

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: SOUTHERN NEIGHBORHOODS NETWORK INC
Doing business as: IDEAS INC
Number and street (or P O box if mail is not delivered to street address): 1702 DANCING FOX ROAD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DECATUR, GA 30032
D Employer identification number: 62-1190942
E Telephone number: (404) 378-7544
G Gross receipts \$ 257,657
F Name and address of principal officer: CARTER GARBER, 1702 DANCING FOX ROAD, DECATUR, GA 30032
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: www.ideasnet.org
K Form of organization: Corporation
L Year of formation: 1984
M State of legal domicile: GA

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7b. Summary of members and revenue. 8-12. Revenue table (Prior Year vs Current Year). 13-19. Expenses table (Prior Year vs Current Year). 20-22. Net Assets or Fund Balances table (Beginning of Current Year vs End of Year).

Part II Signature Block

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: Signature of officer (\*\*\*\*\*), Date (2020-02-14), Name and Title (CARTER GARBER EXECUTIVE DIRECTOR)

Paid Preparer Use Only: Preparer's name, signature, date, firm's name (CITI LINE FINANCIAL SOLUTIONS LLC), firm's address (PO BOX 361391, DECATUR, GA 30036), firm's EIN, phone no.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

IDEAS exists to help resource poor people around the world get the tools and skills they need to build secure & sustainable futures for themselves, their families and their communities We provide teaching, training, technical asst, social enterprise and innovative techniques

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 93,553 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data





**4b** (Code ) (Expenses \$ 50,410 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code ) (Expenses \$ 35,557 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 179,520

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |     | No |
| <b>3</b> 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  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> 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  |     | No |
| <b>5</b> 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   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | No |
| <b>7</b> 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  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b> 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   |     | No |
| <b>10</b> 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   |     | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   |     | No |
| <b>b</b> Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | No |
| <b>c</b> 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   |     | No |
| <b>d</b> 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  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | No |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |     | No |
| <b>b</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   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | Yes |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | Yes |    |
| <b>15</b> 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    |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV    |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   |     | No |
| <b>19</b> 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   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> 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 1? If "Yes," complete Schedule I, Parts I and II  |     | No |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|   |  |                 |  |
|---|--|-----------------|--|
| <p><b>2a</b> 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 . . . . .</p>  | <p><b>2a</b> <input type="text"/></p>  | <p><b>1</b></p> |  |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>                       | <p><b>2b</b></p>                       | <p>Yes</p>      |  |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>  | <p><b>3a</b></p>                       | <p>No</p>       |  |
| <p><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 . . . . .</p>   | <p><b>3b</b></p>                       |                 |  |
| <p><b>4a</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)? . . . . .</p> | <p><b>4a</b></p>                       | <p>Yes</p>      |  |
| <p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> ES , NU</p>  |  |                 |  |
| <p>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>   |  |                 |  |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>  | <p><b>5a</b></p>                       | <p>No</p>       |  |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>  | <p><b>5b</b></p>                       | <p>No</p>       |  |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>  | <p><b>5c</b></p>                       |                 |  |
| <p><b>6a</b> 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? . . . . .</p>                                    | <p><b>6a</b></p>                       | <p>No</p>       |  |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>   | <p><b>6b</b></p>                       |                 |  |
| <p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>   |  |                 |  |
| <p><b>a</b> 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? . . . . .</p>   | <p><b>7a</b></p>                       | <p>No</p>       |  |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>   | <p><b>7b</b></p>                       |                 |  |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>  | <p><b>7c</b></p>                       | <p>No</p>       |  |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>   | <p><b>7d</b> <input type="text"/></p>  |                 |  |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>   | <p><b>7e</b></p>                       | <p>No</p>       |  |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>  | <p><b>7f</b></p>                       | <p>No</p>       |  |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>  | <p><b>7g</b></p>                       | <p>No</p>       |  |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>  | <p><b>7h</b></p>                       | <p>No</p>       |  |
| <p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>   | <p><b>8</b></p>                        | <p>No</p>       |  |
| <p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>   |  |                 |  |
| <p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>  | <p><b>9a</b></p>                       | <p>No</p>       |  |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>   | <p><b>9b</b></p>                       | <p>No</p>       |  |
| <p><b>10 Section 501(c)(7) organizations.</b> Enter</p>   |  |                 |  |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>  | <p><b>10a</b> <input type="text"/></p> |                 |  |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>   | <p><b>10b</b> <input type="text"/></p> |                 |  |
| <p><b>11 Section 501(c)(12) organizations.</b> Enter</p>  |  |                 |  |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>   | <p><b>11a</b> <input type="text"/></p> |                 |  |
| <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>  | <p><b>11b</b> <input type="text"/></p> |                 |  |
| <p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>  |  |                 |  |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>   | <p><b>12b</b> <input type="text"/></p> |                 |  |
| <p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>   |  |                 |  |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>  | <p><b>13a</b></p>                      |                 |  |
| <p><b>b</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 . . . . .</p>   | <p><b>13b</b> <input type="text"/></p> |                 |  |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>  | <p><b>13c</b> <input type="text"/></p> |                 |  |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>  | <p><b>14a</b></p>                      | <p>No</p>       |  |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>   | <p><b>14b</b></p>                      |                 |  |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N</b></p>                | <p><b>15</b></p>                       | <p>No</p>       |  |
| <p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O</b></p>  | <p><b>16</b></p>                       | <p>No</p>       |  |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee), 9 (Officer/director/trustee/key employee).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Copy of Form 990), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO/Executive Director), 15b (Other officers), 16a (Joint venture investment), 16b (Joint venture policy).

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 (States for Form 990), 18 (Public inspection availability), 19 (Public access to documents), 20 (Books and records).







Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11d and 12 Total revenue.

**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)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 5,440                 | 4,520                           | 920                                    | 0                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .   |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .  |                       |                                 |  |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 190,426               | 130,083                         | 57,625                                 | 2,718                       |
| <b>12</b> Advertising and promotion . . . . .  |                       |                                 |  |                             |
| <b>13</b> Office expenses . . . . .  |                       |                                 |  |                             |
| <b>14</b> Information technology . . . . .   |                       |                                 |  |                             |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  |                       |                                 |  |                             |
| <b>17</b> Travel . . . . .   | 2,683                 | 2,415                           | 268                                    | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 2,254                 | 1,300                           | 954                                    | 0                           |
| <b>20</b> Interest . . . . .   | 18                    | 18                              | 0                                      | 0                           |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .  |                       |                                 |  |                             |
| <b>24</b> 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 )                                       |                       |                                 |  |                             |
| <b>a</b> SUCHITOTO PROJECT   | 41,184                | 41,184                          | 0                                      | 0                           |
| <b>b</b>   |                       |                                 |  |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 242,005               | 179,520                         | 59,767                                 | 2,718                       |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 39,318                   | <b>1</b>  | 64,403             |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>  |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  | 14,205                   | <b>4</b>  | 774                |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  | 0                        | <b>5</b>  | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>  | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>  | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 95,768                   | <b>8</b>  | 95,768             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>  |                    |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D   | <b>10a</b>               |           |                    |
|   | <b>b</b> Less accumulated depreciation   | <b>10b</b>               |           | <b>10c</b>         |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments—other securities—See Part IV, line 11 . . . . .  |                          | <b>12</b> |                    |
|   | <b>13</b> Investments—program-related—See Part IV, line 11 . . . . .   |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets—See Part IV, line 11 . . . . .  | 370                      | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 149,661  | <b>16</b>                | 160,945   |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | -655                     | <b>17</b> |                    |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D   |                          | <b>21</b> |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 15,000                   | <b>24</b> | 35,000             |
|   | <b>25</b> 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   |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 14,345                   | <b>26</b> | 35,000             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |           |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  |                          | <b>27</b> | 125,945            |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 135,316                  | <b>28</b> |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |           |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b> |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b> |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 135,316  | <b>32</b>                | 125,945   |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 149,661  | <b>33</b>                | 160,945   |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 257,657 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 242,005 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 15,652  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 135,316 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -25,023 |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |         |
| <b>7</b>  | Investment expenses   | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  |         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 125,945 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> | Yes |    |
| <b>2b</b> |     | No |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:** 19009670

**Software Version:**

**EIN:** 62-1190942

**Name:** SOUTHERN NEIGHBORHOODS NETWORK INC

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

One of the specializations of IDEAS over the years has been evaluating the impact of services and products of non-profit organizations. We use a variety of evaluation tools and techniques. Some of the tools that we use were created by IDEAS and now are used by organizations worldwide. In 2019, our evaluation services utilized both quantitative and qualitative measures. We evaluated organizations that provide services in seven countries in Central and South America. We also carefully evaluated those who were donating and contributing to these non-profit organizations to advise how their contributions might be increased. For each evaluation, we provided a summary of the findings to the Board of Directors and staff. Our recommendations assisted the organizations to change how they do their work so that they can provide more positive impact for low-income clients. We continued our services in Nicaragua.

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**Form 990, Part III, Line 4b:**

We prepared and delivered workshops on impact evaluation and socially responsible investment in a variety of venues. We taught two workshops for the American Evaluation Association (AEA) in two US cities. The attendees came from organizations that are seeking to improve the social and economic development of the poor and middle class in their respective countries and US communities. We were active participants on the AEA national committee that develops education for donors and responsible investors that are aligned with the major social development goals developed by the United Nations. We were involved in interchanges of this type of evaluation education in the Netherlands and Belgium.

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**Form 990, Part III, Line 4c:**

We continued our work of several years with university students in El Salvador. We especially focused on providing educational opportunities for low income rural and urban youth who live near Suchitoto. We assisted in providing money for scholarships so they could pay tuition for 4yrs to attend a variety of universities. The money that we facilitated came from US individuals and non-profit organization who donated for this purpose. We also assisted the youth that had graduated from the program in the formation of a youth organization to improve educational opportunities for others from low income families. The graduates joined the organization to help choose new candidates. We provided our services of entrepreneurial education to youth who had graduated from college but had been unable to find employment in the formal sector.

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

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 **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)

| (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 |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   | 0   |



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |     |
|--|-----------|-----|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 0 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14                        | <b>15</b> |     |

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2019.** 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. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

**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<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          | 49,651   | 133,740  | 183,391   |
| <b>2</b> 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 |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          | 166      |          | 166       |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          | 128,300  | 123,900  | 252,200   |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          | 178,117  | 257,640  | 435,757   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0         |
| <b>b</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           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          | 0         |
| <b>8 Public support.</b> (Subtract line 7c from line 6)   |          |          |          |          |          | 435,757   |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          | 178,117  | 257,640  | 435,757   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          | 18       | 18        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          | 18       | 18        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)                                   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          | 435,775   |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |           |
|--|-----------|-----------|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 100.000 % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                      | <b>16</b> |           |

**Section D. Computation of Investment Income Percentage**

|  |           |     |
|--|-----------|-----|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 0 % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17                        | <b>18</b> |     |

**19a 33 1/3% support tests—2019.** 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—2018.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
|            | <b>1</b>  |     |    |
| <b>2</b>   | 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 described in section 509(a)(1) or (2).   |     |    |
|            | <b>2</b>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
|            | <b>3a</b>   |     |    |
| <b>b</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.   |     |    |
|            | <b>3b</b>   |     |    |
| <b>c</b>   | 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.  |     |    |
|            | <b>3c</b>   |     |    |
| <b>4a</b>  | 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.   |     |    |
|            | <b>4a</b>   |     |    |
| <b>b</b>   | 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.  |     |    |
|            | <b>4b</b>   |     |    |
| <b>c</b>   | 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.   |     |    |
|            | <b>4c</b>   |     |    |
| <b>5a</b>  | 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 <b>Part VI</b> , 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). |     |    |
|            | <b>5a</b>   |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
|            | <b>5b</b>   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
|            | <b>5c</b>   |     |    |
| <b>6</b>   | 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> .   |     |    |
|            | <b>6</b>  |     |    |
| <b>7</b>   | 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).  |     |    |
|            | <b>7</b>  |     |    |
| <b>8</b>   | 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).   |     |    |
|            | <b>8</b>  |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .  |     |    |
|            | <b>9a</b>   |     |    |
| <b>b</b>   | 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> .   |     |    |
|            | <b>9b</b>   |     |    |
| <b>c</b>   | 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 <b>Part VI</b> .  |     |    |
|            | <b>9c</b>   |     |    |
| <b>10a</b> | 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 line 10b below.   |     |    |
|            | <b>10a</b>  |     |    |
| <b>b</b>   | 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.)  |     |    |
|            | <b>10b</b>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)   | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|---|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6   |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions  |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019  |   |   |  |
| <b>a</b> From 2014. . . . .   |   |   |  |
| <b>b</b> From 2015. . . . .   |   |   |  |
| <b>c</b> From 2016. . . . .   |   |   |  |
| <b>d</b> From 2017. . . . .   |   |   |  |
| <b>e</b> From 2018. . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through e  |   |   |  |
| <b>g</b> Applied to underdistributions of prior years   |   |   |  |
| <b>h</b> Applied to 2019 distributable amount   |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)   |   |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f  |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7  |   |   |  |
| \$  |   |   |  |
| <b>a</b> Applied to underdistributions of prior years   |   |   |  |
| <b>b</b> Applied to 2019 distributable amount   |   |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions |   |   |  |
| <b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c  |   |   |  |
| <b>8</b> Breakdown of line 7  |   |   |  |
| <b>a</b> Excess from 2015. . . . .  |   |   |  |
| <b>b</b> Excess from 2016. . . . .  |   |   |  |
| <b>c</b> Excess from 2017. . . . .  |   |   |  |
| <b>d</b> Excess from 2018. . . . .  |   |   |  |
| <b>e</b> Excess from 2019. . . . .  |   |   |  |

## Additional Data

**Software ID:** 19009670

**Software Version:**

**EIN:** 62-1190942

**Name:** SOUTHERN NEIGHBORHOODS NETWORK INC

**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)

**Facts And Circumstances Test**

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
SOUTHERN NEIGHBORHOODS NETWORK INC

**Employer identification number**  
62-1190942

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data                                    |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3a</b> Sub-total                               | 2                                   | 4  |  |  | 179,520  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)             | 2                                   | 4  |  |  | 179,520  |



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |
|                            |  |            |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation                               |
|------------------|---|
| Pt I Line 2      | The organization continues its operations |

## Additional Data

**Software ID:** 19009670

**Software Version:**

**EIN:** 62-1190942

**Name:** SOUTHERN NEIGHBORHOODS NETWORK INC

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region      | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America | 2                                   | 4   | Program services to NGOs   | Education & Training &   | 179,520                           |
|                 |                                     |   |  | solar energy   |                                   |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
|            |                                     |   |  | for poor   |                                   |

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>SOUTHERN NEIGHBORHOODS NETWORK INC | Employer identification number<br>62-1190942 |
|--|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

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 |
| (1) ANDREW CUMMINGS           | EMPLOYEE                           | SALARY              |                                       | X    | 5,440                         | 0               |                 | No | Yes                                 |    | Yes                    |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                  |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

SOUTHERN NEIGHBORHOODS NETWORK INC

Employer identification number

62-1190942

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| Pt VI, Line 18   | The organization will make those documents public upon written request to the Board, stating the reason for the request. The Board President will quickly make a decision and instruct the Exec Dir to forward a copy. The financials of the Form 990 are available to the public at <a href="http://www.guidestar.org">www.guidestar.org</a> |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation        |
|------------------|--------------------|
| Pt VI, Line 19   | See Pt VI, Line 18 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| Pt VI, Line 11b  | A draft copy of the final Form 990 is made available to the Board. The Board reviews and approves the tax return before it is electronically filed. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| Pt VI, Line 12c  | Each Board member and Exec Director must fill in a conflict of interest form annually before filing of the Form 990 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Pt VI, Line 15a         | The determination of compensation includes a review and approval by the Board Pres and VPr es who are both volunteers and independent of the staff under review Both the Pres and VP res are knowledgeable of compensation levels in similar organizations They made a contemporaneous documentation of the deliberation and made a decision Due to organization income , no decision has been made to provide comparable compensation to other similar non-profit staff |

## 990 Schedule O, Supplemental Information

| Return Reference                | Explanation                                      |
|---------------------------------|--|
| Form 990,<br>Part VI, Line<br>9 | Robert Zdenek 6326 Thornhill Dr Oakland CA 94611 |

# 990 Schedule O, Supplemental Information

| Return Reference                | Explanation   |
|---------------------------------|---|
| Form 990,<br>Part VI, Line<br>9 | Stephanie Atli 6851 Roswell Rd Unit P7 Atlanta GA 30342 |

## 990 Schedule O, Supplemental Information

| Return Reference                | Explanation   |
|---------------------------------|---|
| Form 990,<br>Part VI, Line<br>9 | Daniel Soliman 3001 Veazey Ter NW Washington DC 20008 |



# 990 Schedule O, Supplemental Information

| Return Reference                | Explanation  |
|---------------------------------|--|
| Form 990,<br>Part VI, Line<br>9 | Alejandro Gonzalez 203 College Ave Ithaca NY 14850 |

## 990 Schedule O, Supplemental Information

| Return Reference                | Explanation  |
|---------------------------------|--|
| Form 990,<br>Part VI, Line<br>9 | Miguel Mairena 28188 Moulton Pkwy Laguna Niguel CA 92677 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                              |
|---------------------------------|---|
| Form 990,<br>Part VI, Line<br>9 | Adriana Gaffga 5312 Grayson Pl Decatur GA 30030 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>                        |
|-----------------------------------|---|
| Form 990,<br>Part IX, Line<br>11g | PROFESSIONAL FEES 138879 126704 9879 2296 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b> |
|-----------------------------------|--------------------|
| Form 990,<br>Part IX, Line<br>11g | SUPPLIES 2109 2109 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>           |
|-----------------------------------|------------------------------|
| Form 990,<br>Part IX, Line<br>11g | COMMUNICATIONS 3590 3090 500 |

# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation      |
|-----------------------------------|------------------|
| Form 990,<br>Part IX, Line<br>11g | POSTAGE 72 50 22 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>              |
|-----------------------------------|---------------------------------|
| Form 990,<br>Part IX, Line<br>11g | EQUIPMENT MAINTENANCE 1583 1583 |



# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation      |
|-----------------------------------|------------------|
| Form 990,<br>Part IX, Line<br>11g | PRINTING 380 380 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|----------------------|
| Form 990,<br>Part IX, Line<br>11g | BANK CHARGES 644 644 |

# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation            |
|-----------------------------------|------------------------|
| Form 990,<br>Part IX, Line<br>11g | ADVERTISING 120 100 20 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b> |
|-----------------------------------|--------------------|
| Form 990,<br>Part IX, Line<br>11g | RENT 6000 6000     |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|----------------------|
| Form 990,<br>Part IX, Line<br>11g | BAD DEBT 35860 35860 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>          |
|-----------------------------------|-----------------------------|
| Form 990,<br>Part IX, Line<br>11g | DUES PAID TO OTHERS 189 189 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>                     |
|-----------------------------------|--|
| Form 990,<br>Part IX, Line<br>11g | RECONCILIATION DISCREPANCIES 1000 1000 |