Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private joundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

Intern	nal ≹eve	nue Service	► Go to www.irs.gov/Form990 for instructions and the	latest inf	formation.	Inspection				
<u>A F</u>	or the	2018 cale	ndar year, or tax year beginning and endir	ing						
В	Check if ipplicabl	° LOV	of organization E THY NEIGHBOR TOO		Employer identificat	tion number				
<u>_</u>	chang	• <u> </u>	DANA RING SO DEPT							
<u>_</u>	Name _chang ⊓Initial	e Doing	business as		47-416	50598				
\vdash	return			m/suite E						
L_	☐Final return termin		PO BOX 524 678.892							
_	ated Amen	City o	r town, state or province, country, and ZIP or foreign postal code	عا	Gross receipts \$	17,145,403.				
\vdash	_]return	ALP	HARETTA, GA 30009-0524		I(a) Is this a group retui					
	tion pendir	SAME	and address of principal officer DANA E. RING AS C ABOVE	<u>~</u> }	for subordinates? (b) Are all subordinates include	Yes X No				
			X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or €	1 527	If "No," attach a list	t (see instructions)				
		te: NA			(c) Group exemption n					
				L Year of t	formation 2015 MS	State of legal domicile: NC				
[Pa		Summa								
a)	1	Briefly desc	ribe the organization's mission or most significant activities PROVIDE	E FUNI	DING TO CHAR	RITIES IN				
nc nc	1		LMENT OF THE EXEMPT PURPOSES OF NATION							
Governance			pox if the organization discontinued its operations or disposed of	of more th	an 25% of its net assets	s				
OVE			oting members of the governing body (Part VI, line 1a)		3	5				
			ndependent voting members of the governing body (Part VI, line 1b)		4	4				
Activities &	5	Total number	er of individuals employed in calendar year 2018 (Part V, line 2a)		5	0				
ivıti	l		er of volunteers (estimate if necessary)		6	0				
Act			ted business revenue from Part VIII, column (C), line 12		7a	0.				
	ь	Net unrelate	d business taxable income from Form 990-TPECEIVED		7b	0.				
Revenue				-	Prior Year	Current Year				
	i		ns and grants (Part VIII, line 1h) rvice revenue (Part VIII, line 2g) income (Part VIII, column (A), lines 3, 4 and 7d)		0.	7,826,500.				
	}	•	rvice revenue (Part VIII, line 2g) NOV(25/2019		0.	0.				
Rev					0.	898,223.				
_			ue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 1000EN. U.T		0.	0.				
_			ie · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	8,724,723.				
	1		similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,700,000.				
	l	•	d to or for members (Part IX, column (A), line 4)	0.	0.					
es			ner compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.				
Expenses			I fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>				
Ϋ́			using expenses (Part IX, column (D), line 25)	·	0.	34,415.				
		•	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	1,734,415.				
		•	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	6,990,308.				
	19	Hevenue les	s expenses Subtract line 18 from line 12	- Basis						
Net Assets or Eucl Balances	00	Total coost-	(Part V line 16)	Begin	oning of Current Year	End of Year 6,944,225.				
\sse Bala	20		(Part X, line 16)		0.	9,400.				
let /	21		es (Part X, line 26) or fund balances Subtract line 21 from line 20	\vdash	0.	6,934,825.				
	22 irtill	Signatu			<u> </u>	0,734,023.				
			y, I declare that I have examined this return, including accompanying schedules and	ctatement	and to the best of my kn	nowledge and helief it is				
			te Declaration of preparer (other than officer) is based on all information of which pr			lowledge and belief, it is				
uue,	correc	t, and comple	de Declaration of preparer (other than officer) is based on all information of which pr	nepaler ita	11.15.1	Ci				
C	_	Signat	ure of officer		Date					
Sign			A E. RING, SECRETARY		54.0					
Here	е		r print name and title							
		· · · · ·		Dat	e Check] PTIN				
Do:4			reparer's name G. SHEPARD Preparer's signature	1.		P01785711				
Paid Prep				DATIC	<u> </u>	58-1493949				
	i	Firm's name	11111	DELTC	N Firm's EIN ►	<u> </u>				
Use	Ulliy	Firm's addre	ALPHARETTA 30009		Phono no A O A	-252-0100				
Mari	the !	S dinavias t	his return with the preparer shown above? (see instructions)		1 Enough in 404	X Yes No				
			For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2018)				
0320 0	01 12-3	ı-ıo L∏A	i or i aperwork neduction Act Notice, see the separate instructions.			10.111 (2010)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LOVE THY NEIGHBOR TOO C/O DANA RING SO DEPT

Form	990 (2018) C/O DANA RING SO DEPT	47-4160598 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	PROVIDE FUNDING TO CHARITIES IN FULFILLMENT OF THE EXEMP	T PURPOSES OF
	NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.	
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
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	, ,
4a	(Code) (Expenses \$ 1,730,812. including grants of \$ 1,700,000.) (Reven	ue \$
	PROVIDE FUNDING TO CHARITIES IN FULFILLMENT OF THE EXEMP	
	NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.	
		
4b	(Code) (Expenses \$	
40	(Code) (Expenses \$) (Reven	ne p)
		
		· · ·
	_	
4c	(Code) (Expenses \$) (Reven	ue\$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4e	Total program service expenses ▶ 1,730,812.	
		Form 990 (2018)

47-4160598

Form 990 (2018) C/O DANA RING SO DEPT
Part IV Checklist of Required Schedules

_,			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u>X</u>
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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		<u>X</u>
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_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<u> </u>
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 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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 167 If "Yes," complete Schedule D, Part VIII	11c		X
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	'		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		v	
	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			· •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		y
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		┢┸
	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		х	
	domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II	Eorm		(2018)

LOVE THY NEIGHBOR TOO Form 990 (2018) C/O DANA RING SO DEPT

[Partily Checklist of Required Schedules (continued)

			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			i
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			i
	Schedule K If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			i
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			i
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			i
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			i
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			i
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
32	• • • • • • • • • • • • • • • • • • • •	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>UE</u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and	1		
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
<u>[Pai</u>				
	Check if Schedule O contains a response or note to any line in this Part V			بل
	_	_	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 <u>c</u>	X 000	(004.5)
832004	¥ 12-31-18	rorm	33U	(2018)

Par	Statements Regarding Other Ins Fillings and Tax Compliance (continued)								
•			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u></u>						
	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 in Schedule O	3b	Λ_	-					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	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)								
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х					
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			1					
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year]					
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?	7 <u>g</u>							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
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							
ь	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								
ь	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								
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against								
b	amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ					
	organization is licensed to issue qualified health plans			ļ					
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>					
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		X					
	If "Yes," see 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		X					
	If "Yes," complete Form 4720, Schedule O	<u> </u>	900	(2018)					
		Form	33U	(ZU 18)					

Form 990 (2018)

C/O DANA RING SO DEPT

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 4 b Enter the number of voting members included in line 1a, above, who are independent 1b 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 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11<u>a</u> b Describe in 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 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 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? X a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website Other (explain in Schedule O) Describe in 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 DANA E. RING - 404.252.0100 11625 RAINWATER DRIVE SUITE 500, ALPHARETTA, 30009 Form 990 (2018) 832006 12-31-18

Form 990 (2018) 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

X

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

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

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

Check this box if neither the organization n	or any related o	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more				one	Reportable	Reportable	Estimated
	hours per	pox	unle	ss per	son i	s both	an	compensation	compensation	amount of
	week	-	cer an	lo a o	recto	T	lee)	from	from related	other
	(list any	eg e						the	organizations	compensation
	hours for	p P	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trus		a	ing.		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	lonal		ploy	5 a	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) HENRY KAESTNER	1.00									
PRESIDENT/DIRECTOR		Х		X				0.	0.	0.
(2) KIMBERLEY KAESTNER	1.00					1		_		
DIRECTOR		Х				<u> </u>		0.	0.	0.
(3) DAVID H. WILLS	1.00								_	_
DIRECTOR	1 00	Х	_			-		0.	0.	0.
(4) DARYL HEALD DIRECTOR	1.00	X						0.	0.	0.
(5) DANA E. RING	1.00	^	├			 		<u> </u>	ļ·	<u> </u>
SECR./TREAS./DIRECTOR		х		х				0.	SEE SCHE	DULE O
Buck., Ikuno., bukuotok	40.00			71		\vdash		•		
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Form 990 (2018) 832007 12-31-18

	t VII Section A Officers Directors Trus									4/-4.	100.	J J O		age o
T a.	T QUULUN FILL DINCOLORS, TYAN	tees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E)								I				
	(A) Name and title	(B) Average			ر Posi				(D) Reportable	(E) Reportable		Ec	(F) timate	
	, Name and true	hours per		not c	heck r	nore	than c s both		compensation	compensatio			nount	
		week					r/trust		from	from related			other	01
		(list any	į						the	organization	- 1		pensa	ition
		hours for	ge				e e		organization	(W-2/1099-MIS			om th	
		related	e e o	nstee			ensat		(W-2/1099-MISC)			orga	anızat	ion
		organizations	al tru	onal t		loyee							d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	ons
		11110)	Ĕ	Ĕ	ō	ž	포팅	요					 -	
			ł											
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1h	Sub-total							_	0.	SEE SO	CHE	DUL	ΕO	
	Total from continuation sheets to Part VI	I Section A							0.		0.			0.
	Total (add lines 1b and 1c)	,, 0000.0 74							0.	SEE SO		DUL	E 0	
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re		000 of reportable				
	compensation from the organization						,		,					0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olar	vee.	or h	nighest compensated er	nplovee on				
	line 1a? If "Yes," complete Schedule J for si	•		•	•	•				. ,		3		Х
4	For any individual listed on line 1a, is the su		е сс	mpe	ensa	tion	and	oth	er compensation from t	he organization		Ì		
	and related organizations greater than \$150	•		•					•	J		4		Х
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes." com	nolete Schedule	e J f	or su	ıch r	oers	on		•			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization Report compensation for	the calendar ye	ear e	ndır	ıg w	ith c	r wi	hin	the organization's tax y	ear				
	(A)							ļ	(B)			(C		
	Name and business	address	N(INC	3			\Box	Description of s	ervices	С	ompe	nsatio	n
								_						
								4						
								- 1						
								_						
								- 1		i				
								_						
					·		-	\neg						
_	Table													
	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	-	ot lır	nited	d to 1	thos		ted	above) who received me	ore than				

Page 9

		Check if Schedule O conti	ains a resnonse c	ir note to any lini	e in this Part VIII			
<u> </u>		Greek ii Geriedale G Corio	anis a response o	i flote to arry line	(A)	(B)	(C)	(D) Revenue excluded
1	٠				Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function	business	sections 512 - 514
<u> </u>					-	revenue	revenue	512 - 514
충컴	1 a	Federated campaigns	1a					1
E Z	t	Membership dues	1b					ļ l
Contributions, Gifts, Grants and Other Similar Amounts	•	: Fundraising events	1c					ļ .
	c	Related organizations	1d	10,000.]
E,	•	Government grants (contributi	ions) 1e					1
ᇎ		All other contributions, gifts, gran	F 1					į
흊	•	similar amounts not included above	· I I	7,816,500.				}
뜮켬	_			7,816,500.				}
투명	_	Noncash contributions included in lines	1a-1f \$	7,010,300.	7,826,500.			1 1
<u>0 4</u>	r	Total. Add lines 1a-1f			7,020,300.			<u> </u>
				Business Code		**************************************		
항	2 a	·					-	
₹ •	t	·						
Program Service Revenue	c	·						
e a	c	d						
ğα	•	•	_					
F.	f	All other program service reve	nue	·		"		
		Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends interes			······································		1
	J	other similar amounts)	dividends, interes	st, and	70,866.			70,866.
		•			,0,000.	-		70,000.
	4	Income from investment of tax	k-exempt bond pr	oceeds				_
	5	Royalties						<u> </u>
			(i) Real	(ii) Personal				1
	6 a	Gross rents						
l	k	Less rental expenses						
	•	Rental income or (loss)						
	(Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	9,248,037.	• •				
	ŀ	Less cost or other basis						1
		and sales expenses	8,420,680.					1
		Gain or (loss)	827,357.	-				
		, ,	357,5371		827,357.			827,357.
		Net gain or (loss)		<u> </u>	027,337.			027,337.
单	8 8	Gross income from fundraising						
venue		including \$						
اچ		contributions reported on line	1c) See					
-		Part IV, line 18	a					
Other Re	k	Less direct expenses	ьĮ					
١	(Net income or (loss) from fund	Iraising events	•				
	9 a	a Gross income from gaming ac	tivities See					
		Part IV, line 19	a					1
	ŀ	Less direct expenses	ь					
		Net income or (loss) from gam		•			•	
		Gross sales of inventory, less	· ·					
	10 8	and allowances						1
			a					
		Less cost of goods sold	b[·
		Net income or (loss) from sale		•				
		Miscellaneous Revenu	<u>e</u>	Business Code	<u> </u>			
	11 a	a			,			
	ŀ	o						
		d All other revenue						
	•	Total. Add lines 11a-11d	•	•				
	12	Total revenue. See instructions			8,724,723.	0.	0.	898,223.
83200	9 12-3							Form 990 (2018)

Form 990 (2018) C/O DANA RING SO DEPT
Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	. Check if Schedule O contains a respon	ise or note to any line in	this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations	""									
	and domestic governments. See Part IV, line 21	1,700,000.	1,700,000.								
2	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, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management	3 105		2 105							
Ь	Legal	3,125.		3,125.							
C	Accounting										
d	Lobbying										
e	Professional fundraising services See Part IV, line 17	14,770.	14,770.		· · · · · · · · · · · · · · · · · · ·						
f	Investment management fees	14,770.	14,770.								
g	Other (If line 11g amount exceeds 10% of line 25,	16,042.	16,042.								
12	column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion	10,042.	10,042.								
13	Office expenses	313.		313.	 						
14	Information technology	3131		313.							
15	Royalties			-	· -						
16	Occupancy			_							
17	Travel										
18	Payments of travel or entertainment expenses										
_	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·							
20	Interest										
21	Payments to affiliates	" -									
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)										
а	BANK FEES	165.		165.							
ь											
С											
d											
е	All other expenses										
<u>25</u>	Total functional expenses Add lines 1 through 24e	1,734,415.	1,730,812.	3,603.	0.						
26	Joint costs Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation										
	Check here if following SOP 98-2 (ASC 958-720)		,,	·							

LOVE THY NEIGHBOR TOO C/O DANA RING SO DEPT

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
	•	Check if Schedule O contains a response or not	e to any line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	0.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	•
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensa	ated employees Complete			
		Part II of Schedule L	·		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	·		.	
		employers and sponsoring organizations of sect				
w		employees' beneficiary organizations (see instr)	· · · · · · ·		6	
Assets	7	Notes and loans receivable, net			7	103,334.
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	1	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		0.	11	6,590,883.
	12	Investments - other securities See Part IV, line 1	11		12	250,008.
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	0.	16	6,944,225.	
	17	Accounts payable and accrued expenses		0.	17	9,400.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	Į		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
ç	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			<u> </u>
ā		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	9,400.
		Organizations that follow SFAS 117 (ASC 958				
es S		complete lines 27 through 29, and lines 33 an	d 34.			
Š	27	Unrestricted net assets		0.	27	6,934,825.
3ali	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔙			
Net Assets or Fund Balances		and complete lines 30 through 34.	ļ			
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid in or capital surplus, or land, building, or ed	` `		31	<u> </u>
et	32	Retained earnings, endowment, accumulated in	come, or other funds	^	32	6 024 025
Z	33	Total net assets or fund balances	}	0.	33	6,934,825.
	34	Total liabilities and net assets/fund balances	<u></u>	0.	34	6,944,225.

Form **990** (2018)

IPa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
	Check is Schedule O Contains a response of note to any line in this Fart XI	Γ Ι΄					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8.7	24,7	23.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,4			
3	Revenue less expenses Subtract line 2 from line 1	3		90,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.		
5	Net unrealized gains (losses) on investments	5	 <5	5,48	3.>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	6,9	34,8	<u> 25.</u>		
Pa	TIXII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2:	a	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
þ	Were the organization's financial statements audited by an independent accountant?		21	b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			ļ		
	review, or compilation of its financial statements and selection of an independent accountant?	4.1.0	2	C			
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Auc			x		
	Act and OMB Circular A-133?	.ad ad		a	 ^		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits overlain why in Schodule O and describe any stops taken to undergo such audits.	eo aud	31	.			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			rm 990	(2018)		
			FUI		(2010)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

LOVE THY NEIGHBOR TOO

2018
Open(to Public Inspection

OMB No. 1545-0047

Open to Public Inspection

C/O DANA RING SO DEPT 47-4160598 [Partil∎ Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) R 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X 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 2 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the proanization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) NATIONAL CHRISTIAN 7 1,730,812. CHARITABLE FOUNDATI 58-1493949 Х IMPACT INVESTING 7 1,000,000. Х CHARITABLE FOUNDATI 47-3574130 2,730,812. 0. Total

Sch	edule A·(Form 990 or 990 EZ) 2018 C	/O DANA R	ING SO DE	PT	(5)(4)(Ä)(iv) ond	47-416	0598 Page 2
P	Support Schedule for						
	 (Complete only if you checked fails to qualify under the tests 			-	on railed to quality t	inder Fart III II tile	Gorganization
<u></u>	, , ,	ilsted below, plea	se complete Fait	··· /	· ·		
	ction A. Public Support			<u> </u>	T		
Cale	endar year (or fiscal year beginning in)	(a) 2014 _	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					/	4
	membership fees received (Do not						
	include any "unusual grants ")				<u> </u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u></u>
3	The value of services or facilities						
	furnished by a governmental unit to				<i>1</i>	1	
	the organization without charge						
4	Total. Add lines 1 through 3	_					
5	The portion of total contributions					†	
	by each person (other than a					1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			/	/		
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4				<u> </u>	<u></u>	
Se	ction B. Total Support		•				
Cale	endar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				<u></u>		
8	Gross income from interest,		/	A .			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					İ	
	business is regularly carried on						
10	Other income Do not include gain	/	1				
	or loss from the sale of capital						
	assets (Explain in Part VI)			ļ	 		ļ
	Total support. Add lines 7 through 10			<u> </u>		ļ. ₁	
	Gross receipts from related activities,	. //				12	
13	First five years. If the Form 990 is for	,	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	. —
22	organization, check this box and stor ction C. Computation of Publi		centage				
	· · · · · · · · · · · · · · · · · · ·	<i>S</i>	·			144	%
	Public support percentage for 2018 (Public support percentage from 2017)		•	column (I))		15	
	33 1/3% support test - 2018. If the c			on line 12, and line	14 is 22 1/20/ or m		
102	stop here. The organization gualifies	-			14 15 33 1/3/0 01 11	iore, check this bo	▶ □
	33 1/3% support test - 2017. If the				1 line 15 is 33 1/3%	or more check th	
•	and stop here. The organization qual				3 11116 13 13 30 17070	or more, encor a	▶ □
17:	a 10% -facts-and-circumstances test	•			e 13. 16a. or 16b. a	and line 14 is 10%	or more.
•	and if the organization meets the "fac						
	meets the "facts and circumstances"						▶□
ŀ	o 10% -facts-and-circumstances test	_	•		_	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization		-				ıs 🕨 🗌
							0 or 990-EZ) 2018
						,	•
1	•						
E.							

Sched

Sch Pa	edule A·(Form 990 or 990-EZ) 2018 C	/O DANA R	ING SO DE	PT Section 509(a)	(2)	47-416	0598 Page 3
	(Complete only if you checked	•		, ,	• •	art II If the organiz	ation fails to
	qualify under the tests listed b			organization falled	to quality dilucit	art ii ii tile organiz	ation lans to
Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
	membership fees received (Do not						
	include any "unusual grants ")			!			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		_		1	1	-
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			<i></i>			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons			/			
t	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			<i>{</i>			
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(ь) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, apd 12)		1				
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	g	,	. ,	,	(-/(-/ 3	· ▶ □
Sec	ction C. Computation of Publi	c Support Per	centage		•		
	Public support percentage for 2018 (I			column (fl)		15	%
	Public support percentage from 2017			`"		16	%
	ction D. Computation of Inves						
	Investment prome percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	,		-				

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more/than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A-(Form 990 or 990-EZ) 2018 C/O DANA RING SO DEPT

Part IV | Supporting Organizations

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

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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? [f "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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	x	
			1
	2		X
	3a		X
	3b		
	3с		
	4a		X
		<u> </u>	
ŀ	40		
	4c		
1			<u></u>
1	_ Sa		-
- [5c		
			
	6		Х
	7		X
	8		X
			X
	9a		
	9b		X
	- 55		
	9c		<u>x</u>
į	10a		X
	10b		L

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Sche	dule A·(Form 990 or 990-EZ) 2018 C/O DANA RING SO DEPT	47-416059	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2		_X_
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	. 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		{	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instructions))	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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			نـــــــــــــــــــــــــــــــــــــ
	that these activities constituted substantially all of its activities	2a	<u> </u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			ļ
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь		
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Schedule A:(Form 990 or 990-EZ) 2018 C/O DANA RING SO DEPT

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 (explain in l	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must con			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	· -	
е	Discount claimed for blockage or other			i
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integrat	ed Type III supporting org	anization (see
	instructions)	=		

Schedule A (Form 990 or 990-EZ) 2018

Par	TV Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ie organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			·
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2018, if			
-	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
_	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c			•
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	LAGG33 U 2010			 Earm 990 or 990-E7\ 2018

Schedule A-	(Form 990 or 990-EZ) 2018 C/O	DANA RING	SO DEPT		47-4160598	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d line 1, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8, and Pa	Provide the expl c, 4b, 4c, 5a, 6, 9a d 3, Part IV, Section	anations required by , 9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2l	ınd 11c, Part IV, Section B b, 3a, and 3b, Part V, line 1	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section , Part V, Section B, line 1e, Pa	. C,
	(See instructions)		es 2, 5, and 6 Aiso	Complete this part for any	additional information	
						_
						
				. <u>.</u>	···	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization LOVE THY NEIGHB	OR MOO				Employer identi	fication number
C/O DANA RING S					47-416059	9.8
		ctivities Out	side the United States. Comple	te if the organ		
Form 990, Part IV						
	·	maintain record	ds to substantiate the amount of its grai	nts and other	assistance,	
-	_		the selection criteria used to award the			Yes No
, , , , , , , , , , , , , , , , , , ,	.					
2 For grantmakers. Desc United States	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
3 Activities per Region (Ti	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	ıs a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING			INVESTMENT AND NOTE			
ICELAND & GREENLAND)	0	0	RECEIVABLE			203,342.
				-		
3 a Subtotal	0	0				203,342.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				203,342.

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

Schedule F (Form 990) 2018

47-4160598

C/O DANA RING SO DEPT

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					empt •	•
(f) Manner of cash disbursement					recognized as tax-ex	
(e) Amount of cash grant					foreign country, i	
(d) Purpose of grant	:				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					ns listed above that are re	r entities
(b) IRS code section and EIN (if applicable)					ecipient organization h the grantee or cou	other organizations o
1 (a) Name of organization		-			2 Enter total number of r by the IRS, or for which	3 Enter total number of other organizations or entitles

LOVE THY NEIGHBOR TOO C/O DANA RING SO DEPT

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Page 3

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Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

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chedule F (Form 990) 2018		DANA	RING	SO	DEI
Part IV Foreign Form	S				

	Extra roleigh rollis	
		
1	. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	Yes <u>X</u> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign	
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	
	(see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships (see Instructions for Form 8865)	X Yes No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	Instructions for Form 5713, don't file with Form 990)	Yes X No
		0 1 1 5 75 000 0010

Schedule F (Form 990) 2018

Schedule F	(Form 990) 2018 C/O DANA RING SO DEPT	47-4160598	Page 5
Part V	(Form 990) 2018 C/O DANA RING SO DEPT Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ing method, amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation See instructions	
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SCHEDULE I

(Form 990)
Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047	2018	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

2 Employer identification number 47-4160598 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection LOVE THY NEIGHBOR TOO C/O DANA RING SO DEPT General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	
2	Part		

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1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IMPACT INVESTING CHARITABLE FOUNDATION - PO BOX 25277 - OVERLAND PARK, KS 66225-5277	47-3574130 501 (C)	501 (C) (3)	1,000,000.	0.			SUPPORTED ORGANIZATION
GENEROSITY PATH (MACLELLAN CENTER FOR GLOBAL CHRISTIAN EDUCATION) - PO BOX 511 - ALPHARETTA, GA 30009	45-2200743 501 (C)	501 (C) (3)	100,000.	0.			SENEROSITY MOVEMENT
LIVING ON THE EDGE PO BOX 3007 SUWANEE, GA 30024	46-0484695	501 (C) (3)	100,000.	0.			EVANGELISM
PRAXIS, INC. 409 W. 45TH STREET NEW YORK, NY 10036	45-0967206 501 (C)	501 (C) (3)	.000,03	0			EDUCATION
THE VERITAS FORUM ONE BROADWAY CAMBRIDGE, MA 02142	20-5616941	501 (C) (3)	.000,05	0			SPIRITUAL DEVELOPMENT
THE SUMMIT CHURCH (JD GREEAR MINISTRIES) - 2335 PRESIDENTIAL DRIVE, SUITE 114 - DURHAM, NC 27703		501 (C) (3)	100,000.	0			СНОВСИ
2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations listed in the line 1 table	nd government org	ganizations listed in the line 1 table	e line 1 table				6 0
	2 2 2021	2000					

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

Schedule I (Form 990) (2018)

LOVE THY NEIGHBOR TOO
C/O DANA RING SO DEPT Schedule I (Form 990)

47-4160598

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	ssistance to Gov	ernments and Organ	zations in the Uni	ted States (Sche	dule I (Form 99U), Par	()	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEEMER CITY TO CITY 1166 AVENUE OF THE AMERICAS, SUITE NEW YORK, NY 10036	38-3773431	501 (C) (3)	100,000.	0			EVANGELISM
VALLEY CHRISTIAN SCHOOLS 10818 ARTESIA BLVD CERITOS, CA 90703	95-1803684	501 (C) (3)	100,000.	0			EDUCATION
HOPE INTERNATIONAL, INC. 227 GRANITE RUN DRIVE LANCASTER, PA 17601	23-2836648	501 (C) (3)	100,000.	0			POVERTY RELIEF
	1.0.0						
			,				
							Schedule I (Form 990)

47-4160598

Schedule I (Form 990) (2018)

Part III

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATIONS ORGANIZATIONS QUALIFY AS EXEMPT FROM FEDERAL INCOME TAX UNDER CODE SECTION IN THAT CODE SECTION. IN THE UNITED STATES SINCE IT GRANTS FUNDS TO ORGANIZATIONS ONLY IF THOSE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (3) AND THEREFORE ARE BOUND TO USE SUCH FUNDS ONLY FOR RELIGIOUS (d) Amount of non-cash assistance Į, GRANTED OTHER PURPOSES DESCRIBED (c) Amount of cash grant FUNDS OF (b) Number of THE ORGANIZATION DOES NOT MONITOR THE USE recipients OR (a) Type of grant or assistance EDUCATIONAL, N LINE CHARITABLE, 501 (C) Η PART

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

LOVE THY NEIGHBOR TOO

Employer identification number 47-4160598

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deteri noncash contribution		ts
1	Art - Works of art		Tromo dominadado	r citt coo, r are viii, iii o ig			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles			· · · · · · · · · · · · · · · · · · ·			
7	Boats and planes						
8	Intellectual property				· -		
9	Securities - Publicly traded	Х	1	7,816,500.	FAIR MARKET V	ALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate · Residential						
16	Real estate · Commercial						
17	Real estate · Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						-
21	Taxidermy	ļ					
22	Historical artifacts	-	<u> </u>				
23	Scientific specimens						
24	Archeological artifacts				_		
25	Other ()						
26	Other ()						
27	Other ()						
		zation during	the tay year for or	ontributions	<u> </u>		
25		-				0	
	To which the organization completed from ozi	00, 1 ait iv, i	Solice Acknowledg	29			1
30a	During the year did the organization receive by	v contributio	n any property rep	orted in Part L lines 1 throug	ih 28 that it	1.03	1.10
		-		•	' · ·		1
	-)a	Х
ь	- · · · · · · · · · · · · · · · · · · ·						
31		oolicy that re	equires the review of	of any nonstandard contribut	tions? 3	1	X
		-				1	
	contributions?		-		32	2a	Х
ь	If "Yes," describe in Part II						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,		
	describe in Part II						
b 31 32a b	If "Yes," describe in Part II If the organization didn't report an amount in c	83, Part IV, I y contributions of the initial coolicy that resort related or	Donee Acknowledgen any property repulation, and equires the review of ganizations to solid	pement 29 orted in Part I, lines 1 through which isn't required to be used of any nonstandard contribution, process, or sell noncash	30 32 32 32	1	X

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

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	C/0	DANA	RING	SO	DEPT		47-4160598	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inforr	nation. nn (b), the	Provide t	he info	ormation re ributions, t	quired by Part I, lines 30b, 32b, and 33, he number of items received, or a comb	and whether the organizat	ion lete
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOVE THY NEIGHBOR TOO C/O DANA RING SO DEPT

Employer identification number 47-4160598

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE FUNDING TO CHARITIES IN FULFILLMENT OF THE EXEMPT PURPOSES OF
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.
FORM 990, PART VI, SECTION A, LINE 1:
A MAJORITY OF DIRECTORS ARE APPOINTED BY THE SUPPORTED ORGANIZATIONS
(NATIONAL CHRISTIAN CHARITABLE FOUNDATION "NCF" AND IMPACT INVESTING
CHARITABLE FOUNDATION). SOME NCF DIRECTORS ARE NOT CONSIDERED INDEPENDENT
SINCE THEY RECEIVE COMPENSATION FROM NCF FOR SERVICES PROVIDED TO NCF.
FORM 990, PART VI, SECTION A, LINE 2:
HENRY KAESTNER AND KIMBERLEY KAESTNER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
A MAJORITY OF THE DIRECTORS SHALL BE DESIGNATED BY NATIONAL CHRISTIAN
CHARITABLE FOUNDATION, INC. (NCF) AND IMPACT INVESTING CHARITABLE
FOUNDATION, INC. (IMPACT), THE "NCF DIRECTORS" AND THE "IMPACT DIRECTORS".
THE NCF DIRECTORS AND THE IMPACT DIRECTORS SHALL EACH BE A PERSON WHO IS
NOT A "DISQUALIFIED PERSON" AS THAT TERM IS DESCRIBED IN SECTION 4946 OF
THE INTERNAL REVENUE CODE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S TAX RETURN IS COMPILED FROM FINANCIAL RECORDS OF THE
ORGANIZATION. ONCE PREPARED, THE RETURN IS REVIEWED BY ANOTHER TAX
PROFESSIONAL. AFTER THIS INITIAL REVIEW, THE FULL TAX RETURN IS SENT TO ALL
DIRECTORS FOR THEIR FINAL REVIEW PRIOR TO FILING WITH THE IRS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, COMPENSATION

DANA E. RING IS EMPLOYED BY NCF, A SUPPORTED ORGANIZATION OF THE FOUNDATION. PLEASE SEE NCF FORM 990 FOR REPORTABLE COMPENSATION INFORMATION.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

2018 Open to Public Inspection

OMB No 1545-0047

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LOVE THY NEIGHBOR TOO
C/O DANA RING SO DEPT

Employer identification number 47-4160598

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ž × × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets (e) status (if section Public charity 501(c)(3)) LINE 7 LINE 7 Total income Exempt Code Ð section 501(C)(3) 501(C)(3) € Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) SEORGIA SEORGIA DISTRIBUTIONS TO OR FOR CHRISTIAN CHURCHES AND Primary activity INVESTING CHARITABLE Primary activity CAPITAL TO CREATE OTHER CHARITIES 9 TRANSFORMATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. IMPACT INVESTING CHARITABLE FOUNDATION, INC. - 47-3574130, PO BOX 25277, OVERLAND PARK, INC. - 58-1493949, 11625 RAINWATER DRIVE, NATIONAL CHRISTIAN CHARITABLE FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity ALPHARETTA, GA 30009 KS 66225-5277 Part Part II

47-4160598

Page 2

Schedule R (Form 990) 2018 C/O DANA RING SO DEPT

Partily 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 related organizations treated as a partnership during the tax year

Name, address, and EIN Primary activity Legislation of related organization counciling of related organization to related organization Of related organization Of related organization Share of total Share of total amount in box mineraging counciling (related indicated, moone asserts) Area and EIN Primary activity Legislation (related organization asserts) Area incomes and EIN Area for Or Schedule parmed organization Area for organization Area fo	(a)	(q)	(c)	(p)	(e)	(J)	(b)	3	Θ	S	(k)
Sections 512-514)	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or		Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Oisproportionate allocations?	Code V-UBI amount in box	General or managing partner?	Percentage ownership
			country)		sections 512-514)	4	20220		K-1 (Form 1065)	Yes No	
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	organizations treated as a corporation or trust during the tax year	poration or trust guring	o the tax v	ear							

	<u>i)</u>	DX 13)	<u>λ</u>	Ŷ								
)	512(b)(13) controlled	ent	Yes								
	(ų)	Percentage)									
	(6)	Share of end-of-year	assets									
	())	Share of total										
	(e)	Type of entity	or trust)									
	(p)	Direct controlling Type of entity SI	<u></u>				,					
	(၁)	Legal domicite (state or	foreign	country)						•		
rig trie tax year	(q)	Primary activity										
organizations treated as a corporation of trust during the tax year	(a)	Name, address, and EIN of related organization										

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Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018

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Page 3

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

· O	e following transactions with one or more related organizations listed in Parts II-IV?	
rts II, III, or IV o	jage in any	:
entity is listed in Parts II, III, or IV of this schedul	I the organization engage in any of th	
entity is l	the organ	
1 if any	year, did	
lete Ime	the tax y	
e: Comp	During	
Not	-	

	, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
	s with one or more related	
	ne following transaction	
	ion engage in any of t	
	year	
-	During the tax y	

- 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)

 - 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)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)

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- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- 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 who must complete this line, including covered relationships and transaction thresholds	tho must complete this	line, including covered re	lationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) IMPACT INVESTING CHARITABLE FOUNDATION	В	1,000,000.CASH	ЗАЅН
(2)			
(2)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2018 C/O DANA RING SO DEPT

Part VII 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

Name address, and ENN Primary activity (Legal Country) (Legal Country) (State of Country)	Primary activity Legal dominical Prediction and income asserts of biggins and country) sections 512-5141 year land and country) sections 512-5141 year land and country and country) sections 512-5141 year land and country a	(a) (b) (c) (d)	(q)	(0)	(p)	(e)	(a)	(6)	ε	8	3	(K)
Country Sections 5 12 5 14 Vres No Country C	Country Sections 5/12-5/1-19 Vee No Assets Sections 5/12-5/1-19 Ve	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incomi (related, unrelated,	artners sec 501(c)(3)	Share of total	Share of end of-year	Oispropor lionate affocations?	Code V-UBI	General c managing	Percentage ownership
				country)	excluded from tax und sections 512-514)	es No	ıncome	assets	Yes No	or schedule K-1 (Form 1065)	Yes No	
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Schedule A (Form 350) ZU 18												

Schedule R (Form 990) 2018 C/O DANA RING SO DEPT	47-4160598	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
1 TO VIDE Additional information for responses to questions on contedute in occurrence		
FORM 990, PART IV, LINE 34, AND SCHEDULE R, PART II		
FORM 990, PART IV, LINE 34, AND SCHEDULE R, PART II		
SEE NCF FORM 990 FOR A COMPREHENSIVE LIST OF ALL NCF RELATED		
ORGANIZATIONS.		
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