

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 01/01, 2018, and ending 12/31, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SOUTHERN NEIGHBORHOODS NETWORK, INC</u>		D Employer identification number <u>62-1190942</u>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>1702 DANCING FOX RD</u>		E Telephone number <u>404-378-7544</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>DECATUR, GA 30032</u>		F Group Exemption Number ▶ <u>03</u>

G Accounting Method Cash Accrual Other (specify) ▶ ACCRUAL

I Website: ▶ WWW.IDEASNET.ORG

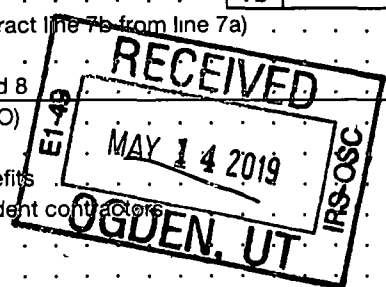
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 178135

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<u>159900</u>
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	<u>18</u>
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	<u>18217</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>178135</u>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	<u>7855</u>
	13 Professional fees and other payments to independent contractors	13	<u>139954</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>8492</u>
	15 Printing, publications, postage, and shipping	15	<u>1575</u>
	16 Other expenses (describe in Schedule O)	16	<u>16178</u>
	17 Total expenses. Add lines 10 through 16	17	<u>174054</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>4081</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>171653</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>175734</u>



SCANNED AUG 07 2019

911 22

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	72,479	52,847
23 Land and buildings		23
24 Other assets (describe in Schedule O)	135,043	138,603
25 Total assets	207,522	191,450
26 Total liabilities (describe in Schedule O)	35,869	50,869
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,653	140,581

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educate low income people and nonprofits in C. America

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 <u>Education in El Salvador - We continued our work in providing graduate level academic education in the Jesuit university in San Salvador. Taught a course on impact evaluation and another long one on focus groups. Mgt of a major multi-year program training young people in Suchitoto with an employee. Youth established nonprof</u> (Grants \$ 83,113) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	81,045
29 <u>Solar Energy in Nicaragua - Continued our solar energy program with people off the grid in this 2nd poorest country in Latin Am. Continued to work with youth that we trained to install and repair solar roof top system. Continued new work with youth on solar water pumping for irrigation & bringing pure water to homes</u> (Grants \$ 33,212) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	31,468
30 <u>Worked on impact of organizations and on assisting socially responsible investors to place their money to projects that promote the sustainable development goals sponsored by the UN. Active in the Social Impact Monitoring and Mgt project by speaking in the American Evaluation Assn and other non-profits</u> (Grants \$ 61,792) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	61,523
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carter Garber, Secretary of Board & Executive Director	35	300		
Robert Zdenek, President	3	0		
Alejandro Gonzalez, member	2	0		
Miguel Malrena, Treasurer and VP of Latin America and Nicaraguan lawyer	3	0		
Stephanie Atlh, Vice President	2	0		
Daniel Soliman, member	1	0		
Adriana Vargas Gaffga, member	1	0		
Andrew Cummings, employee in El Salvador Director of the Youth Educations Program	15	5,280		

OABL

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of CARTER GARBER Telephone no. (404) 378-7544 Located at 1702 DANCING FOX ROAD, DECATUR GA ZIP + 4 30032
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country NICARAGUA + EL SALVADOR See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country NICARAGUA
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	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	Yes	No
		47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		X

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

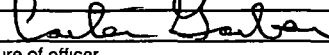
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

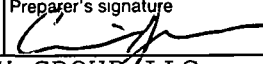
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here		4/28/19
	CARTER GARBER EXECUTIVE DIRECTOR	Date

Paid Preparer Use Only	Print/Type preparer's name ERIC JOHNSON	Preparer's signature 	Date 04/28/19	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01634670
	Firm's name ▶ JOHNSON TAX GROUP LLC	Firm's EIN ▶ 81-4582396			
	Firm's address ▶ 4290A MEMORIAL DRIVE DECATUR, GA 30032	Phone no (404) 567-6624			

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SOUTHERN NEIGHBORHOODS NETWORK, INC	Employer identification number 62-1190942
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(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 receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

09

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238624	226397	189159	193260	159900	1007340
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	26319	74345	42847	8004	18383	169898
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	264943	300742	232006	201264	178283	1177238
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	9574	13185			22790	45549
c Add lines 7a and 7b	9574	13185			22790	45549
8 Public support. (Subtract line 7c from line 6.)						1131689

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	264943	300742	232006	201264	178283	1177238
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	93	3118	21	104	18	3354
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	93	3118	21	104	18	3354
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	265036	303860	232027	201368	178301	1180592
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	95.858 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	97.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.284 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.390 %

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization SOUTHERN NEIGHBORHOODS NETWORK, INC	Employer identification number 62-1190942
--	---

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				Yes	No			Yes	No	Yes	No	Yes	No
(1)	MARTHA COLLIER	LOAN	INVENTORY	Y	N	95000	30000		X	X		X	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$ 30000						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

SOUTHERN NEIGHBORHOODS NETWORK, INC.

Employer identification number

62-1190942

Part IV. List of board of directors with separate addresses:

President: Robert O Zdenek, 6326 Thornhill Drive, Oakland, CA 94611

Vice President: Stephanie Attili, 6851 Roswell Rd, Unit P7, Atlanta, GA 30342-2489

Daniel Sollman, 3001 Veazey Ter NW, Apt. 918, Washington D.C. 20008

Alejandro Gonzalez, 203 College Ave, Ithaca, NY 14850

Treasurer: Miguel Mairena, 28188 Moulton Pkwy # 623, Laguna Niguel, CA 92677

Adriana Gaffga, 5312 Grayson Place, Decatur, GA 30030

Andrew Cummings, San Salvador, El Salvador

The forms distributed to board members via email, given time to review, respond with questions & changes & final vote.

The determination of compensation did include a review and approval by the President and Vice President, who are both volunteers and

independent of the staff under review. President is a non-profit expert & VP is also a professional and both are knowledgeable of

compensation in similar organizations. They did contemporaneous documentation of the deliberation and made a decision. Due to low

organizational income, it has not been able to pay a comparable compensation to that of other similar non-profit staff. The Board approves

the budget that includes this but in recent years the organization has not been able to pay the budgeted amount.

Governing documents, conflict of interest policy, and financial statements can be made public upon written request to the Board by stating

the reason for the request. The Board President rapidly will make the decision and instruct the Executive Director to provide the response.

The 990-EZ form is made public on www.Guidestar.org.

Each board member & ED must fill in a Conflict of Interest form annually.

The majority of the organization's work take place in Nicaragua and El Salvador. When the Board decides to do audit, it develops Terms of

Reference & a committee selects an independent CPA to audit or thoroughly review the organization's income, expenses, and inventory in

the country. Bookkeeping is done in accordance with Nicaraguan and international accounting standards. A bookkeeper in Estelí maintains

the books and another in Managua thoroughly reviews the records and put financials in computer program in 2018. A third bookkeeper in

the U.S. reviews. The final version is joined with the U.S. finances in Quickbooks. The combined report is used to provide complete

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

SOUTHERN NEIGHBORHOODS NETWORK, INC

Employer identification number

62-1190942

Information in the board on a regular basis. Also, this combined info from the two countries was used to inform the answers for this 990-EZ and its schedules. In 2018, the Board's treasurer was a Nicaraguan who is fluent in both Spanish and English, so he is able to understand the financial information compiled in Nicaragua in Spanish and local currency as well as the results in English and dollars. The whole Board reviews and approves financial statements at each of its meetings. Thus, transparency and detailed oversight is maintained over all the organization's resources and accounting.

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Contracts and Fees	18051
Small Solar Product Sales	166
Total	18217

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Foreign Taxes	184
Communications	3657
Travel	1583
Workshops	4156
Dues	208
Bank Charges and Fees	410
Public Relations	970
Loss of Inventory	5000
Reconciliation Discrepancies	10
Total	16178

Name of the organization

SOUTHERN NEIGHBORHOODS NETWORK, INC.

Employer identification number

62-1190942

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning	Ending
Accounts Receivable	14205	22766
Solar Inventory, Nicaragua	120468	115467
Advances for Working Capital	370	370
Total:	135869	50869

Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning	Ending
Loss of Inventory	19700	19700
Federal Taxes Withheld	1169	1169
Long Term Debt	15000	30000
Total:	35869	50869