

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		Person-To-Person, Inc.		06-1422248
		Doing Business As		<b>E Telephone number</b>
		1864 Post Road		(203) 655-0048
Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>G Gross receipts \$</b> 9,822,245.		
1864 Post Road		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City or town, state or country, and ZIP + 4		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Darrien, CT 06820		If "No," attach a list. (see instructions)		
<b>F Name and address of principal officer:</b> Ceci Maher		<b>H(c) Group exemption number</b> ▶		
1864 Post Road, Darrien, CT 06820				
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ www.p2pdarrien.org				
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1994	
			<b>M State of legal domicile:</b> CT	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Person-to-Person is a volunteer-driven, community-based human services agency that,</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	2527
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,561,893.	7,616,314.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157,027.	-189,231.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,503.	32,293.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,754,423.	7,459,376.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,635,114.	6,516,026.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	538,278.	637,891.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,395.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	410,798.	322,199.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,584,190.	7,476,116.	
19 Revenue less expenses. Subtract line 18 from line 12	170,233.	-16,740.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 4,746,432.	End of Year 3,998,037.
	21 Total liabilities (Part X, line 26)	50,904.	66,088.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,695,528.	3,931,949.

**Part II Signature Block**

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

Sign Here	▶ Signature of officer	Date
	▶ Ceci Maher, Executive Director	Type or print name and title
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
Dylewsky, Goldberg & Brenner, LLC		Preparer's identifying number (see instructions)
30 Oak Street		EIN ▶
Stamford, CT 06905		Phone no. ▶ (203) 975-8830

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No