duudonda intora	-	30,333.		· · · · · · · · · · · · · · · · · · ·	
	3		dividends, intere	st, and	27.	-		27.
		other similar amounts)	awamat band m	vacanda .	41.			41.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	() D = =1	(v) Damanal		-		
	_	0	(i) Real	(II) Personal				ŀ
		Gross rents	118,950.					
	b	·	118,950.					
	C	, ,	0.	1	0			
	d _	, ,		// 011	0.			
ł	7 a	Gross amount from sales of	(i) Securities	(II) Other				
İ		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)		<u> </u>				
e l	8 a	Gross income from fundraisin	•					
e j		including \$	of					
<u>`</u>		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а					
₽		Less direct expenses	b					
		Net income or (loss) from fund	•	•		 		
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gan	-				-	
i	10 a	Gross sales of inventory, less	returns	1				
		and allowances	а					
		Less cost of goods sold	b					
,	С	Net income or (loss) from sale		, >				
]		Miscellaneous Revenu	ie	Business Code				
	11 a	MISCELLANEOUS		900099	5,203.			5,203.
	b							
	С							
		All other revenue	•					
l	е	Total. Add lines 11a-11d		>	5,203.			
22200	12	Total revenue. See instructions.		<u> </u>	835,265.	38,935.	0	
23200	•							Form 990 (2012)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				101-11E
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,000.	54,771.	31,094.	4,135.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	156,772.	72,298.	74,778.	9,696.
8	Pension plan accruals and contributions (include	= 11=	2 24 2	2 422	
	section 401(k) and 403(b) employer contributions)	7,197.	3,319.	3,433.	445.
9	Other employee benefits	17,127.	7,899.	8,169.	1,059.
10	Payroll taxes	16,856.	7,773.	8,040.	1,043.
11	Fees for services (non-employees).				
а	Management				
b	Legal	41 607		41 607	
C	Accounting	41,697.		41,697.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	46 022	28,008.	15,900.	2 115
40	column (A) amount, list line 11g expenses on Sch O)	46,023.	20,000.	15,900.	2,115.
12	Advertising and promotion	24,917.	1,570.	23,347.	
13	Office expenses Information technology	24,311.	1,570.	23,341.	
14	Royalties				
15 16	Occupancy	97,396.		97,396.	
17	Travel	54,522.	39,903.	12,121.	2,498.
	Payments of travel or entertainment expenses	34,322.	33,303.	12,121.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,954.	39,880.	4,971.	2,103.
20	Interest	10,75511	33,000.	1/3/11	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,600.		18,600.	
23	Insurance	4,998.	1,214.	3,649.	135.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PAYROLL SERVICES	1,840.		1,840.	
a b	FEES AND SERVICES	913.		913.	·
C	MISCELLANEOUS	402.	·· <u>·</u>	402.	
d	SUBSCRIPTIONS AND DUES	125.		125.	
	All other expenses	120.		140.	
25	Total functional expenses Add lines 1 through 24e	626,339.	256,635.	346,475.	23,229
26	Joint costs. Complete this line only if the organization	320,000		,	20,220
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					Form 990 (2012)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 399,946. 191,943. Cash - non-interest-bearing 12,195. 12,222. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 1,187 32,500. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 864. 6,321 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 106,930 basis Complete Part VI of Schedule D 10b 82,397 41,194. 10c 24,533. b Less, accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 10,316. 2,450. Other assets See Part IV, line 11 15 15 263,156. 472,515. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 36,903. 3,652. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 28,017. 14,475. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 19,276. 25 Schedule D 50,945. 378. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 98,117. 70,245. 27 Unrestricted net assets 141,966. 323,020. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 212,211 33 421,137. 33 Total net assets or fund balances 472,515. 263,156. Total liabilities and net assets/fund balances Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2012

Open to Public Inspection

Employer identification number

. <u></u>			RHOOD FUNDER						0	6-1368627	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions			
The organ	ızatıon ıs not a	private foundation l	because it is (For lines 1	through 1	11, check o	only one b	ox)				
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)	•			
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)							
3 🖳	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)((A)(iii).				
4 📖	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state										
5 📖	_		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describ	ed in	
		(b)(1)(A)(iv). (Comple									
6			ent or governmental unit								
7 [X]	=		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in	
section 170(b)(1)(A)(vi). (Complete Part II) 8											
8 📙										nd areas resounts from	
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										
		•	axable income (less sect	· ·	-	-				-	
		509(a)(2). (Complete		iononia	x) iroiri bu	511165565 6	icquired b	y trie Orgai	lization	arter June 30, 1973	
10			erated exclusively to te	st for nubl	ic safety S	See cectio	n 509(a)(4	11			
11 🗔	_		perated exclusively for the	-				-	out the	purposes of one or	
	=	-	itions described in section								
			organization and comple		•		,		-,,-,-		
	a Type I				nctionally i		d	I 🔲 Туре	e III - No	n functionally integrated	
е 🔙			t the organization is not	controlled	directly o	r indirectly	by one or	more disc	ualified	persons other than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or	section 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	nis box								
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?		
	(ı) A perso	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons d	lescribed i	n (II) and (I	ıı) below	, Yes No	
	the gove	erning body of the si	upported organization?							11g(ı)	
	(II) A family	member of a persor	n described in (i) above?							11g(II)	
	` '	•	person described in (i) of							11g(III)	
h	Provide the f	ollowing information	about the supported or	ganization	(s)						
-				(m) le the c	organization	(w) Did you	ı notifii the	(vi) ls	the		
	of supported	(ii) EIN			sted in your		ion in col.	organizatio	n in col.	(vii) Amount of monetary support	
UI Ya	anization				document?			(i) organizi U.S	?	зарроге	
			(see instructions))	Yes	No	Yes	No	Yes	No		
										-	
				<u></u>	<u></u>		<u>L_</u> _	<u> </u>			
					1						
				<u> </u>							
						1	1				
				1							
				-	 	ļ		-			
T-4-1						[
Total	Damamus els Di			<u></u>	1	<u> </u>	1	Cob od: 1	0 A /E ==	m 000 or 000 E7) 2040	
	-aperwork Ke	SOUTON JOH NOUSULE	, see the Instructions f	Uľ				Scriedul	C M (FOI	m 990 or 990-EZ) 2012	

232021 12-04-12

Form 990 or 990-EZ.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	758,738.	453,950.	737,350.	606,648.	791,100.	3,347,786.
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	758,738.	453,950.	737,350.	606,648.	791,100.	3,347,786.
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)						1,524,800.
6	Public support. Subtract line 5 from line 4						1 822 986.
Sec	ction B. Total Support				····		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	758,738.	453,950.	737,350.	606,648.	791,100.	3,347,786.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	9,387.	1,001.	373.	51.	27.	<u> 10,839.</u>
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)			2,654.	7,014.	5,203.	14,871.
11	Total support. Add lines 7 through 10	<u> </u>					3,373,496.
12	Gross receipts from related activities,	, etc (see instructi	ons)			12	<u>485,268.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here	<u> </u>				<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (• • • • • • • • • • • • • • • • • • • •	-	column (f))		14	54.04 %
	Public support percentage from 2011					15	63.63 %
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				► [X]
k	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pai	rt IV how the organ	nization
	meets the "facts and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
t	10% -facts-and-circumstances tes	st - 2011. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t				•		-
	organization meets the "facts-and-cir						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ind see instruction	ıs ▶∟_
					Sche	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 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 or if the organization failed to qualify under Part II If the organization fails	; to
available and an the tests leted below places complete Dort II.)	

Se	ction A. Public Support	siow, picase com	pioto i dit ii j				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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		:				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 3 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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included 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)						
	Total support. (Add lines 9, 10c, 11, and 12)		1	1			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
_	check this box and stop here	- C					▶∟
	ction C. Computation of Publ					T T	
	Public support percentage for 2012 (I		•	column (f))		15	
16	Public support percentage from 2011					16	
	ction D. Computation of Inves				······································		
	Investment income percentage for 20	-	•	ne 13, column (f))		17	
18	·					18	.~ .
19:	a 33 1/3% support tests - 2012. If the	-					I / IS not _ ┌─
	more than 33 1/3%, check this box a	•					. ▶∟
ı	b 33 1/3% support tests - 2011. If the	•					
- ـــ	line 18 is not more than 33 1/3%, che						▶ └_
<u>20</u>	Private foundation. If the organization	n did not check a	a box on line 14, 19	ea, or 19b, check t			<u> </u>
2320	023 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 20

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number

	NEIGHBORHOOD FUNDE		06-136			
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete	ıf the		
	organization answered "Yes" to Form 990, Part IV, line	e 6				
		(a) Donor advised funds	(b) Funds and other ac	counts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	□ No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring			
	impermissible private benefit?		Yes	No_		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	orically important land area			
	Protection of natural habitat	Preservation of a certif	ed historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement of	on the last		
	day of the tax year					
			Held at the End o	of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	, ,	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	е			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		٠			
_	violations, and enforcement of the conservation easements i		Yes	No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	· ·			
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(1)(4)(B)(I) Yes	No		
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	unn concernante in its revenue and evinence				
9	include, if applicable, the text of the footnote to the organization	•				
	conservation easements	mon's iniancial statements that describes t	ie organization s accounting	y lor		
Pai	t III Organizations Maintaining Collections o	of Art. Historical Treasures, or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" to Form	-				
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet work	s of art		
	historical treasures, or other similar assets held for public ex					
	the text of the footnote to its financial statements that descr			,		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of	art. historical		
-	treasures, or other similar assets held for public exhibition, e	·				
	relating to these items	,		3		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$	·		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial				
_	the following amounts required to be reported under SFAS 1		<u>-</u> · •			
а	Revenues included in Form 990, Part VIII, line 1	. 3	▶ \$			
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X \$					
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 NEIGHBORH										Page 2
Par	t III Organizations Maintaining Coll	lections c	f Art,	Historica	l Tre	easures, o	r Othe	<u>r Simil</u>	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accession,	and other re	cords,	check any of	f the f	following that	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply)										
а	Public exhibition		d	Loan or	r exch	nange progra	ıms				
b	Scholarly research		е	Other_			_				
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and e	xplaın h	ow they furtl	her th	ie organizatio	on's exen	npt purp	ose ın Pa	rt XIII.	
5	During the year, did the organization solicit or re	ceive donati	ons of a	art, historical	treas	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be maint	ained as par	t of the	organization	i's co	llection?				Yes	L No_
Par	t IV Escrow and Custodial Arrange		mplete	if the organi	zatıor	n answered "	Yes" to F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part X	, line 21									
1a	Is the organization an agent, trustee, custodian	or other inte	rmediai	ry for contrib	utions	s or other as:	sets not i	ncluded	_	_	
	on Form 990, Part X?									Yes	L No
b	if "Yes," explain the arrangement in Part XIII and	d complete th	ne follo	wing table							
										Amount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f		_	
	Did the organization include an amount on Form								L_	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII Ch										<u> </u>
Par	t V Endowment Funds. Complete if the	e organizatio	n answ								
		a) Current ye	ar	(b) Prior yea	ar	(c) Two year	s back (d) Three	years back	(e) Four	ears back
1a	Beginning of year balance				\rightarrow			_ 			
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships									 	
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance									.L	
2	Provide the estimated percentage of the current	t year end ba			mn (a)) held as					
а	Board designated or quasi-endowment		9	%							
b	Permanent endowment	%									
С	Temporarily restricted endowment	1.1000/	_%								
_	The percentages in lines 2a, 2b, and 2c should of	-									
За	Are there endowment funds not in the possession.	on of the org	janizatio	on that are n	eid ar	na aaministe	rea tor th	e organi	zation	Γ,	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	by										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations			0-5						3a(ii)	
	If "Yes" to 3a(ii), are the related organizations lis	,				•				3b	
Par	Describe in Part XIII the intended uses of the ord t VI Land, Buildings, and Equipmer				`						
	Description of property	(a) Cost				or other	(a) Ac	cumulat	od	(d) Book	value
	Description of property	basis (in		1		other)	٠,	reciation		(u) 500k	value
	Land	1 220.0 (111		····,		,					
	Land Buildings							-	-		
b	· ·										
ن	Leasehold improvements				3	0,385.		28,2	74	2	,111.
d	Equipment Other		-			6,545.		54,1			,422.
	Add lines 1a through 1e (Column (d) must equi	al Form 990	Dort Y	column (R)				J T , I			533.

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 NEIGHBORHOOD FUNDERS GROUP	, INC.		<u> 1368627</u>	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts with Bevenue b			265.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		203.
2	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b			
c		2c			
	Other (Describe in Part XIII)	2d			
	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	835,	265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a		4a			
b		4b			
c			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	835,	265.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses			
1	Total expenses and losses per audited financial statements	<u> </u>	1		339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
_ a	Donated services and use of facilities	2a	i		
	Prior year adjustments	2b			
c	Other losses	2c			
d		2d			
	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	626,	339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	626,	339.
	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines 1a and 4, Part IV, I	ines 1b and 2	b, Part V, line	4, Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to RT X, LINE 2: FOR THE YEARS ENDED DECEMBER	•		NFG	
HAS	S DOCUMENTED ITS CONSIDERATION OF FASB ASC	740-10, INCO	ME TAXE	ES, THAT	<u> </u>
PRO	OVIDES GUIDANCE FOR REPORTING UNCERTAINTY	IN INCOME TAX	ES AND	HAS	
DE'	TERMINED THAT NO MATERIAL UNCERTAIN TAX POS	SITIONS QUALI	FY FOR	EITHER	
RE	COGNITION OR DISCLOSURE IN THE FINANCIAL S'	TATEMENTS.			
					
TH)	E FEDERAL FORM 990, RETURN OF ORGANIZATION	EXEMPT FROM	INCOME	TAX, IS	5
SU	BJECT TO EXAMINATION BY THE INTERNAL REVEN	UE SERVICE, G			
			Sched	ule D /Form 9	M(1) 2012

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Part XIII	Supplei	mental In	formation	GHBORHOOD (continued)		_			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NETCHRODUOD FITNINGS CROID INC

Employer identification number

NEIGHBORHOOD FUNDERS GROUP, INC. 06-1368627
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT OF POLICIES AND PRACTICES THAT ADVANCE ECONOMIC, RACIAL, AND
SOCIAL JUSTICE.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE ORGANIZATION DISCONTINUED THE WEBSITE PROGRAM DURING 2012.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC POLICY
EXPENSES \$ 19,073. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
HOUSING JUSTICE
EXPENSES \$ 2,835. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
MEMBER SERVICES: PROVIDE INFORMATION, LEARNING OPPORTUNITIES, AND OTHER
PROFESSIONAL DEVELOPMENT ACTIVITIES.
EXPENSES \$ 400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 38,010.
CONFERENCES: PROVIDE PROFESSIONAL DEVELOPMENT, EDUCATIONAL AND
NETWORKING OPPORTUNITIES TO THE MEMBERSHIP.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 925.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS INSTITUTIONAL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS NOMINATE

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

NEIGHBORHOOD FUNDERS GROUP, INC.

Employer identification number 06-1368627

AND ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE RÈTURN WAS PREPARED BY THE
OUTSIDE ACCOUNTANTS. A DRAFT OF THE FORM 990 WAS REVIEWED AND APPROVED BY
THE AUDIT COMMITTEE. BOARD MEMBERS WERE GIVEN A FINAL COPY OF THE FORM 990
TO REVIEW. ONCE REVIEWED, THE EXECUTIVE DIRECTOR SIGNED AND MAILED THE
RETURN TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE REOUIRED TO SIGN AN ACKNOWLEDGEMENT EACH YEAR THAT THEY HAVE RECEIVED THE CONFLICT OF INTEREST POLICY. EACH OFFICER AND DIRECTOR IS ASKED TO NOTIFY THE BOARD OF ANY CONFLICTS OF INTEREST. OFFICERS AND DIRECTORS ABSTAIN FROM ANY APPROVAL OF SALARIES OR OTHER FORMS OF COMPENSATION FOR THEMSELVES. IF A POTENTIAL CONFLICT OF INTERESTED ARISES, THE POTENTIALLY INTERESTED PERSON DISCLOSES THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE GOVERNING BOARD OR COMMITTEE. THE REMAINING BOARD OR COMMITTEE MEMBERS MEET TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. SHOULD A CONFLICT OF INTEREST ARISE, THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE DETERMINES, BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS

Schedule O (Form 990 or 990-EZ) (2012)