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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Content of Congraination Part P	Α	For the	e 2023 calendar year, or tax year beginning and e	ending						
Time District Di	В	Check if applicab			D Employer identific	cation number				
Deling business as 13-38 49 26 3		Addre	and the state of t							
Number and street (of P.U. box if hails is not deemedate is street actives) Following		chang			13-38492	63				
City or town, state or province, country, and 2/P or foreign postal code G Cooper-weight A, 517, 393, May Appendix		return Final return	530 WEST 166TH STREET, 4TH FLOOR	Room/suite						
REW YORK, NY 10032		termir ated			G Gross receipts \$ 4,517,393.					
Fame and address of principal officer. JUSTINE ZINKIN for subpordinates? ves \(\backslash \) No NAME AS C ABOVE SAME AS C ABOVE SAME AS C ABOVE Tax-evempt status: \(\backslash \) S01(c)(3) S01(c)(1) (Insert no.) 4947(a)(1) or S027 Mebatis: \(\backslash \) WWW. NEI GHBORHOOTRUST. ORG (Insert no.) 4947(a)(1) or S027 Mebatis: \(\backslash \) WWW. NEI GHBORHOOTRUST. SORG (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST. SORG WWW. NEI GHBORHOOTRUST Summary Mebatis: \(\backslash \) S01(c)(3) S01(c)(1) (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary Mebatis: \(\backslash \) S01(c)(3) S01(c)(1) (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WW. NEI GHBORHOOTRUST Summary (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST (Insert no.) WWW. NEI GHBORHOOTRUST (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST (Insert no.) WWW. NEI GHBORHOOTRUST (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST (Insert no.) Webstis: \(\backslash \) WWW. NEI GHBORHOOTRUST (Insert no.) WWW. NE		return	ded NEW YORK, NY 10032		H(a) Is this a group re	eturn				
Take-Empt States State S		Application	F Name and address of principal officer: JUSTINE ZINKIN		for subordinates	? Yes X No				
Taxeowmpt status: \$\tilde{\text{N}} \tilde{\text{SID}(c)(3)} \tilde{\text{50}} \tilde{\text{50}} \tilde{\text{50}} \tilde{\text{MVM}} \tilde{\text{NEIGHORHOODTRUST}.ORG} \tag{Tilde{\text{NO}} \tilde{\text{50}} \tilde{\text{50}		pendi			H(b) Are all subordinates in	cluded? Yes No				
WWW .NEIGHBORHOODTRUST .ORG High Group exemption number	1	Tax-ex	empt status: X 501(c)(3) D 501(c) () (insert no.) D 4947(a)(1) o	or 527	1					
Briefly describe the organization's mission or most significant activities: EMPOWERING LOW-INCOME					1					
Briefly describe the organization's mission or most significant activities: EMPOWERING LOW-INCOME	K	Form o	organization: X Corporation Trust Association Other	L Year						
INDIVIDUALS TO ACHIEVE THEIR FINANCIAL GOALS.				•	<u>.</u>					
INDIVIDUALS TO ACHIEVE THEIR FINANCIAL GOALS.	_	1	Briefly describe the organization's mission or most significant activities: EMPOW	VERING	LOW-INCOME					
S Total number of individuals employed in calendar year 2023 (Part V, line 2a) S S S S S S S S S	nce									
S Total number of individuals employed in calendar year 2023 (Part V, line 2a) S S S S S S S S S	rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.				
S Total number of individuals employed in calendar year 2023 (Part V, line 2a) S S S S S S S S S	Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3					
Source S	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)							
Source S	80	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5					
Source S	/itie	6	Total number of volunteers (estimate if necessary)		6	9				
Source S	Ċţ	7 a				0.				
8 Contributions and grants (Part VIII, line 1h) 10,447,522. 3,952,484. 9 Program service revenue (Part VIII, line 2g) 384,126. 446,296. 11 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Sign Aure 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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Aure 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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Aure 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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
9 Program service revenue (Part VIII, line 2g) 384,126. 446,296. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total fundraising expenses (Part IX, column (A), li										
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	a)	8	Contributions and grants (Part VIII, line 1h)							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ď	9	Program service revenue (Part VIII, line 2g)							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,054.	118,613.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 18 , 360 . 18 , 360 . 0 . 0 . 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4 , 555 , 621 . 4 , 756 , 703 . 0 .	α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,555,621. 4,756,703. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total isabilities (Part X, line 26) 21 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 kgowledge. Part II Signature of officer JUSTINE ZINKIN, CEO Type or print name and title Primt's name SAX LLP Firm's name SAX LLP Firm's name SAX LLP Firm's name SAX LLP Firm's salderss 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Sign 26 Here 27 Here 28 Indiana (Indiana)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			18,360.				
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid to or for members (Part IX, column (A), line 4)							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Inder 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 Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 Phone no.212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,555,621.	4,756,703.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Inder 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 Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 Phone no.212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Inder 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 Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 Phone no.212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	e e	. b	Total fundraising expenses (Part IX, column (D), line 25) 594,00)7.						
19 Revenue less expenses. Subtract line 18 from line 12 3,920,4882,622,190. Beginning of Current Year End of Year 14,037,415. 11,078,776. 121 Total liabilities (Part X, line 26) 12,163,610. 9,564,327. 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 Signature of officer JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name MIKE SCHALL Prim's name SAX LLP Firm's name SAX LLP Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
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 Signature of officer Date JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's name SAX LLP Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	_	19	Revenue less expenses. Subtract line 18 from line 12		3,920,488.	-2,622,190.				
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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 Signature of officer Date JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's name SAX LLP Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	sets	20	Total assets (Part X, line 16)							
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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 JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer Firm's name SAX LLP Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	<u>R</u>	22			12,163,610.	9,564,327.				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name Print/Type preparer's name MIKE SCHALL Preparer Firm's name SAX LLP Firm's name SAX LLP Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	P	art II	Signature Block							
Sign Here JUSTINE ZINKIN, CEO Type or print name and title Print/Type preparer's name	Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
Date	true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.					
Date										
Type or print name and title	Sig	n 🔻			Date					
Print/Type preparer's name	He	re								
Paid MIKE SCHALL BILL 60/ALL 09/18/24 if self-employed P02024184 Preparer Use Only Firm's address Firm's name 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 Phone no. 212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No			Type or print name and title		<u> </u>					
Firm's name SAX LLP Firm's ellN 81-2950760					:₁					
Use Only Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10018 Phone no. 212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No				/ 0						
NEW YORK, NY 10018 Phone no. 212-268-2804 May the IRS discuss this return with the preparer shown above? See instructions X Yes No						1-2950760				
	Use	Only		FLOOF	I	2-268-2804				
	Ма	y the I	RS discuss this return with the preparer shown above? See instructions							

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NEIGHBORHOOD TRUST FINANCIAL PARTNERS EMPOWERS LOW-INCOME INDIVIDUALS
	TO BECOME PRODUCTIVE PARTICIPANTS IN THE U.S. FINANCIAL SYSTEM AND
	ACHIEVE THEIR FINANCIAL GOALS.
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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	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 \$ 5,438,818. including grants of \$ 18,360.) (Revenue \$ 446,296.)
	NEIGHBORHOOD TRUST FINANCIAL PARTNERS IS A NATIONAL, LEADING PROVIDER
	OF FINANCIAL EMPOWERMENT SERVICES FOR LOW-INCOME WORKERS. IN 2023, WE
	HELPED OVER 7,000 INDIVIDUALS TAKE CONTROL OF THEIR FINANCES,
	EMPOWERING THEM TO REDUCE AND PAY OFF DEBT, BUILD SAVINGS, IMPROVE
	CREDIT, AND WORK TOWARDS OTHER FINANCIAL GOALS. WE ARE COMMITTED TO ACHIEVING A SUSTAINABLE OPERATION VIA EARNED REVENUE FROM A PORTFOLIO
	OF CUSTOMERS, SO THAT PHILANTHROPY IS LEVERAGED TOWARDS INNOVATION,
	IMPACT, AND INFORMING THE FINANCIAL SERVICES FIELD.
	IIIIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIII
	THROUGH TRUSTPLUS AND PATHWAYS, OUR TWO MAIN PROGRAM SERVICES, WE
	DELIVER OUR PROPRIETARY FINANCIAL COACHING + PRODUCT MODEL VIA THE
	WORKPLACE AND FINANCIAL INSTITUTIONS ACROSS THE COUNTRY. TRUSTPLUS IS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
4c	(Code:) (Expenses \$
	
<u>4</u> d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5, 438, 818.

Form 990 (2023) INC .
Part IV Checklist of Required Schedules

13-3849263 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	ـــــ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
٦	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
Б	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

1NC .
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		7,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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?	6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		22
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
и а	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?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Continue (1007(-)(d)) many available trusters to the available from 1001(1).	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

INC.

13-3849263

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KRYN ANDERSON - (212) 927-5771 530 WEST 166TH STREET, 4TH FLOOR, NEW YORK NY 10032

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Form 990 (2023) INC. 13-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do not che		Position check more than one ess person is both an				Reportable	Reportable	Estimated amount of
	hours per week					s both r/trust		compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1039-NEO)	and related
	below	vidual	tution	er	Key employee	nest co loyee	ner	,		organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) JUSTINE ZINKIN	40.00	٠,,						204 520		1 110
CEO	40.00	Х		Х				204,528.	0.	1,117.
(2) MELISSA GOPNIK VP OF INNOVATION	40.00	-				Х		155,983.	0.	20,631.
(3) KRYN ANDERSON	40.00					^		133,363.	0.	20,031.
CFO	40.00	-		х				149,528.	0.	11,927.
(4) SANDRA CHANDUVI	40.00							113/3200		
VP OF FINANCIAL						X		142,895.	0.	16,952.
(5) ASHLEY R WESSIER	40.00							•		•
CHIEF OF STAFF						Х		127,886.	0.	14,001.
(6) KATHERY ZAPATA	40.00									
CONTROLLER						X		107,822.	0.	15,588.
(7) MILAGROS DUBOUCHET	40.00	1							_	
LEAD BUSINESS						Х		100,056.	0.	10,927.
(8) ALIAH GREENE	2.00	ļ							•	•
CHAIR	2 00	Х		Х				0.	0.	0.
(9) FRANCO M. BASEGGIO VICE CHAIR	2.00	Х		х				0.	0.	0.
(10) MATTHEW RHODES-KROPF	2.00	Α.		Δ				0.	0.	· ·
TREASURER	2.00	x		х				0.	0.	0.
(11) CHAUNCY LENNON	2.00	25		25					•	
SECRETARY		x		х				0.	0.	0.
(12) SEBASTIAN CERIA	2.00								-	
DIRECTOR		Х						0.	0.	0.
(13) BEN APPEN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ROSS A. GARON	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) SHELDON GILBERT	2.00	ļ								•
DIRECTOR	2 00	Х						0.	0.	0.
(16) ALEKSANDRA (SAKA) MOJSILOVI DIRECTOR	2.00	х						0.	0.	^
(17) MARIA BEHRENS	2.00	^	\vdash					0.	U •	0.
DIRECTOR	2.00	Х						0.	0.	0.
	ı	21		I		oxdot			J •	000

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck r ss per id a di	itior more rson i	than is both	n an	(D) Reportable compensation	(E) Reportable compensatio	on	l	(F) stimate nount (
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	is SC/	fr org an	other pensar om the anizati d relate	e ion ed
1b Subtotal c Total from continuation sheets to Part VI								988,698.		0.	91,143.		
d Total (add lines 1b and 1c)								988,698.	000 of reportable	0.	9	1,14	<u> 13.</u>
compensation from the organization												Yes	7 No
3 Did the organization list any former officer,											3		Х
line 1a? If "Yes," complete Schedule J for s. 4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	•	ne organization			Х	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		4	71	Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	9 <i>J †</i> 0	or st	ich r	oers	on					5		
Complete this table for your five highest count the organization. Report compensation for the organization.	•	•								pensa	tion fro	om	
(A) Name and business		,		. <u>g</u>				(B) Description of s		C	(Compe	C) nsatior	 n
COAT RACK WEB SERVICES LI 3989 WEST 175 SOUTH, CEDA		U	т	84'	72	0		SOFTWARE DEV	ELOPMENT		36	4,41	12.
2 Total number of independent contractors (ii \$100,000 of compensation from the organization)	ŭ	ot lin	nited	to t	thos 1		ted	above) who received mo	ore than				

Pa	99	00 (2 /111	Statement of Rev		110					13-3849	203 Page 9
га		7 111	_								
			Check if Schedule O c	conta	ains a respons	se (or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in I	bution of the state of the stat	1c 1d 1d 1e 1s, and 1f 3 3 3 3 3 3 3 3 3	,	821,451. 131,033.	3,952,484.			
O a		n	Total. Add lines 1a-1f					3,932,404.			
Service	2	a b c	PROGRAM FEES			-	900099	446,296.	446,296.		
Program Service Revenue		d e	All other program service r			- - -					
								446,296.			
	 g Total. Add lines 2a-2f 3 Investment income (including dividends, intereorther similar amounts) 4 Income from investment of tax-exempt bond p 				ere	st, and	118,613.			118,613.	
	5		Royalties	······							
	ь	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c							
			Net rental income or (loss)		•						
	7		Gross amount from sales of assets other than inventory	7a	(i) Securities	3	(ii) Other				
Revenue			Less: cost or other basis and sales expenses Gain or (loss)	7b 7c							
3e			Net gain or (loss)								
Other	8		Gross income from fundraisin including \$	ng ev	ents (not of						
		b	contributions reported on Part IV, line 18			3a 3b					
			Net income or (loss) from f			,					
	9		Gross income from gaming Part IV, line 19		<u>g</u>	Эа					
			Less: direct expenses			9b					
	40		Net income or (loss) from (
	10		Gross sales of inventory, lead allowances		10a						
			Less: cost of goods sold								
Miscellaneous Revenue	11		- Tree insome or (1935) from the				Business Code				
lane		b				-					
Sev		C				_					
Mis T			All other revenue								
	12		Total Add lines 11a-11d					4,517,393.	446,296.	0.	118,613.
	12		otal revenue. See instructions					<u> -, </u>	1 440,4000	1	,,

13-3849263 Page **10**

Form 990 (2023) Part IX | Statement of Functional Expenses

Check if Schedule Coordains a response or note to any line in this Part IX	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
1		Check if Schedule O contains a respon	se or note to any line in							
and durrestic poverments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons described in section 4996(c)(3)(B) 7 Other salates and varges 8 Pension plan accruais and contributions (include section 401(i)) and 403(i) employer contributions (include section 401(ii)) and 403(ii) employer contributions (include section 401(ii)) and 403(iii) employer contributions (include section 401(iii)) and 403(iii) employer contributions (include section 401(iii)) and 403(iii) employer contributions (include section 401(iii)) and 403(iiii) employer contributions (include section 401(iii)) and 403(iiii) employer contributions (include section 401(iii)) and 403(iiiii) employer contributions (include section 401(iii)) and 403(iiiiii) employer contributions (include section 401(iiii)) and 403(iiiiiii) employer contributions (include section 401(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		, , ,	(A) Total expenses	(B) Program service expenses	Management and	Fundraising				
2 Grants and other assistance to domestic inclividuals. See Part IV, line 122 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 51 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of inclivided above to disqualified persons (section of inclivided above to disqualified persons) (section of inclivided above) (sectio	1	Grants and other assistance to domestic organizations								
Individuals See Part V. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V. lines 15 and 16 4 Berrelts paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 354,055 119,649 166,912 67,494 100 10		and domestic governments. See Part IV, line 21	18,360.	18,360.						
3 Grafts and other assistance to foreign organizations, foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1) a	2	Grants and other assistance to domestic								
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22								
Individuals, See Part IV, lines 15 and 16 See Benefits paid to or for members See Benefits paid to or for members See	3	Grants and other assistance to foreign								
## Benefits paid to or for members 354,055.		, , , ,								
5 Compensation of current officers, strustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and for the persons described in section 4958(f)(1) and persons described in section 4958(f) and persons described in the section 4958(f) and persons described in the section 4958(f) and persons described in the section 4958(f) and persons described and persons and meetings in the section 4958(f) and persons described in the section 4958(f) and persons described in the section 4958(f) and persons described in the section 4958(f) and persons and fine fitting fitt										
Toustees, and keye remployees 354,055. 119,649. 166,912. 67,494.	4									
6 Compensation and included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acrusals and contributions (include saction 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Professional fundralsing services. See Part IV, line 17 Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 12 geneses on Schot.) 13 Office expenses 14 Coverage of taxes of taxes or entertainment expenses for any federal, state, or local public officials 16 Payroll states 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Payments of travel or entertainment expenses 17 Payments of travel or entertainment expenses 18 Payments of travel or entertainment expenses 19 Conferences, conventions, and meetings 20 Payments of travel or entertainment ex	5	-	254 255	110 510	166 010	65 404				
persons (as defined under section 4958()(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401()) and 403() employer contributions (include section 401() and 4			354,055.	119,649.	166,912.	67,494.				
Person and wages 3,543,819. 2,711,435. 509,400. 322,984.	6	· · · · · · · · · · · · · · · · · · ·								
7 Other salaries and wages 8 Persion plan accruals and contributions (include section 40(k)) and 40(k)) employer contributions (include section 40(k)) and 40(k) and 40(k)) employer contributions (include section 40(k)) and 40(k) and 40(k)) employer contributions (include section 40(k)) and 40(k) and 40(k)) employer contributions (include section 40(k)) and 40(k) and 40(k)) employer contributions (include section 40(k)) and 40(k) and 40(k)) and 40(k)										
Pension plan accruals and contributions (include section 40 ft(k) and 405(b) employer contributions) 39,644. 30,114. 5,289. 4,241.		. , , , , ,	2 542 010	0 711 405	F00 400	222 004				
Section 401(k) and 403(b) employer contributions 39,644 30,114 5,289 4,241			3,543,819.	∠,/⊥⊥,435.	509,400.	344,984.				
9 Other employee benefits	8		20 644	20 114	E 200	4 0 4 1				
10 Payroll taxes 347,438. 255,239. 59,103. 33,096. 11 Fees for services (nonemployees): a Management b. Legal	_		39,044. 171 717	30,114.	5,489.	4, <u>441</u>				
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24e sprenses in expenses on Schol.) 12 Advertising and promotion 13 Office expenses 1 16, 278.	_			252,130.	50 102	33 006				
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 16,278. 5,947. 8,656. 1,675. 11 Information technology 417,851. 361,816. 44,567. 11,468. 15 Royalties 6 Occupancy 406,525. 343,333. 40,605. 22,587. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 42,433. 37,756. 2,009. 2,668. 11 Payments to affiliates 20 Interest 1 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 674,870. 646,428. 17,854. 10,588. 23 Insurance 364,338. 28,870. 4,702. 2,766. 24 Other expenses. Itenize expenses on line 24e, it line 24e amount exceeds 13% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 26 CREDIT REPORTS 35,593. 35,593. 5TAFF RECRUITING 27,669. 1,182. 26,487. C OPERATIONAL EXPENSES 20,195. 18,060. 1,336. 799. 26 EQUIPMENT AND REPAIRS 6,952. 5,844. 692. 416. All other expenses. Add lines 1 through 24e Joint costs from a combined educational campaign and fundraising solicitation.			347,430.	255,259.	39,103.	33,030.				
b Legal c Accounting d Lobbying 31,528. 31,528										
C Accounting 31,528. 31,528. 31,528. 31,528.	a	- I								
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 1 6, 278. 5, 947. 8, 656. 1, 675. 4 Information technology 417, 851. 361, 816. 44, 567. 11, 468. 5 Royalties 6 Occupancy 406, 525. 343, 333. 40, 605. 22, 587. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 42, 433. 37, 756. 2, 009. 2, 668. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 574, 870. 646, 428. 17, 854. 10, 588. 23 Insurance 36, 338. 28, 870. 4, 702. 2, 766. 24 Other expenses, Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 27, 669. 1, 182. 26, 487. 28 STAFF RECRUITING 27, 669. 1, 182. 26, 487. 29 OPERATIONAL EXPENSES 6, 952. 5, 844. 692. 416. 29 Interest 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	D		31 528		31 528					
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 4 16,278. 5,947. 8,656. 1,675. 4 Information technology 4 17,851. 361,816. 44,567. 11,468. 5 Royalties 6 Occupancy 4 06,525. 343,333. 40,605. 22,587. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 5 Staff Recruiting 5 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 6 CREDIT REPORTS 5 STAFF RECRUITING 6 OPERATIONAL EXPENSES 6 All other expenses 5 7,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	C.		31,320.		31,320.					
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Scho .) 2 Advertising and promotion 3 Office expenses	u									
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 1 6, 278										
Column (A), amount, list line 11g expenses on Sch 0.) 642,581. 458,829. 114,071. 69,681.										
12 Advertising and promotion 13 Office expenses 1	9	, -	642,581.	458,829.	114,071.	69,681.				
16, 278. 5, 947. 8, 656. 1, 675.	12	· · ·	, ,			,				
14			16,278.	5,947.	8,656.	1,675.				
15 Royalties			417,851.	361,816.		11,468.				
16 Occupancy	15				-					
17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 42,433. 37,756. 2,009. 2,668. 19 Conferences, conventions, and meetings 42,433. 37,756. 2,009. 2,668. 20 Interest Depreciation, depletion, and amortization 674,870. 646,428. 17,854. 10,588. 21 Insurance 36,338. 28,870. 4,702. 2,766. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 35,593. 35,593. a CREDIT REPORTS 27,669. 1,182. 26,487. c OPERATIONAL EXPENSES 20,195. 18,060. 1,336. 799. d EQUIPMENT AND REPAIRS 6,952. 5,844. 692. 416. e All other expenses 5,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e 7,139,583. 5,438,818. 1,106,758. 594,007. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 7,139,58	16		406,525.	343,333.	40,605.	22,587.				
18	17									
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 26 CREDIT REPORTS 27 OFERATIONAL EXPENSES 28 EQUIPMENT AND REPAIRS 29 All other expenses 20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18									
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 674,870. 646,428. 17,854. 10,588. 23 Insurance 36,338. 28,870. 4,702. 2,766. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CREDIT REPORTS 35,593. 35,593. b STAFF RECRUITING 27,669. 1,182. 26,487. c OPERATIONAL EXPENSES 20,195. 18,060. 1,336. 799. d EQUIPMENT AND REPAIRS 6,952. 5,844. 692. 416. e All other expenses 5,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e 7,139,583. 5,438,818. 1,106,758. 594,007.		for any federal, state, or local public officials								
Payments to affiliates Depreciation, depletion, and amortization 674,870. 646,428. 17,854. 10,588.	19	Conferences, conventions, and meetings	42,433.	37,756.	2,009.	2,668.				
Depreciation, depletion, and amortization 674,870. 646,428. 17,854. 10,588.	20									
23 Insurance 36,338. 28,870. 4,702. 2,766.	21									
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CREDIT REPORTS b STAFF RECRUITING c OPERATIONAL EXPENSES d EQUIPMENT AND REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				10,588.				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CREDIT REPORTS b STAFF RECRUITING c OPERATIONAL EXPENSES d EQUIPMENT AND REPAIRS e All other expenses 5,707. 565. 5,142. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		36,338.	28,870.	4,702.	2,766.				
a CREDIT REPORTS b STAFF RECRUITING C OPERATIONAL EXPENSES D EQUIPMENT AND REPAIRS E All other expenses Total functional expenses. Add lines 1 through 24e 27,669. 1,182. 26,487. 20,195. 18,060. 1,336. 799. 6,952. 5,844. 692. 416. 5,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e 7,139,583. 5,438,818. 1,106,758. 594,007.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),								
STAFF RECRUITING 27,669. 1,182. 26,487.	а		35,593.	35,593.						
C OPERATIONAL EXPENSES 20,195. 18,060. 1,336. 799. d EQUIPMENT AND REPAIRS 6,952. 5,844. 692. 416. e All other expenses 5,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e 7,139,583. 5,438,818. 1,106,758. 594,007. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 7,139,583. 5,438,818. 1,106,758. 594,007.	b				26,487.					
EQUIPMENT AND REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c					799.				
e All other expenses 5,707. 565. 5,142. 25 Total functional expenses. Add lines 1 through 24e 7,139,583. 5,438,818. 1,106,758. 594,007. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d		6,952.			416.				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses	5,707.	565.						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			7,139,583.	5,438,818.	1,106,758.	594,007.				
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization								
		reported in column (B) joint costs from a combined								
Chack hara										
Official life of the life of t		Check here if following SOP 98-2 (ASC 958-720)								

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,106,901.	1	1,763,414.
	2	Savings and temporary cash investments		2	1,217,777.
	3	Pledges and grants receivable, net		3	2,826,198.
	4	Accounts receivable, net		4	702,539.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	93,854.	9	37,072.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,634,161	•		
	b	Less: accumulated depreciation 10b 5,288,016		10c	
	11	Investments - publicly traded securities		11	2,184,917.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	1 000 514
	15	Other assets. See Part IV, line 11	44 665 445	15	1,000,714.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	11,078,776.
	17	Accounts payable and accrued expenses		17	209,767.
	18	Grants payable		18	F0 0F0
	19	Deferred revenue		19	50,050.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia I	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	-	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schodulo D	1,616,037.	25	1,254,632.
	26	Total liabilities. Add lines 17 through 25	1,873,805.	26	1,514,449.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	7,202,214.	27	6,783,597.
Bal	28	Net assets with donor restrictions		28	6,783,597. 2,780,730.
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	12,163,610.	32	9,564,327.
	33	Total liabilities and net assets/fund balances	14,037,415.	33	11,078,776.

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

INC. 13-3849263 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,517,393. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 7,139,583. 2 2 -2,622,190. Revenue less expenses. Subtract line 2 from line 1 3 3 12,163,610. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 22,907. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 9,564,327. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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:

Both consolidated and separate basis

Form 990 (2023)

Х

Х

2c

За

X Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

NEIGHBORHOOD TRUST FINANCIAL PARTNERS, **Employer identification number** Name of the organization INC 13-3849263 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

13-3849263 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	6748519.	7432404.	6615642.	10447522.	3952484.	35196571 .					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	6748519.	7432404.	6615642.	10447522.	3952484.	35196571.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						7420736.					
6	Public support. Subtract line 5 from line 4.						27775835.					
	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4	6748519.	7432404.	6615642.	10447522.	3952484.	35196571.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	5,226.	2,067.	4,397.	12,054.	118,613.	142,357.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	34,984.		41,145.			76,129.					
11	Total support. Add lines 7 through 10						35415057.					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,877,342.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)						
	organization, check this box and stop	here										
Sec	tion C. Computation of Publi	c Support Per	centage									
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	78.43 %					
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	75.02 %					
16a	33 1/3% support test - 2023. If the o											
	stop here. The organization qualifies											
b	b 33 1/3% support test - 2022. 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	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,					
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part '	VI how the organiz	ation					
	meets the facts-and-circumstances te	-	•		-							
b	10% -facts-and-circumstances test	_					10% or					
	more, and if the organization meets the				-							
	organization meets the facts-and-circu											
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	3 <u> </u>					

Schedule A (Form 990) 2023

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.)

qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and			, ,		'	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(u) 2010	(6) 2020	(0) 2021	(a) ESEE	(6) 2020	(i) rotar
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	023 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box at b 33 1/3% support tests - 2022. If the	nd stop here. The	e organization quali	fies as a publicly s	supported organiza	ation	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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** 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
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	4c		
	5a		
	5b		
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	7		
	8		
	9a		
	9b		
	9c		
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	10b		
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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authority of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a babve? b A family member of a person described on line 11a babve? c A 35% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described entity of a person described organization of a person described engine 2 person described to such of 11a organizations and line 11a or 11b above? b A 25% controlled entity of a person described engine 2 person described and line 11a or 11a above? b A 25% controlled engine 2 person described engine 2 person described engine 2 person described engine	Pai	T IV Supporting Organizations (continued)			
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a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a 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? 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. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

Schedule A (Form 990) 2023 INC.

13-3849263 Page 6

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	Il other Type III non-functionally integrated supporting organizations m		•	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gi	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
	nance of property held for production of income (see instructions)	6		
	xpenses (see instructions)	7		
	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
•	linimum Asset Amount	1 -	(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
	nt claimed for blockage or other factors			
	in detail in Part VI):			
	tion indebtedness applicable to non-exempt-use assets	2		
•	t line 2 from line 1d.	3		
	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ructions).	4		
	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
	line 5 by 0.035.	6		
	ries of prior-year distributions	7		
	m Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
	reater of line 2 or line 3.	4		
	tax imposed in prior year	5		
	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes			1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

INC.

Employer identification number

13-3849263

Organiza	anization type (check one):	
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	- Nume, addition, and Emily 1	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Ivallie, audi ess, dilu ZIF + 4	\$595,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	rune, aud 635, and Zir T T	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
8 8	Name, address, and ZIP + 4	* 600,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 12	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Employer identification number

Name of organization

NEIGHBORHOOD TRUST FINANCIAL PARTNERS, INC. 13-3849263 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NEIGHBORHOOD TRUST FINANCIAL PARTNERS, INC.

Employer identification number 13-3849263

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	ind not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

NEIGHBORHOOD TRUST FINANCIAL PARTNERS, 13-3849263 Page 2 INC. Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,930,764.	1,498,936.	431,828.
d Equipment		4,533,492.	3,619,175.	914,317.
e Other		169,905.	169,905.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X line 1	Oc. column (R))		1,346,145.

Schedule D (Form 990) 2023

13-3849263 _{Page} 3	Page 3	63	2	49	8	-3	.3	1
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Schedule D (Form 990) 2023 INC. Part VIII Investments - Other Securities			-3849263 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely held equity interests		<u> </u>	
(3) Other		<u> </u>	
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Gost of Grid	or year market value
(1)			
(2)			
(3)			
(4)		1	
(5) (6)		+	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSIT			78,000.
(2) OPERATING LEASE RIGHT OF U	JSE ASSET		922,714.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	I. (B))		1,000,714.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			1,254,632.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /h) must agual Form 000 Port V line 05 ag	/ /D)\		1 254 632.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2023 INC.		-	13-3	3849263	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	4,543,	952.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	22,907.			
	Donated services and use of facilities		3,652.			
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	26,	<u>559.</u>
3	Subtract line 2e from line 1			3	4,517,	<u> 393.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	4,517,	393.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,143,	<u>235.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	3,652.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d			_	
е	Add lines 2a through 2d			2e		652.
3	Subtract line 2e from line 1			3	7,139,	583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		0.
5	THIS THUS COURT OF THE CO.T WITH THE			5	7,139,	583.
	rt XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	•	•	; Part X	(, line 2; Part XI	Ι,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and additional additional and additional addit	tional inform	ation.			
PAF	RT X, LINE 2:					
	TO DODG NOW DOLLDING THE DIVINGTAL CHAMDNES	C THAT		m=	- -	
M.T.F	FP DOES NOT BELIEVE ITS FINANCIAL STATEMENT	S INCL	UDE ANY MA	TEK	LAL,	
TTNT/	TEDMATH MAY DOCTMIONG MAY EILINGG EOD DEDI	יטם האז	DING DEGEM	מיזמ	21 202	0
OMC	CERTAIN TAX POSITIONS. TAX FILINGS FOR PERI	ODS EN	DING DECEM	BEK	31, 202	<u>U</u>
7 TT	D LATER ARE SUBJECT TO EXAMINATION BY APPLI	CADIE	תאעדאור אוו ת	ш∩рі	rm T Tr C	
AMI	DEATER ARE SUBJECT TO EXAMINATION BY APPLI	CADLE	IANING AUI	LAOL	LITES.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

mation. Open to Public Inspection

Employer identification number 13-3849263

OMB No. 1545-0047

Part I	General Information on Grants a	nd Assistance					•	
1 Do	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on .
crit	eria used to award the grants or assis	stance?						X Yes No
2 Des	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II						anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	RHOOD TR. CREDIT UNION NICHOLAS AVE, 4TH FL							
NEW YOR	K, NY 10032	13-3928139	501(C)(1)	18,360.	0.			CONTRIBUTION
	er total number of section 501(c)(3) a er total number of other organization:	-						

Page 2

Schedule I (Form 990) 2023

INC.

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
EACH YEAR NEIGHBORHOOD TRUST FINANG	CIAL PART	NERS PROVI	DES A GENE	RAL	
CONTRIBUTION TO NEIGHBORHOOD TRUST	FEDERAL	CREDIT UNI	ON, A RELA	TED PARTY.	
THIS GRANT IS TO HELP SUPPORT THE (CREDIT UN	ION'S OPER	ATIONS DUR	ING THE	
FISCAL YEAR.					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

Open to Public

Employer identification number

13-3849263

OMB No. 1545-0047

Inspection

INC. Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		~
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Compensation Comp			(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
CEO (2) MELISSA GOPNIK (3) 155,983. (4) 0. (5) 155,983. (5) 0. (6) 0. (7) 0. (8) 0. (8) 0. (8) 0. (9) 149,528. (9) 0. (9) 142,895. (9) 0. (9)	(A) Name and Title			incentive	reportable	compensation			reported as deferred on prior Form 990
CESO (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(1) JUSTINE ZINKIN	(i)							
VF OF INNVATION (II) 0. 0. 0. 0. 0. 11,927. 161,455. 0. CCO (III) 0. 0. 0. 0. 0. 0. 11,927. 161,455. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CEO								
VF OF INNOVATION (II) 0. 0. 0. 0. 0. 11,927. 161,455. 0. 0. (2) 848N ANDERSON (II) 0. 0. 0. 0. 0. 0. 11,927. 161,455. 0. 0. (4) SANDRA CHANDUVI (II) 0. 0. 0. 0. 0. 0. 16,952. 159,847. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) MELISSA GOPNIK	(i)							
CFO (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	VP OF INNOVATION								
(4) SANDRA CHANDUVI (1) 142,895. 0. 0. 0. 0. 16,952. 159,847. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3) KRYN ANDERSON	(i)							
VP OF FINANCIAL (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CFO	(ii)							
	(4) SANDRA CHANDUVI	(i)	142,895.				16,952.	159,847.	
	VP OF FINANCIAL	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
		(ii)							
		(i)							
		(ii)							
(i)									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii									
(ii) (i) (i)									
(i)									
		(ii)							

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

Schedule J (Form 990) 2023	INC.	13-3849263	Page 3
Part III Supplemental Informat	ion		
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete this part for any additional information.	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

Employer identification number 13-3849263

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OUR WORKER FINANCIAL HEALTH BENEFIT THAT BLENDS HUMAN-TOUCH FINANCIAL COACHING WITH FINANCIAL PRODUCTS AND WORKPLACE BENEFITS, SO THAT WORKERS CAN MAKE THE MOST OF EVERY HARD-EARNED PAYCHECK. OUR TECH-ENABLED SOLUTION ALLOWS US TO REACH WORKERS ACROSS THE COUNTRY AND OFFER LIVE FINANCIAL COACHING "ANYTIME, ANYWHERE." AS A SOCIAL ENTERPRISE, WE PARTNER WITH SMALL BUSINESSES, BENEFITS NETWORKS, FINTECHS AND WORKER AS CUSTOMERS. OUR PATHWAYS SERVICE FOSTERS FINANCIAL INCLUSION FOR UNDERSERVED COMMUNITIES BY INTEGRATING FINANCIAL COACHING INTO CREDIT UNIONS NATIONWIDE. IN PARTNERSHIP WITH CREDIT UNION ADVOCACY NETWORK, INCLUSIV, PATHWAYS TRAINS CREDIT UNION STAFF TO PROVIDE OUR MODEL OF TRUSTED, ACTION-ORIENTED FINANCIAL COACHING TO ITS MEMBERS, AND TRACK THEIR FINANCIAL HEALTH OUTCOMES VIA OUR PROPRIETARY TECHNOLOGY PLATFORM. UNDER OUR CONTRACT WITH THE NEW YORK CITY DEPARTMENT OF CONSUMER & WORKER PROTECTION, WE PROVIDE FINANCIAL COACHING TO NEW YORK CITY RESIDENTS VIA SEVEN FINANCIAL EMPOWERMENT CENTER SITES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS SENT TO THE FULL BOARD OF DIRECTORS VIA E-MAIL PRIOR TO BEING FILED WITH THE IRS. ALL DIRECTORS WERE AFFORDED THE OPPORTUNITY TO ASK QUESTIONS AND OFFER EDITS. THE DECISION OF WHETHER TO MAKE EDITS WAS MADE BY THE CEO.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

Schedule O (Form 990) 2023 Page **2**

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED FARTY TRANSACTIONS. FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF OTHER OFFICERS AND KEY EMPLOYEES TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATIONAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	Name of the organization NEIGHBORHOOD TRUST FINANCIAL PARTNERS, INC.	Employer identification number 13-3849263
FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF OTHER OFFICERS AND KEY EMPLOYEES TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. FORM 990, PART VI, SECTION C, LINE 19:	BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING T	HEY HAD NO
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ORGANIZATIONAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	FORM 990, PART VI, SECTION C, LINE 19:	
	ORGANIZATIONAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

INC.					13	3-38492	63	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	I	Direct c	(f) ontrolling atity	9
	<u>-</u> -							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizati	ion answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or more rela	ated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) ontrolling otity	contr	g) 512(b)(13) rolled iity?
NEIGHBORHOOD TRUST FEDERAL CREDIT UNION - 13-3928139, 1112 SAINT NICHOLAS AVE 4TH FL, NEW YORK, NY 10032	FEDERAL CREDIT UNION	NEW YORK	501(C)1		N/A		165	X
·								
	<u></u>							

OMB No. 1545-0047

Employer identification number

Page 2

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more relate	d
	organizations treated as a partnership during the tax year.	, , , ,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)								
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>		
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)								
						X		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
						X		
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on w	<u>/ho must complete th</u> T	iis line, including covered r	elationships and transaction thresholds.					
(a)	(b) Transaction							
Name of related organization	Amount involved	Method of determining amount in	termining amount involved					
	type (a-s)							
(1) NEIGHBORHOOD TRUST FEDERAL CREDIT UNION	В	18,360.	EMS 7					
(1) NEIGHBORHOOD IROSI FEDERAL CREDII ONION	Ь В	10,300.	FMV					
(2)								
(2)								
(3)								
<u> </u>								
(4)								
\ ' <i>!</i>								
(5)								
3-7								
(6)								
332163 09-28-23	•		Schedule	R (Forr	n 990)	2023		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

NEIGHBORHOOD TRUST FINANCIAL PARTNERS,

Schedule R	(Form 990) 2023	INC.				13-3849263	Page 5
Part VII	(Form 990) 2023 Supplemental Infor	mation					
	Provide additional inform	ation for responses to q	uestions on Schedu	ıle R. See instruction	is.		

Schedule R (Form 990) 2023

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. NEIGHBORHOOD TRUST FINANCIAL PARTNERS, **Print** 13-3849263 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 530 WEST 166TH STREET, 4TH FLOOR instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10032 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KRYN ANDERSON 530 WEST 166TH STREET, 4TH FLOOR - NEW YORK, NY 10032 Fax No. (212) 543-9120 Telephone No. (212) 927-5771 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.