Dep	Form 990	Return of Organization Exe  Under section 501(c), 527, or 4947(a)(1) of the Intern  Do not enter social security numbers on  Go to www.irs.gov/Form990 for instru	al Revenue Code (except private foundat this form as it may be made pub	ions) lic.	OMB No 1545-0047  2017  Open to Public Inspection	2949
A	For the 2017 calence Check if applicable Address change X Name change Initial return Final return/terminated Amended return	ar year, or tax year beginning  C Neighborhood Connections, Inc. PO Box 207 Londonderry, VT 05148  F Name and address of principal officer Pobort Wells	, 2017, and ending  D  E	Employer iden 26-4547 Telephone num (802) 8	tification number 7219 tiber 824-4343 \$ 277,958.	332107109
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Forn	n 990 (2017) Neighborhood Connections, Inc.	<u> 26-4547219</u>	Page 2
Par	t:III簿 Statement of Program Service Accomplishments	·	_
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
	Providing social services: Including health education, medical sc	reenings, eld	derlv
	visits, health insurance application assistance, emergency loans,		
	and fuel assistance to the local communities.	Termborner T.	
	and ruer assistance to the rotal communities.		
	Did the organization undertake any significant program services during the year which were not listed on the prio		
_	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O	U 103	A NO
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	vices?	X No
3	If 'Yes,' describe these changes on Schedule O	vices:	. M
	,		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ces, as measured by to others, the total	expenses expenses
	and revenue, if any, for each program service reported		
4 2	a (Code ) (Expenses \$ 42,169. including grants of \$ 13,113.) (Re	evenue \$	)
	Providing social work services, emergency grants and assistance w		na ,
	social security, disability, health insurance and state benefit a		
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	no charge.		
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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  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 II  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  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III  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  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  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  12 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  13 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 VII	_	•		Yes	No
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "es," complete Schedule C, Part II  4 Section 501(Xg) organizations, Duff the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If "es," complete Schedule C, Part II  5 Is the organization assertion 501(c)(xg), 501(c)(s), 601(c)(s) or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "yes," complete Schedule C, Part III  6 Dut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right is provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part III  7 Dut the organization microsery or hold a conservation easement, including easements to preserve open space, the environment, fundinc fand areas, or historic structures. If "Yes," complete Schedule D, Part III  8 Dut the organization receive or hold a conservation easement, including easements to preserve open space, the environment, fundinc fand areas, or historic structures. If "Yes," complete Schedule D, Part III  9 Dut the organization receive an amount in Part X, line 21, the second conservation of the second conservation of the second conservation in Part X, line 21, the second conservation of the second	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	
4 Section 501(x) organizations. Dul the organization enable in fetical during the flax year? If Yes, complete Schedule C, Part II  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 Proceedine 98-19? If Yes, complete Schedule C, Part III  6 Dut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise of the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or wrestment in the provided of the complete Schedule D, Part II  8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part II  9 Dut the organization and amount for amounts of schedule D, Part IV  10 Dut the organization sanger to any of the following questions is "Yes,' complete Schedule D, Part VI  11 If the organization sanger to any of the following questions is "Yes,' then complete Schedule D, Part VI, IV, III, IV, or X as applicable  12 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VII  13 b Did the organization report an amount for investments — organization and part X, line 10? If Yes, complete Schedule D, Part XII  14 Did the organization report an amount for other assets in Part X, line 12 and XII is optional assets reported in Part X	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
sis the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or grainization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III  5	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		х
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permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII  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 VIII  c 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  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 XII  d Did the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part XII  t Did the organization report an amount for other liabilities in Part X, line 15? If 'Yes,' complete Schedule D, Part XII  11c X  11d	9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation	9		Х
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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 e 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 e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X  11e X  12 Did the organization 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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 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  14a Did the organization maintain an office, employees, or agents outside of the United States?  15 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 II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  15 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 F, Parts III and IV  16 Did the organization report more th	Ł	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	11 b		Х
in Part X, line 167 If 'Yes,' complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 257 If 'Yes,' complete Schedule D, Part X  11e X  f Did the organization's iseparate 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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X I and XII  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  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 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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part III and IV  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 III and IV  18 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 Did	C	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	11 c		Х
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	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		

Form 990 (2017) Neighborhood Connections, Inc.

[Part: | V | Checklist of Required Schedules (continued)

B if Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  20 bd the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 / 19/s; complete Schedule I, Parts I and III  21 bd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 29 / 19/s; complete Schedule I, Parts I and III  22 bd the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, fusites, key employees, and highest compensated employees? "Nest, complete Schedule III and III an				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if 17 Yes, complete Schedule i, Parts I and III  22 Did the organization income than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if Yes, complete Schedule i, Parts I and III  23 Did the organization answer Yes In Part IVI, Section A), line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule IX IVI, 200 in IVI Parts I and III  24 a Did the organization have a tax-exempt bond susteement and tomer officers, director and to make a suspension of the organization and the parts of the last day of the year, that was issued after December 31, 2002 If Yes, answer lines 240 through 24d and complete Schedule IX II IVI, 201 to III Parts III IVI Parts III Parts III IVI Parts III Parts II		a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 1 / If If Yes, 'complete Schedule I, Parts I and III  2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 / If Yes, 'complete Schedule I, Parts I and III  23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer and some of the complete Schedule I Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule II If No, 'go to line 25a."  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization maves that an accord account other than a refunding escrew at any time during the year?  5 Sa Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part II  5 Is the organization mawer that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part II  5 Is the organization mawer that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I, Part II  5 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of unity the organizations proof Ports 990 or 990-EZ? If Yes, 'complete Schedule I, Part II  5 Did the organization aware that it engaged in an excess tensity transaction aware that the part of the part of the person of the part of the	ļ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued efter December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No.' go to line 25a.  5 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  6 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  6 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  6 did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  6 did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  7 did be the organization with a disqualified person during the year? If 'Yes,' complete Schedule L, Part II  8 bis the organization was that it engaged in an excess benefit transchorn with a disqualified person in a prior year, and that the transchorn has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II  7 bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former orfficers, directors, trustees, key employees, highest compensated employees, bushantal acontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III  7 bid the organization or provide a grant or other assistance to an officer, director, trustee, key employees, bushantal acontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III  8 was the organization organization and the following organizations or a second organization organizations.	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	,	X
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any tax-exempt bonds?  d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms '990 or '990-EZ' If 'Yes,' complete Schedule L, Part I  25b		•			<del>                                     </del>
25a Section 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes, 'complete Schedule L, Part II  25b			24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  25b		d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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 II  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II/  28 Was the organization a natiful as his ingest transaction with one of the following natifies (see Schedule L Part II/)	25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If Yes, complete Schedule L, Part III  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III  28 Was the organization a nach, to a historical schedule and the following nach as the followin		that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete	25b		Х
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 X  Was the grantiation a nathure a histories transaction with one of the following nathes (see Schedule I, Part III)	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		y
of any of these persons? If 'Yes,' complete Schedule L, Part III  27 X  Was, the graphical and a night, to a history section with one of the following nighter (see Schedule I. Part IV)  28 Was, the graphical and a night, to a history section with one of the following nighter (see Schedule I. Part IV)	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
			27		X
	⊅¤	Mae the ornanization a nactivity a principeze transaction with one of the following narties (see Schedule I Part II/			
	JB	Was the gragnization a narty to a histories transaction with one of the following narties (see Schodule I. Part IV			
		Was the gragnization a nactivity a himiness transaction with one of the following narties (see Schedule I. Part IV			
	<b>7</b> 2	Was the gragnization a narty to a his iness transaction with one of the following narties (see Schodule I Part IV			
	7g	Was the gragnization a narty to a histories transaction with one of the following narties (see Schodule I Part IV			
	28	Was the gragnization a narty to a hisciness transaction with one of the following narties (see Schodule I Part IV			
	<b>?</b> Q	Was the gragnization a nactivity a himiness transaction with one of the following narties (see Schedule I. Part IV			
	2δ	Was the gragnization a narty to a hisciness transaction with one of the following narties (see Schodule   Part IV			
	<b>2</b> Ω	Was the gragnization a nactivity a himiness transportion with one of the following narties (see Schodule I. Part IV			
	<b>2</b> Ω	Was the granization a narty to a hisciness transaction with one of the following narties (see Schedule I. Part IV.			
	7R	Was the grant and a nativity a himmes transaction with one of the following native (see Schodule I Part IV			
1 - - - -	7Ω	Was the analyzation a narty to a histories transaction with one of the following narties (see Schedule I. Part IV.			
	28	Was the graguization a narty to a histories transaction with one of the following narties (see Schedule I. Part IV)			
	28	Was the arragnization a narty to a hijisingse transaction with one of the following narties (see Schedule I Part IV			
	7Ω	Was the anapuration a narty to a hireiness transaction with one of the following narties (see Schodule 1 Part IV			
	7Ω	Was the granization a narty to a histories transaction with one of the following narties (see Schedule I. Part IV			
	7Ω	Was the granustion a nation a histories transaction with one of the following natios (see Schedule I. Part II)			
	2Ω	Was the anaguration a narty to a hieroses transaction with one of the following narties (see Schedule I. Part IIV			
	2Ω	Was the amagnization a nath, to a historics transaction with one of the following nather (see Schedule I Part IV)			
		Was the anaparation a nactual a histories transaction with one of the following nathes (see Schedule L. Part IV)			
	7Ω	Was the organization a natify to a historiages transaction with one of the following natios (see Schodille I. Part IV.			
		Was the organization a natiful of the following nation and the following nations (see Schodule 1 Part IV			
		Was the anaguration a nach, to a histingse transaction with one of the following nactice (see Schedule   Dart  )/			
		Was the anguration a narty to a hiernage transaction with one of the following narties tree Schodule I. Part IV			

Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	0].		}
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	<u>X</u>	\ <u></u>
	· · ·	1 ^	+
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 8	3	Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31	)	<u> </u>
4 a 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)?	4 2	1	Х
b If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		.	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 2	·	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51		$\frac{1}{X}$
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50		^
	-30	+	+-
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 8	9	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	)	
7 Organizations that may receive deductible contributions under section 170(c).		-	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	)	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	:	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		.	لييدل
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6	+-	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9	,	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	<u> </u>	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		`
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	,	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	_		1 :
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			;
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11 b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		İ	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13 a	<del> </del>	ļ
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b			
c Enter the amount of reserves on hand	<u> </u>		لنها
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		(2017)
BAA TEEA0105L 08/08/17	rorn	コフプリ	(401/)

Form 990 (2017) Neighborhood Connections, Inc.	26-4547219	Page
Part VI Governance, Management, and Disclosure For each 'Yes' response to line 8a, 8b, or 10b below, describe the circums	nse to lines 2 through 7b belo stances, processes, or change	ow, and for es in
Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		Σ
Section A. Governing Body and Management		
1.3 Enter the number of voting members of the governing body at the end of the tax year	1a  11	Yes No
1 a Enter the number of voting members of the governing body at the end of the tax year 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 O	11	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	16 11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business rela		
officer, director, trustee, or key employee?	_	2 X
3 Did the organization delegate control over management duties customarily performed by or un of officers, directors, or trustees, or key employees to a management company or other	nder the direct supervision in person?	3 X
4 Did the organization make any significant changes to its governing documents		, <u>v</u>
L. A. A. C.		
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	4.4.4.7.	
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	**************************************	
4.		

•				
Form 990 (2017)	Neighborhood Connections,	Inc.	26-4547219	Page 7
Part VII Com	pensation of Officers, Directors, T pendent Contractors	rustees, Key Employees,	Highest Compensated Employee	s, and
Chack	of Schadula O contains a response or note	e to any line in this Part VII		

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

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

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

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

				(C)	)					
(A) Name and Title		l than	n one s both	box, an o ector	unle: officer /trust		son	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Delores Barbeau	1									
Director	0	Х						0.	0.	0.
(2) MaryJo De Grandi	11									
Director	0	Х						0.	0.	0.
(3) Edward Mcgee	2									
Vice President	0	X		Х				0.	0.	0.
(4) Carolyn Partridge	2									
Secretary	0	Х		X			L_	0.	0.	<u>0.</u>
_(5)_Susie_Wyman	1									
<u>Director</u>	0	Х					L	0.	0.	0.
_(6) Joel Kuhlberg	1									
<u>Director</u>	0	Х						0.	0.	0.
_ (7) Robert Wells	2									
President	0	Х		Х				0.	0.	<u> </u>
_(8) Michael Jeffrey	2									
Treasurer	0	X		X_			L_	0.	0.	<u> </u>
(9) Dwight Johnson	1								į	
Director	0	X						0.	0.	0.
(10) Skip Raymond	1									
Director	0	X						0.	0.	0.
(11) Pat Cherry	1									
Director	0	Х						0.	0.	0.
(12)										
(13)										
(14)										

Page 8

Part VII   Section A. Officers, Directors, 11	ustees,	ney	En	npic	oye	es,	an	a Hignest Con	ipensated Emp	oloyees	(cont	inued)
(A) Name and title	Average hours per	box	, unle	check ess pe	sition more	e than is bot or/trus	h an	Reportable compensation from	(E)  Reportable compensation from	amo	(F) stimated unt of o	ther
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	org	ipensati rom the janizatio d relate anizatio	ed ed
(15)		_			-	-					<del></del>	
(16)		-		-			1					
(17)									<u> </u>			
(18)		-		_								
(19)			_									
(20)												
(21)						_	-			-		
(22)							-					
(23)	<del>                                     </del>	-										
(24)		<u> </u>										
(25)	ļ <u> </u>											_
1 b Sub-total	<u> </u>					L	<b></b>	0.	0.	<u> </u>		
c Total from continuation sheets to Part VII, Secti	on A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							▶	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	sted	abov	ve) v	vho	recei	ved	more than \$100,00	0 of reportable comp	pensation	1	
non the organization								<del></del>		-	Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru ch individu	stee, al	key	em	ploy	/ee,	or t	nighest compensat	ted employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportabler than \$1	le coi 50,00	mpe	nsa If 'Y	tion <i>es,"</i>	and com	oth ple	ner compensation teles	from			
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes</li> </ul>	e compen	satio	ņ fre	om a	any	unre	late	ed organization or	ındıvıdual	4		X
Section B. Independent Contractors	s, comple	te Sc	hea	ule	J to	rsuc	n p	erson		5		X
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	epend	dent	cor	ntrac	ctors	tha	at received more the	nan \$100,000 of	<u> </u>		
(A)  Name and business add		uie Ca	alei k	Jai y	rear	CITOI	ng <u>v</u>	(B) Description of		(Compe	) nsatio	 on
										<u>·</u>		
							_					
									41			
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ted to	tho	se II	sted	abov	ve) '	wno received more	ırıan			
BAA	<u>`</u>	TEEA0	108L	08/0	8/17					Form	990 (	2017

	. Check if Schedule O contains a response	or note to any	line in this Part VI	IL		
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$	38,832. 13,252. 163,773. 3,973.	215,857. 14,528.	14,528.		
Program S	f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>	14,528.			
	Investment income (including dividends, interother similar amounts).  Income from investment of tax-exempt bond.  Royalties  (i) Real  (i) Real  (ii) Real  (iii) Real  (iv) Rea	•	256.			256.
Other Revenue	d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 38,832. of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities  See Part IV, line 19  a b Less direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  a b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Bus	47, 317. 16, 275.	31,042.			
	b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions	<b>&gt;</b>	261,683.	14,528.	0.	256.
	- 10/21 10 VOI 100 11 13/1 (10/10/13	1	201,003.	14,040.		<u>, 230.</u>

# Part IX | Statement of Functional Expenses

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

Repension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   Repair contributions   Residue for the property   Residu	Check if Schedule O contains a rough point include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
Individuals   See Part IV, Inne 22   13,113	organizations and domestic governments			,	
organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees constitutions of a section 485(c)(3)(9)	2 Grants and other assistance to domestic individuals See Part IV, line 22	13,113.	13,113.		
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(1) and persons described in section 4978(0)(1) and 493(b) employer contributions (include section 401(4) and 403(b) employer contributions (include section 401(4) and 401(4	organizations, foreign governments, and for-				
disqualified persons (as defined under section 4958(c)(3)(a)(B)   0   0   0   0   0   0   0   0   0	5 Compensation of current officers, directors, trustees, and key employees	2,693.	2,500.	115.	78.
7 Other salaries and wages  Rensing plan accrusts and contributions (10%) and 403(b) and 403(b) employer contributions)  9 Other employee benefits  7, 603. 6, 481. 634.  10 Payroll taxes  11, 989. 10, 851. 766.  11, 989. 10, 851. 766.  11, 989. 10, 851. 766.  11, 178. 738. 203.  d Lobbying  e Professional fundraising services. See Part W, line 17  f Investment management fees  9 Other (filine II) apmount exceeds 10% of line 25, column (A) amount, list line III genepies on Schedule 0)  12 Advertising and promotion  3 Office expenses  13, 626. 2, 286. 806.  14 Information technology  15 Royalties  16 Occupancy  42, 802. 38, 673. 2, 135. 1,  17 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  11, 332. 10, 475. 415.  10 Patry and Asserting and Publications  11, 332. 10, 475. 415.  17 Pagram Materials & Supplies  18 Payments of travel expenses not covered above (List miscellaneous expenses in Inc. 24e expenses or Schedule 0)  2 Program Materials & Supplies  1, 11, 13, 1, 174. 474.  4 Printing and Publications  e All other expenses  1, 024. 889. 483. 46. 1,  1, 11, 158. 13,  26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation and amontput and amontput and amontput and public point and publication and fundraising solicitation are made and fundraising solicitation and solicitation are made and fundraising solicitation and solicita	disqualified persons (as defined under section 4958(f)(1)) and persons described	0	0	0	0.
Repension plan accruals and contributions (include section 401 (k) and 403(b) employee benefits   7,603   6,481   634   10   Payroll taxes   11,989   10,851   766   11   Fees for services (non-employees).	· · · · · · · · · · · · · · · · · · ·				4,168.
10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management feeses g Other (Iffi line 1) gament exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 13, 626. 2, 286. 806. 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses (temize expenses not covered above (List inscellaneous expenses for of line 25, column (A) amount, list line 24e expenses on Schedule O) 2 Program Materials & Supplies 3, 190. 2, 100. 216. b Postage and Shipping 1, 889. 483, 46, 1, c Meals & Refreshments 1, 713, 1, 714, 474, d Printing and Publications 1, 309. 1, 230. 79, e All other expenses. Add lines I through 24e 249, 199. 221, 717. 14, 158. 13, long complete this line only if the organization point costs from a combined educational expenses and complete this line only if the organization proported in column (B) joint costs from a combined educational expenses and company and fundraising solicitation	8 Pension plan accruals and contributions (include section 401(k) and 403(b)	103,323.	30, 401.	0,000.	
11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (if line 1)g amount exceeds 10% of line 25, column (A) amount, list line 11 g amount exceeds 10% of line 25, column (A) amount, list line 11 g amount exceeds 10% of line 25, column (A) amount, list line 11 g amount exceeds 10% of line 25, column (A) amount, list line 11 g amount exceeds 10% of line 25, column (A) amount, list line 11 g amount exceeds 10% of line 25, amount, list line 11 g amount exceeds 10% of line 25, amount, list line 12 g expenses on Schedule 0)  12 Advertising and promotion 13, 626. 2, 286. 806. 14 Information technology 6, 447. 5, 534. 443. 15 Royalties 16 Occupancy 42, 802. 38, 673. 2, 135. 1, 7  17 Travel 2, 682. 2, 638. 7.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Interest 1 21 Payments to affiliates 22 Depreciation, depletion, and amortization 10, 913. 10, 913. 10, 913. 10, 913. 10, 913. 10, 913. 11, 312. 10, 475. 415.  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 O)  2 Program Materials & Supplies 3, 190. 2, 100. 216. b Postage and Shipping 1, 889. 483. 466. 1, 6 Printing and Publications 1, 713. 1, 174. 474. 474. 4 Printing and Publications 1, 713. 1, 174. 474. 4 Printing and Publications 1, 724. 80. 207. 25 Total functional expenses Add lines 1 through 24e 249, 199. 221, 717. 14, 158. 13, 13, 13, 14, 158. 13, 14, 158. 13, 14, 158. 13, 14, 158. 13, 158. 1	Other employee benefits	7,603.	6,481.	634.	488.
a Management b Legal c Accounting d Lobbying l 1,178. 738. 203. 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, column (A) amount, list line 11g expenses on Schedule 0) 16,220. 13,921. 924. 1, 24. 44. 3. 14. 14. 15. 14. 15. 15. 15. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	10 Payroll taxes	11,989.	10,851.	766.	372.
b Legal c Accounting 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, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 3,626. 2,286. 806. 4 Information technology 6,447. 5,534. 443. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses lterrize 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) 2	11 Fees for services (non-employees).				
c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 1)g amount exceeds 10% of line 25, column (A) amount, list line 10g expenses on Schedule 0) 13 Office expenses 3,626. 2,286. 806. 14 Information technology 6,447. 5,534. 443. 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e el filine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 2 Postage and Shipping 2 1,889, 483, 466, 1, 474. d Printing and Publications 2 1,024, 80, 207. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation.	- μ				
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, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 33 Office expenses 3,626. 2,286. 806. 14 Information technology 6,447. 5,534. 443. 15 Royalties 16 Occupancy 42,802. 38,673. 2,135. 1, 17 Travel 2,682. 2,638. 7.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 22 Depreciation, depletion, and amortization 10,913. 10,913. 21 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses) in line 24 if line 24a amount exceeds 10% of the 25, column (A) amount, list line 24e expenses on Schedule 0) a Program Materials & Supplies 3,190. 2,100. 216. b Postage and Shipping 1,889. 483. 466. 1, C Meals & Refreshments 1,1713. 1,174. 474. d Printing and Publications 1,309. 1,230. 79. e All other expenses. Add lines I through 24e 249,199. 221,717. 14,158. 13, 26 Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation					·
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (file File gamout secrets) (%) of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 3,626. 2,286. 806. 14 Information technology 6,447. 5,534. 443. 15 Royalties 16 Occupancy 42,802. 38,673. 2,135. 1, 17 Travel 2,682. 2,638. 7. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 11,332. 10,475. 415. 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 O)  a Program Materials & Supplies 3,190. 2,100. 216. b Postage and Shipping 1,889. 483. 466. 1, 4 Printing and Publications 1,309. 1,230. 79. e All other expenses All other expenses 1,024. 80. 207. 25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13, 13, 10 control of the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation		1,178.	738.	203.	237.
f Investment management fees g Other (if line lig amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 12g and Postage and Shipping  a Program Materials & Supplies  a Program Materials & Supplies b Postage and Shipping c Meals & Refreshments d Printing and Publications e All other expenses 1,024. 880. 221,717. 14,158. 13,  10 Interex 10 Meals & Refreshments 1,1332. 1,134. 1,174. 1,	<u>-</u>				
9 Other (if line 11g arount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)   12 Advertising and promotion	·				
13 Office expenses   3,626.   2,286.   806.     14 Information technology   6,447.   5,534.   443.     15 Royalities	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,220.	13,921.	924.	1,375.
14	- · · · · · · · · · · · · · · · · · · ·	3,626.	2.286.	806.	534.
15   Royalties	14 Information technology				470.
17 Travel  Reparents of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 11 Payments to affiliates  21 Payments to affiliates  22 Depreciation, depletion, and amortization 11, 332. 10, 913.  23 Insurance 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 O)  2 Program Materials & Supplies 3, 190. 2, 100. 216.  3 Postage and Shipping 1, 889. 483. 46. 1, CMeals & Refreshments 1, 713. 1, 174. 474. 474. 474. 474. 474. 474. 474.	15 Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 O)  a Program Materials & Supplies  b Postage and Shipping  c Meals & Refreshments  e All other expenses  1, 024.  80.  207.  216.  1, 230.  79.  e All other expenses  1, 024.  80.  227, 177.  14, 158.  13, 26  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundriasing solicitation	16 Occupancy	42,802.	38,673.	2,135.	1,994.
expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 O)  a Program Materials & Supplies b Postage and Shipping c Meals & Refreshments 1,713, 1,174, 474, dPrinting and Publications e All other expenses. Add lines 1 through 24e  249,199.  25 Total functional expenses. Add lines 1 through 24e  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising solicitation	17 Travel	2,682.	2,638.	7,	37.
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 O)  2 Program Materials & Supplies 24 b Postage and Shipping 25 Refreshments 26 Meals & Refreshments 27 Total functional expenses. Add lines 1 through 24e 249, 199.  25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 O)  a Program Materials & Supplies b Postage and Shipping c Meals & Refreshments d Printing and Publications e All other expenses 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation)	· · · · · · · · · · · · · · · · · · ·	153.	60.		93.
22 Depreciation, depletion, and amortization 23 Insurance 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 O)  a Program Materials & Supplies b Postage and Shipping 1,889. 483. 46. 1, c Meals & Refreshments 1,713. 1,174. 474. d Printing and Publications e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					
23 Insurance 11,332. 10,475. 415.  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 O)  a Program Materials & Supplies 3,190. 2,100. 216.  b Postage and Shipping 1,889. 483. 46. 1,  c Meals & Refreshments 1,713. 1,174. 474.  d Printing and Publications 1,309. 1,230. 79.  e All other expenses 1,024. 80. 207.  25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		10 013	10 913		
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 O)  a Program Materials & Supplies 3,190. 2,100. 216. b Postage and Shipping 1,889. 483. 46. 1, c Meals & Refreshments 1,713. 1,174. 474. d Printing and Publications 1,309. 1,230. 79. e All other expenses 1,024. 80. 207. 25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	· · · · · · ·			415	442.
a Program Materials & Supplies 3,190. 2,100. 216. b Postage and Shipping 1,889. 483. 46. 1, c Meals & Refreshments 1,713. 1,174. 474. d Printing and Publications 1,309. 1,230. 79. e All other expenses 1,024. 80. 207. 25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	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	11,002.			,
b Postage and Shipping 1,889. 483. 46. 1, c Meals & Refreshments 1,713. 1,174. 474. d Printing and Publications 1,309. 1,230. 79. e All other expenses 1,024. 80. 207. 25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	· · · · · · · · · · · · · · · · · · ·	3 100	2 100	216	874.
c Meals & Refreshments 1,713. 1,174. 474. d Printing and Publications 1,309. 1,230. 79. e All other expenses 1,024. 80. 207.  25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					1,360.
d Printing and Publications 1,309. 1,230. 79. e All other expenses 1,024. 80. 207.  25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					65.
e All other expenses 1,024. 80. 207.  25 Total functional expenses. Add lines 1 through 24e 249,199. 221,717. 14,158. 13,  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		1,024.		207.	737.
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25 Total functional expenses. Add lines 1 through 24e	249,199.	221,717.	14,158.	13,324.
SOP 98-2 (ASC 958-720)	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				

34

400,703

Form 990 (2017)

393,378.

Total liabilities and net assets/fund balances

34

BAA

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 24,920 1 41,534. 2 92,719. Savings and temporary cash investments 87,464 2 3 Pledges and grants receivable, net 3 4 1,013. Accounts receivable, net 4,022 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 26 Assets 8 Inventories for sale or use 9 11,857 8,836. Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 318,671 10 c 10b 265,089 b Less accumulated depreciation 62,070 256,601 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 393,378 400,703 16 Accounts payable and accrued expenses 12,713 17 6,954 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 600. 26 7,554. 12, 713 Total liabilities. Add lines 17 through 25 x and complete Organizations that follow SFAS 117 (ASC 958), check here Balances lines 27 through 29, and lines 33 and 34. 303,785 27 309,585. Unrestricted net assets 76,880 28 Temporarily restricted net assets 83,564. 28 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 Net. 33 Total net assets or fund balances 380,665 393,149. 33

		6-4547219		Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	261	,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	249	,199.
3	Revenue less expenses Subtract line 2 from line 1	3	12	,484.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	380	,665.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	393	,149.
Pa	rt XII Financial Statements and Reporting			- "
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	ewed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	parate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?		3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
BAA			Form 99	<b>0</b> (2017)

### **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.

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

OMB No 1545 0047

2017

Open to Public Inspection

Name (	Name of the organization Employer Identification number							
		borhood Connections				_	26-454721	
		Reason for Public Cha						ctions.
The c	rga	inization is not a private found	dation because it is: (	For lines 1 through 12,	check c	nly one	box)	
1		A church, convention of church	nes, or association of c	hurches described in sec	tion 170	(b)(1)(A)	(i).	< 1
2	П	A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ	))		<i>)</i> {
3	П	A hospital or a cooperative h	nospital service organ	ization described in sec	ction 17	0(b)(1)(A	A)(iii).	-
4	Н	A medical research organiza					•••	Enter the hospital's
-	Ч	name, city, and state		·				
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit d	escribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust described	, ,		•			
9	An agricultural research organization described in section 170(bX1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.							
10		An organization that normally r from activities related to its investment income and unre June 30, 1975 See section!	exempt functions—sub lated business taxabl	oject to certain exception e income (less section	ons, and	(2) no	more than 33-1/3% of	its support from gross
11		An organization organized ai	nd operated exclusive	ly to test for public safe	ety See	section	n 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or section	n 509(a	)(2). See section 509(a	ut the purposes of one a)(3). Check the box in
а		Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sur	ported o	Irganizat	ion(s), typically by giving	g the supported on <b>You must</b>
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or tion(s) You
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated The constructions) You must com	rated. A supporting org	anization operated in cor	nection	with its	supported organization(s it and an attentiveness	) that is not requirement (see
e		Check this box if the organiz	ation received a writte	en determination from t	the IRS			
f	En	integrated, or Type III non-fu iter the number of supported o		supporting organization	1			"
•		ovide the following information	* *	• • • • • • • • • • • • • • • • • • • •				
(	ı) Na	me of supported organization	(iı) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
Total								

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 )

2 Tax revenues leved for the organization's benefit and either paid to or expended or the paid to organization without charge or the paid to organization by each person (or the paid to organization) included on line I had exceeds 2% of the amount shown on line II, column (I) to organization	Sec	tion A. Public Support						
2 Tar revenues leved for the organizations benefit and either paid to or expended of the organizations benefit and either paid to or expended of the paid to or expended of the paid to organization without charge.  4 Total, Add lines 1 through 3  5 The portion of total contributions by each person (Other than a governmental organization) reluded on line 1 that exceeds 2% of the amount shown on line 11, column (1)  6 Public support. Subtract line 5  5 Section B. Total Support.  Celleradry year (or fiscal year beginning in) *  7 Amounts from line 4  8 Gross income from interest, dividends, payments received royalities, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly to 10 Other income Do not include and the paid of again or loss from the degran or loss from the degran or loss from the set of again and the propher precentag	begı	nning in) 🟲	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
organization's benefit and either paid to or expended on its behalf or its behalf or expended on its behalf or expended or expended on its behalf or expended or expended on its behalf or expended or e	1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	124,088.	273,389.	107,796.	198,134.	215,857.	919,264.
facilities furnished by a governmental unit to the organization of the governmental unit to the organization of total contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions by each person (other than a governmental unit to the contributions) in the contribution of th	2	organization's benefit and either paid to or expended						0.
5 The portion of total contributions by each person (other than a governmental unit or public) supported that exceeds 2% of the amount shown on line 11, column (f) 0.  6 Public support. Subtract line 5 from line 4 919, 264.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) (e) 2017 (f) Total segments on securities loans, rents, royaltes, and income from smilar sources on securities loans, rents, royaltes, and income from smilar sources on securities loans, rents, royaltes, and income from smilar sources on the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 0.  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 0.  13 First five years. If the Form 990 is for the organizations' 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 from 2016 Schedule A, Part II, line 14 15 99, 93 % 16a 33-1/3% support test—2017. (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.  17a 10%-facts-and-circumstances test—2017. (If the organization during sale and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test,	3	facilities furnished by a governmental unit to the						0.
contributions by each person (other than a governmental unit or publicly supported organization 2% of the amount shown on line 11, column (f).  6 Public support Subtract line 5 from line 4  7 Amounts from line 4  7 Amounts from line 4  8 Gross income from indrest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 19, 264.  8 Gross income from indrest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  19, 70, 119, 209, 256, 673.  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 sistestic (Explain in Ont.)  10 Other income Do not include gain or loss from related activities, etc. (see instructions)  11 Total support. Add lines 7 through 10 from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  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 from 2016 Schedule A, Part III, line 14  16a 33-1/3% support test—2016. 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 qualifies as a publicly supported organization under said and stop here. The organization qualifies as a publicly supported organization under said and stop here. Explain an Part VI how the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as an publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as an publicly supported organization	4	Total. Add lines 1 through 3	124,088.	273,389.	107,796.	198,134.	215,857.	919,264.
6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) - (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) - (7 Amounts from line 4) 124,088. 273,389. 107,796. 198,134. 215,857. 919,264.  8 Gross income from interest, dividends, payments received on securities loans, retries, royalties, and income from similar sources 19. 70. 119. 209. 256. 673.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income to not include gain or loss from the sale of capital assets (Explain in Part VI) 70. 117. Total support. Add lines 7 through 10 919,937.  12 Gross receipts from related activities, etc. (see instructions) 12 0.  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) 17 through 10 919,937.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 99,93 % 199,95 % 16a 33-1/3% support test—2017. 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 in Part VI how or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly number or more, and if the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly in the organization me	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,					0.
Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2015 (d) 2016 (e) 2017 (f) Total beginning in) > (a) 2015 (e) 2017 (f) Total support percentage from securities loans, rents, royalties, and income from uncleated business activities, whether or not the business is regularly carried on 10 (c) 2019	6		,		3			
peginning in) F  7 Amounts from line 4  124, 088. 273, 389. 107, 796. 198, 134. 215, 857. 919, 264.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from surrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on the business of the payment of the payment of the business is regularly carried on the companization on the payment is pa	Sec	tion B. Total Support		•				
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9 Net income from unrelated business activities, whether or not the business is regularly carried on 10.  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10 919, 937.  12 Gross receipts from related activities, etc. (see instructions) 12 0.  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 2017 (line 6, column (f) divided by line 11, column (f)) 14 99.93 %  15 Public support percentage from 2016 Schedule A, Part II, line 14 15 99.95 %  16 33-1/3% support test—2017. 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.  17a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organiza	8	dividends, payments received on securities loans, rents, royalties, and income from	19.	70.	119.	209.	256.	673.
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	18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			<del></del>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b)** 201,4 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (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 Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 2017 (line 8, column (f) divided by line 13, column (f)) કૃ 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 잏 16 Section D. Computation of Investment Income Percentage 용 Investment income/percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 17 न्न Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33-1/3% support tests-2017. 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 - 2016. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	- I al	ι ν.)	
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	describéd in séction 509(a)(1) or (2)	2		<del>                                     </del>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		-	
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 <i>a</i>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Sche	edule A (Form 990 or 990-EZ) 2017 Neighborhood Connections, Inc.	26-4547219	F	Page 5
Par	rt IV   Supporting Organizations (continued)		T.,	T
11	. Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
ē	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, governing body of a supported organization?	the 11a		
ŀ	b A family member of a person described in (a) above?	11b	┼──	<del> </del>
	C A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in			+
	ction B. Type I Supporting Organizations		ļ	Ь
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly apprehenced at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describer the supported organization's effectively operated, supervised, or controlled the organization of the organization and more than one supported organization, describe how the powers to appoint and/organizations or trustees were allocated among the supported organizations and what conditions or restriction applied to such powers during the tax year	ribe in l's activities or remove		
2	Did the organization operate for the benefit of any supported organization other than the supported organization other than the supported organization of the supported organization? If 'Yes,' explain in <b>Part VI</b> how provident carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization	ııdına such		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or to of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the organization's supported organization (s)?	nement of the		.
<u></u>	supporting organization was vested in the same persons that controlled or managed the supported organization.	nization(s) 1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
	•		103	1.0
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of torganization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	e prior tax	<u> </u>	
	organization's governing documents in effect on the date of notification, to the extent not previously prov		<u> </u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo	rted		
organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a sign voice in the organization's investment policies and in directing the use of the organization's income or as	ificant 4	• '	
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organization in this regard	ons played 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
a	The state of the s	•		
- b				
c		ent entity (see instruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purpose	es of the		
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those suppo organizations and explain how these activities directly furthered their exempt purposes, how the organizations to those supported organizations, and how the organization determined that these activities or	rted ation was		
	substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the i	easons for		
	the organization's position that its supported organization(s) would have engaged in these activities but to organization's involvement	or the 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or to each of the supported organizations? Provide details in <b>Part VI</b> .	rustees of 3a		نــــا
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	of its 3b		آـــد ا

Sche	dule A (Form 990 or 990-EZ) 2017 Neighborhood Connections, Inc.		26-45	47219	Page (
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov 20, 1970 (explain in t complete Sections A	Part VI) <b>Se</b> through E	e 
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			-
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	9- 5-1-	- 44 ar v. 28 25		جمد و حسيم -
a	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			. <u>.                                   </u>
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI)		*		
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7		<u> </u>	. <u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount		٠.	Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrated	Type III supporting org	ganization	

Schedule A (Form 990 or 990-EZ) 2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Section D — Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	
Section E — Distribution Allocations (see instructions)  (i) Excess Distributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6	·
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions	
3 Excess distributions carryover, if any, to 2017	
a i	
b From 2013	
c From 2014	
d From 2015	
e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
4 Distributions for 2017 from Section D, line 7	
a Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions	
7 Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c	
8 Breakdown of line 7	
a Excess from 2013	
b Excess from 2014	
c Excess from 2015	
d Excess from 2016	

Schedule A (Form 990 or 990-EZ) 2017

BAA

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Neighborhood Connections, Inc. 26-4547219 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Rublic Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Neighborhood Connections,	Inc.			26-4547219
Pa	নিয়ুল্ল Organizations Maintaining Done		Similar Funds	or Acc	26-4547219 
<u>, u</u>	Complete if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 6.	0.7.00	Journal of the second of the s
		(a) Donor advised fun	ds	(b) F	unds and other accounts
1	Total number at end of year			<del></del>	
2	Aggregate value of contributions to (during year)				_
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal coi	sets held in donor ntrol?	advised	funds Yes No
6	Did the organization inform all grantees, dong for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing t of the donor or donor advisor, of	that grant funds ca for any other pur	an be us pose cor	ed only  nferring  Yes  No
Pá	rtill Conservation Easements.			<del></del>	
	Complete if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held b	y the organization (check all that	apply)		
	Preservation of land for public use (e g ,	recreation or education)	Preservation of a	historical	lly important land area
	Protection of natural habitat		Preservation of a	certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contrib	ution in the form of	a conser	vation easement on the
	last day of the tax year		[i	- F	Held at the End of the Tax Year
	a Total number of conservation easements		<u> </u>	2 a	Teld at the End of the Tax Tear
	<b>b</b> Total acreage restricted by conservation ease	ements	-	2 b	
	c Number of conservation easements on a cert		(a)	2 c	
	d Number of conservation easements included		· · ·		
	structure listed in the National Register	in (c) acquired after 7720700, and 1	101 011 0 111010110	2 d	
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or t	erminated by the or	rganızatıo	on during the
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easeme		nspection, handlir	ng of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, ar	nd enforcing conser	vation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspi	ecting, handling of violations, and er	forcing conservatio	n easeme	ents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	170(h)( 	<sup>(4)(B)(i)</sup>
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its reve to the organization's financial stat	nue and expense si ements that descr	tatement, ribes the	and balance sheet, and organization's accounting for
D <sup>%</sup>	conservation easements ft∭¶ Organizations Maintaining Colle	actions of Art Historical Tre	PACIFIC OF OH	her Sim	nilar Assets
	Complete if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 8.		
1 :	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, o	r research in furthe	statemer rance of p	nt and balance sheet works of public service, provide,
İ	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items.	or public exhibition, education, or res	n its revenue state search in furtherand	ement ar e of publi	ic service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1			►\$
	(ii) Assets included in Form 990, Part X				<b>▶</b> \$
	If the organization received or held works of art, I amounts required to be reported under SFAS	116 (ASC 958) relating to these it	essets for financial e ems	gain, prov	
	a Revenue included on Form 990, Part VIII, line	: 1			<b>▶</b> \$
1	h Assets included in Form 990. Part X				►Ś

Scriedule D (Form 330) 2017 Ne1d	nbornood Co	nnections, i	nc.	26-454	:/219	Page 2	
Part III Organizations Mainta	ining Collection	ons of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (continu	ıed)	
Using the organization's acquisition items (check all that apply)	n, accession, and o	ther records, check a	any of the following that a	re a significant use of its	collection		
a Public exhibition							
<b>b</b> Scholarly research							
c Preservation for future gener							
4 Provide a description of the organiz Part XIII		·	-				
5 During the year, did the organiza to be sold to raise funds rather t	<u>han to be maintai</u>	ned as part of the	organization's collection	<del>7</del>	Yes	No	
Part IV Escrow and Custodia				swered 'Yes' on Fo	rm 990, Par	t IV,	
1 a Is the organization an agent, true on Form 990, Part X?		_		er assets not included	Yes [	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ing table:		A		
D:					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				11	<del>п.</del> г	<del></del>	
2 a Did the organization include an a b If 'Yes,' explain the arrangement				- 1	Yes	No	
Part V Endowment Funds. C	omplete if the	organization ar	nswered 'Yes' on Fo	orm 990, Part IV, lir	ne 10.		
	(a) Current year				(e) Four year	's back	
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					1		
e Other expenditures for facilities and programs					<del> </del>		
f Administrative expenses							
g End of year balance					<del> </del>	-	
2 Provide the estimated percentage	e of the current v	ear end balance (lu	ne 1g. column (a)) held	L as	J		
a Board designated or quasi-endowm	-	8	ic rg, column (a)) nela	<b>45</b>			
b Permanent endowment		<del></del> •					
c Temporarily restricted endowmer		%					
The percentages on lines 2a, 2b, a							
3 a Are there endowment funds not in torganization by			are held and administered	for the	Yes	No	
(i) unrelated organizations					3a(i)	110	
(ii) related organizations					3a(ii)	-	
b If 'Yes' on line 3a(ii), are the rela	ated organizations	· listed as required	on Schedule R2		3b	<del>                                     </del>	
4 Describe in Part XIII the intended	-				30	L	
Part VI Land, Buildings, and			<del></del>	<del></del>			
Complete if the organ		ed 'Yes' on For	m 990, Part IV, line	11a. See Form 99	0, Part X, In	ne 10.	
Description of property	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	lue	
1 a Land			60,000.		60,	,000.	
<b>b</b> Buildings			215,194.	32,127.		,067.	
c Leasehold improvements			23,516.	12,542.		,974.	
<b>d</b> Equipment			19,961.	17,401.		,560.	
e Other							
Total. Add lines 1a through 1e (Colum	nn (d) must equal	Form 990, Part X.	column (B), line 10c )	<b>&gt;</b>	256.	601.	
BAA				Schedu	ule <b>D</b> (Form 990)		

Schedule D (Form 990) 2017 Neighborhood Conne	ections, Inc.	26-45	547219	Page 3
Part VII Investments - Other Securities.		N/A		
Complete if the organization answered	d 'Yes' on Form 99	), Part IV, line 11b. See Form	990, Part X	<u>, line 12</u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	-of-year market va	lue
(1) Financial derivatives				
(2) Glosely-held equity interests				
(3) Other				
(A)				
<u>`</u> (B)				
<u>(c)</u>	-			
(D)				
(D) (E)	-	-		
<del>(</del> f)				
<u>```</u> (H)				_
(l)				•
Total (Column (b) must equal Form 990, Part X, column (B) line 12)				
Part; VIII Investments – Program Related.	<u> </u>	N/A		
Complete if the organization answered	d 'Yes' on Form 99	), Part IV, line 11c. See Form	990, Part X	, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en		
(1)				
(2)				
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	•			
Pärt'IX Other Assets.	N/A	<u> </u>		
Complete if the organization answered	d 'Yes' on Form 99	), Part IV, line 11d. See Form		
<del></del>	scription		(b) Book	value
(1)				
(1)			-	
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15 )			
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)	B) line 15 )			
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)  Part X Other Liabilities.				
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)				
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Figure (a) Description of liability (1) Federal income taxes (2) Sabbath House Deposit	Form 990, Part IV, line 1 (b) Book value			
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factorial income taxes (2) Sabbath House Deposit (3)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factorial income taxes (1) Federal income taxes (2) Sabbath House Deposit (3) (4)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factorial income taxes (2) Sabbath House Deposit (3) (4) (5)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) Sabbath House Deposit (3) (4) (5) (6)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Facility (1) Federal income taxes (2) Sabbath House Deposit (3) (4) (5) (6) (7)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Facility (1) Federal income taxes (2) Sabbath House Deposit (3) (4) (5) (6) (7) (8)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability (1) Federal income taxes (2) Sabbath House Deposit (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factorial income taxes (2) Sabbath House Deposit (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability (1) Federal income taxes (2) Sabbath House Deposit (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2		

Schedule <b>D</b> (Form 990) 2017 Neighborhood Connections, Inc.		26-4547219	Page 4
Part XI Reconciliation of Revenue per Audited Financial State			
Complete if the organization answered 'Yes' on Form 9			
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b.	10.)	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part 1, lin	ne IX )	5	

Part XIII Supplemental Information.

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

BAA

Schedule **D** (Form 990) 2017

### 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' on Form 990, Part IV, line 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization Neighborhood Connections, Inc. 26-4547219 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events c d In-person solicitations 2 a 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 X No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

26-4547219 Page 2 Schedule G (Form 990 or 990-EZ) 2017 Neighborhood Connections, Inc. Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (d) Total events (a) Event #1 (add column (a) Spring Dinner Chocolate Fest None through column (c)) (total number) REVENUE (event type) (event type) 81,516. 1 Gross receipts 58,150. 23,366. 36,209. 2 Less Contributions 7,109 29,100 3 Gross income (line 1 minus line 2) 29,050 16,257 45,307. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 5,095 5,095. 6,320. 7 Food and beverages 6,320 8 Entertainment 9 Other direct expenses 3,497. 4,860. 1,363 10 Direct expense summary Add lines 4 through 9 in column (d) 16,275. Net income summary Subtract line 10 from line 3, column (d) 29,032. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, liñe 6a. (b) Pull tabs/instant (d) Total gaming (c) Other gaming REVENUE bingo/progressive bingo (a) Bingo (add column (a) through column (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? No Yes b If 'No,' explain

Yes

No

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If 'Yes,' explain

Sche	edule G (Form 990 or 990-EZ) 201/ Neighborhood Connections, Inc.	26-454	1/219	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed t administer charitable gaming?	<b>o</b>	Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds		
	Name •	- <del></del> -	<del>-</del>	<b>-</b> -
	Address •			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revei	ıue?	Yes	∏No
t		the amou		□•
	of gaming revenue retained by the third party > \$			
c	: If 'Yes,' enter name and address of the third party			
	Name •			
	Address ►			<del>- 1</del>  -  -
16		- <b></b>		
	Name •	<b></b>	<b>-</b>	- <b></b> -
	Gaming manager compensation ► \$			
	Description of services provided			<b></b>
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	_	<del></del>
	organization's own exempt activities during the tax year > \$	-1	(:-)	
Par	<b>t IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	ny addi	(III) and ( tional	v);

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Sign	

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

<b>/</b>
0
3

OMB No 1545 0047

**%** ⊠

	Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.rs.gov/Form990 for the latest information	اج hispection ج المجافرة
Name of the organization	Name of the organization Neighborhood Connections, Inc.	Employer identification number 26-4547219
Part 13 General Ir	Part Iঞ্জ General Information on Grants and Assistance	
1 Does the organiza the selection crit	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes X No
2 Describe in Part IN	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	]

Part II1 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u></u>							
<u></u>							
					•		
(3)							
(4)							
(5)							
<u></u>							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organization	3) and government of	organizations listed	is listed in the line 1 table			•	0
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				<b>A</b>	0

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

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

26-4547219

Inc. Neighborhood Connections, Schedule | (Form 990) (2017)

Page 2 Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Emergency payments for 1 individuals	21	13,113.			
2					
				,	
4					
5					
9					
7					
Part IV . Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.

Schedule I (Form 990) (2017)

BAA

### **SCHEDULE 0** (Form 990 or 990-EZ)

4 4 4 4

## 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.

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Neighborhood Connections, Inc.

Employer identification number 26-4547219

### Form 990, Part III, Line 4d - Other Program Services Description

Providing transitional housing.

Other community services

Other community services

Other community services

### Form 990, Part VI, Line 11b - Form 990 Review Process

A copy of From 990 is provided to all board members for review before it is signed and filed.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Copies of all governing documents are available to the public upon request.