Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

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

Open to Publication of the Publi

AF	or the	2023 calenda	ar year, or tax year beginning , 2023, and ending		, 20
B Check if applicable:		pplicable:	C Name of organization 2	mployer ide	ntification number
	Address cl	hange	Know your Neighbor Woburn		2356867
=	Name cha		Number and street (or P.O. box if mail is not delivered to street address) Room/suite E 1	elephone nu	mber
	nitial return		45 Robinson Road	781	-856-2256
Final return/terminated Amended return Application pending			City or town, state or province, country, and ZIP or foreign postal code		nption
			Woburn, MA 01801	Number	?1
G A	ccount	ting Method:	✓ Cash Accrual Other (specify):	ck if the	organization is not
I V	/ebsite	:	to extend ed. Labourg sources of requires sent as the sent of requ	uired to atta	ch Schedule B
J Ta	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527 (For	m 990).	a Certaine e
			☑ Corporation ☐ Trust ☐ Association ☐ Other:		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
(Par	t II, coli	umn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ	· · \$	
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	for Part I) 🔞
Name and Address of the Owner, where the Owner, which is the Ow		Check if	the organization used Schedule O to respond to any question in this Part I .		
?1	1		ons, gifts, grants, and similar amounts received		2436.00
?1	2		ervice revenue including government fees and contracts	. 2	
?1	3		ip dues and assessments	. 3	
?1	4	Investmen		. 4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	b		or other basis and sales expenses		
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	
	6	Gaming ar			
	а		ome from gaming (attach Schedule G if greater than		
ne		\$15,000)			
Revenue	b	Gross inco	ome from fundraising events (not including \$ of contributions		
3eV			raising events reported on line 1) (attach Schedule G if the		
Ш			ch gross income and contributions exceeds \$15,000) 6b		
	C	Less: direc	ct expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
	4,	line 6c)		. 6d	
	7a	Gross sale	es of inventory, less returns and allowances		
	b		of goods sold		
Expenses	C		fit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	
	8	3. 11	nue (describe in Schedule O)	. 8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	2436.00
	10		d similar amounts paid (list in Schedule O)	. 10	CALLS STATE
	11	Benefits p	aid to or for members	. 11	
	12	Salaries, o	ther compensation, and employee benefits 2	. 12	
	13	Profession	nal fees and other payments to independent contractors 22	. 13	947.00
	14	Occupano	y, rent, utilities, and maintenance	. 14	
	15	Printing, p	ublications, postage, and shipping	. 15	390.00
	16	Other expe	enses (describe in Schedule O)	. 16	1093.00
	17	Total expe	enses. Add lines 10 through 16	. 17	2430.00
(n)	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18	6.00
Net Assets	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree wi	th	
	-		ar figure reported on prior year's return)		
	20	Other char	nges in net assets or fund balances (explain in Schedule 0)	. 20	
	21		or fund balances at end of year. Combine lines 18 through 20	-	6.00
-				the same of the sa	

			rt II Balance Sheets (see the instructions for Part II)
_		Dort II	
(B) End of year		(A) Beginning of year	Check if the organization used Schedule O to respond to any question in this
		.,	207 of 404 (1901) is too internal Revolve Gode Harcap pricts. Four Amoral 1995, Section 20
6.0	-	100.00	Cash, savings, and investments
	23	de stab	Land and buildings
	24		Other assets (describe in Schedule O)
6.0	25	100.00	Total assets
	26		Total liabilities (describe in Schedule O)
6.0	27	e et latera i ut success	Net assets or fund balances (line 27 of column (B) must agree with line 21)
uired for section c)(3) and 501(c)(4) nizations; optional fo	501(at is the organization's primary exempt purpose? Building Multicultual community within cribe the organization's program service accomplishments for each of its three largest
c)(3) and 501(c)(4) nizations; optional fo	501(program services,	at is the organization's primary exempt purpose? Building Multicultual community within cribe the organization's program service accomplishments for each of its three largest neasured by expenses. In a clear and concise manner, describe the services provide cons benefited, and other relevant information for each program title.
c)(3) and 501(c)(4) nizations; optional fo	501(e orga	program services, ed, the number of	cribe the organization's program service accomplishments for each of its three largest neasured by expenses. In a clear and concise manner, describe the services provide
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c)(3) and 501(c)(4) nizations; optional fo	501(i orga other	program services, ed, the number of	cribe the organization's program service accomplishments for each of its three largest measured by expenses. In a clear and concise manner, describe the services provide cons benefited, and other relevant information for each program title. (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here
e)(3) and 501(c)(4) nizations; optional for s.)	28a	program services, ed, the number of	cribe the organization's program service accomplishments for each of its three largest measured by expenses. In a clear and concise manner, describe the services provide cons benefited, and other relevant information for each program title. (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$)

compensation (Forms W-2/1099-MISC/ contributions to employee benefit plans, and deferred compensation (b) Average hours per week devoted to position (a) Name and title 1099-NEC) (if not paid, enter -0-) Chirstopher DiMeo - President snd Clerk 0.00 0.00 0.00 0.00 0.00 Robert Toro - Vice President 0.00 Robert Saoud - Treasurer 0.00 0.00 0.00 Rhichard Haggerty 0.00 0.00 0.00 Adriana Mendes-Sheldon 0.00 0.00 0.00 Omar Mohuddin 0.00 0.00 0.00 Julie Gage 0.00 0.00 0.00

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for fact v., check if the digunization does concedible to the respond to tarry question in this	- dit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
		35a		V
b		35b	L. Carrier	11172
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			
36		35c	U KON SA	V
90	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	00		- 1
270		36		V
37a b	The state of the s	274		
38a	Did the organization her Form 1120-FOL for this year?	37b		~
Jou		38a		V
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0.00	Joa		
9	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912: ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported as any of the size F	40b		V
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
		40e		V
1	List the states with which a copy of this return is filed:			
2a	The organization's books are in care of: Telephone no.			
	Located at: ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		42b		V
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_		10		
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		V
9				-
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		L
	and enter the amount of tax-exempt interest received or accrued during the tax year	1/2	Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		res	NO
	completed instead of Form 000 F7	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444		
20	completed instead of Form 000 F7	AAL		
С		44b 44c	-	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-1-1C		
•	overlanation in Cahadula O	44d		
5a		45a	100.0	V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-TJd		
IJ	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 000 F7 Continue time	45b		.,

	0-EZ (2023)					7	age 4	
	sit di amenduan mematala toom	o. Observato respon	tons A slubarios es	d stokl) navjesanstr		Yes	No	
46	Did the organization engage, directly or in-							
14	to candidates for public office? If "Yes," co		Part I		. 46		1	?1
Part				ves to reserve neded	49000	UK		
	All section 501(c)(3) organizations	s must answer que	stions 47-49b and 5	52, and complete th	e tables	for lin	es	
	50 and 51.							
	Check if the organization used Sch	edule O to respond	to any question in the	nis Part VI				20004
15					h2 eg se	Yes	No	
47	Did the organization engage in lobbying		section 501(h) election	n in effect during the	tax			
	year? If "Yes," complete Schedule C, Part		5 1 71 a 5 36 5 490 f		- 47		V	?1
48	Is the organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complete S	Schedule E	. 48		V	?1
49a	Did the organization make any transfers to	an exempt non-cha	ritable related organiz	ation?	. 49a	1,155	V	-
b	If "Yes," was the related organization a se				. 49b			
50	Complete this table for the organization's	five highest compen-	sated employees (other	er than officers, direct	ors, truste	es, an	d key	1
	employees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If there is non	e, enter "	None."	,	
	The same	(b) Average	(c) Reportable	(d) Health benefits,	- 201-201-001-0			***
	(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and deferred	(e) Estimate other co			
	and the second second second second	devoted to position	1099-NEC)	compensation	Outlot CO	пропоа	uon	
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		Company of the Park	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-
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			the letter in the are	a British autosarow	dontred Es			
	Till be faller and a	¢100 000	L	LACTOR OF BUILDING SERVICES	3 15.45 58.5			-
51	Total number of other employees paid over Complete this table for the organization' \$100,000 of compensation from the organ	s five highest comp	ensated independent ne, enter "None."	contractors who each	h received	d more	than	1
	(-) News and having address of such independ	ant contractor	(b) Type of serv	ico leca di sulla di) Compensa	tion		50
	(a) Name and business address of each independ	ern contractor	(b) Type of Serv		Compensa	HOH		
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Sec.	14/16		1.6856			eh.		
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			- maintenantino de sal 15 a	MATER STORY				
d	Total number of other independent contra	ctors each receiving	over \$100,000					-
52	Did the organization complete Schedu			nizations must attac	h a	. NO - 11	-	-
						s 🗍	No	
Inder	penalties of perjury, I declare that I have examined this		The state of the s	ents, and to the best of my k				-

Sign Here 🔼	Signature of officer Lokes A			Date 3/25/24		
	Type or print name and title	Robert J. SAC	ud	in establish type that	Park and the	
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Use Only	Firm's name	Firm's EIN				
occ ciny	Firm's address	Phone no.				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Know Your Neighbor Woburn	922356867
TARGET 153.71 12/10/2023 Sensory Art Supplies	
Ashley Petersen 56.22 12/10/2023 Art Supplies	
BJ's 178.59 12/08/2023 Supplies	
BJ's 19.95 12/08/2023 Supplies	
Market Basket 126.16 12/09/2023 Food	
Pizza Market 117.96 12/10/2023 Food	
Iryana Market 50.00 12/09/2023 Food	
Godavari 240.00 12/10/2023 Food	
Viataile Memeus 150.00 12/10/2023 Food	
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