Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change NEIGHBORHOOD MINISTRIES INC. Name change 86-0809052 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-602-252-5225 1918 WEST VAN BUREN STREET Amended return 2,142,384. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-PHOENIX. AZ 85009 H(a) Is this a group return pendina F Name and address of principal officer: RUDY PINON for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes 4947(a)(1) or) ◀ (insert no.) 527 If "No." attach a list. (see instructions) J Website: ► WWW.NEIGHBORHOODMINISTRIES.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 1995 M State of legal domicile: AZ Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE INNER CITY MINISTRY. **Activities & Governance** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 43 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 <u>550</u> Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,128,659 1,917,624. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 1,238. 198. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,861.92,512. 2,126,036. 2,010,334. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 102,332. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 890,656. 989,510. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,111,160. 1,015,153. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,001,816. 2,106,995. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 124,220. -96,661. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year**

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

ii ue, correc	i, and complete: Decial ation of preparer (other than officer) is based on all information of which preparer has any k	inowieuge.
Sign Here	Signature of officer RUDY PINON, DIRECTOR OF OPERATIONS AND FINANCE	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	COLETTE KAMPS, CPA COLETTE KAMPS, CPA 10/10	/14 self-employed P00367616
Preparer	Firm's name HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881
Use Only	Firm's address 2055 E WARNER RD, STE 101	-
	TEMPE, AZ 85284	Phone no. (480) $839-4900$
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No.

4,309,718.

891,917.

417,801.

3,802,403.

368,778.

433,625.

Total assets (Part X, line 16)

| Signature Block

Total liabilities (Part X. line 26)

Net assets or fund balances. Subtract line 21 from line 20

21

Part II

Net

Pai	t 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:
	TO BE THE PRESENCE OF JESUS CHRIST, SHARING HIS LIFE-TRANSFORMING
	HOPE, LOVE, AND POWER AMONG THE DISTRESSED FAMILIES OF URBAN PHOENIX
	TO IGNITE THEIR PASSION FOR GOD AND HIS KINGDOM.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 78,557. including grants of \$) (Revenue \$)
	IGLESIA DE NEIGHBORHOOD MINISTRIES IS THE CHURCH THAT FUNCTIONS WITHIN
	NEIGHBORHOOD MINISTRIES. IT IS A BI-LINGUAL SPANISH/ENGLISH CHURCH OF
	APPROXIMATELY 100 WEEKLY ATTENDEES. SUNDAY MORNING IS THE PLACE AND
	TIME WHERE WHOLE FAMILIES MEET TOGETHER UNDER THE GUIDANCE OF TWO
	PASTORS.
4b	(Code:) (Expenses \$ 471,571 • including grants of \$ 66,133 •) (Revenue \$)
40	(Code:) (Expenses \$ 471,571. including grants of \$ 66,133.) (Revenue \$) EDUCATION PROGRAMS ENCOMPASS PRESCHOOL THROUGH COLLEGE AGE YOUTH.
	PROGRAMS SUCH AS EDUCATION FOR LIFE AND KATY'S KIDS PRE-SCHOOL ARE
	DESIGNED TO BUILD HOPE, TRUST AND RELIANCE ON JESUS CHRIST THROUGH LIFE
	LONG RELATIONSHIPS THAT ENCOURAGE KIDS TO STAY AND BE SUCCESSFUL IN
	SCHOOL WHILE LEARNING TO BE HEALTHY FUTURE THINKERS. KATY'S KIDS
	PRE-SCHOOL HAS 22 STUDENTS AND IS NEIGHBORHOOD MINISTRIES' SUCCESSOR
	PROGRAM TO THE CITY OF PHOENIX HEAD START WHICH THE CITY TERMINATED IN
	MAY, 2010 FOR BUDGET REASONS. IN 2011, EDUCATION FOR LIFE HAD 71 KIDS
	ACTIVELY WORKING WITH MENTORS WHILE ABOUT 20 PER MONTH WERE PROVIDED
	WITH ACADEMIC ASSISTANCE. THROUGH THE WAYNE AND KIT DANLEY SCHOLARSHIP
	FUND THE ORGANIZATION HELPED FUND 14 STUDENTS ATTENDING PHOENIX COLLEGE
	AND ARIZONA STATE UNIVERSITY.
4c	(Code:) (Expenses \$ 518,808 • including grants of \$) (Revenue \$)
	YOUTH DEVELOPMENT PROGRAMS INCLUDE SUCH PROGRAMS AS:
	A WEEKLY YOUTH GROUP DURING THE SCHOOL YEAR FOR 750 CHILDREN IN
	KINDERGARTEN THROUGH 7TH GRADE, AND ABOUT 250 HIGH SCHOOL STUDENTS.
	KIDS CAMP AND KIDS CLUB - SUMMER CAMPS FOR 65 KEY 4TH THROUGH 6TH
	GRADERS , AND 500 KINDERGARTENERS THROUGH 6TH GRADE, RESPECTIVELY. OVER
	80 YOUTH WORKERS PROVIDE LEADERSHIP FOR THE KIDS CLUB; AND
	BARRIO WORKS - A HANDS-ON WORKSHOP, FOCUSING ON BIKE REPAIR, METAL
	WORKING, AND WOOD WORKING, DESIGNED TO HELP YOUTH DEVELOP TECHNICAL
	TRADE SKILLS, LIFE SKILLS, AND INNER CHARACTER THAT WILL BE VALUABLE
	FOR THEM IN THE MARKETPLACE.
	ALL PROGRAMS WORK TO PROVIDE FUN, SPIRITUAL DEVELOPMENT, AND
	STRENGTHENING BONDS WITH LEADERS AND OTHER KIDS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 652,004 • including grants of \$ 36,199 •) (Revenue \$ 92,512 •)
4e	Total program service expenses ► 1,720,940.

332002 10-29-13

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	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		Х
10	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		21
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	יייי ייי		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		Х
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	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	Х	
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		х
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	Х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1006. Enter-0- if not applicable 1a 2 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable 10 0 0 0 0 0 0 0 0						Yes	No				
b Enter the number of Forms W2G included in line 1a. Enter o I/I not applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 43 2b. If all least one is reported on line 2a, did the organization fall engaged employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 2b. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -6th eige instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization fall federal servers of \$1,000 or more during the year? 3c. Did the organization in a freed archive for the year? If Y/No, Yo line 93, provide an explanation is Octobule 0 3c. Did the organization in a freed archive for the year? If Y/No, Yo line 93, provide an explanation is Octobule 0 3c. Did the organization in a freed provide an explanation in Schedule 0 3c. Did the organization and party to a prohibited tax shelter transaction at any time during the tax year? 3c. Did any expansization party to a prohibited tax shelter transaction at any time during the tax year? 3c. Did any expansization approach that was or is a party to a prohibited tax shelter transaction? 3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 3c. Did the organization shelt were not tax deductible as charitable contributions? 4c. Did the organization shelt were not tax deductible as charitable contributions? 4c. Did the organization shelt was promited in explanat	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2							
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners? 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. 3 If I feet 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. 3 If I feet the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements. 4 If Yes, Thas it lifted a Form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, Thas it lifted a Form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This it lifted a Form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This is a form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This is a form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This is a form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This is a form 950 To this year? If Y/6, To this 93, provide an explanation in Schedule O. 5 If Yes, This is a solid the foreign country. 5 If Yes, This is a solid the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, This is the solid the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, This is the organization had it was or is a party to a prohibited tax shelter transaction? 5 If Yes, This is the organization had it were not tax deductible as charitable contributions under section 170(c). 6 If Yes, This is the organization had the work of the subject of the good of the organization shelt any organization that may receive deductible contributions under section 170(c). 6 If Yes, This is	b		1b	0							
2a Exter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С		eportal	ole gaming							
2a Exter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?			1c						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5a Vas the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization file Form 888617 6c If Yes, 'to line 5a or 5b, did the organization file Form 888617 6d Does the organization had an annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6d If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7c If	2a										
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the name of the foreign country. 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line 3a or 3b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b Organization sections apprend in eccess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If Yes, "did the organization notify the donor of the value of the goods or services provided? 7c If If Yes, "did the organization or eccive a payment in eccess of \$75 made party as contribution and party for goods and services provided to the payor? 7d If Yes, "include on payor than the payor promiu		filed for the calendar year ending with or within the year covered by this return	2a	43							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990 Tor this year? If "No," to fire 3,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. bif "Yes," either the name of the foreign country." ▶ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 8 Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5 Big Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," to line 5 aor 50s, did the organization file Form 8886-17? 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? If Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? If Did the organization sell, exchange with the self of the property of the organization file Form 8899 as required? If the organization received a contribution of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b	Х					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b D D D D D D D D D D D D D D D D D D	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13c				37				
							V				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U			000	(0040)				

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.

	Check if Schedule O contains a response or note to any line in this Part VI					X							
<u>Sec</u>	tion 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	13	3									
	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.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other										
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the												
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х							
6	Did the organization have members or stockholders?			6		Х							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
	persons other than the governing body?			7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar bv tl	ne following:										
а	The governing body?			8a	х								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea												
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R												
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	ore ming the remin										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	Х								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y												
_	in Schedule O how this was done			12c	х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approve												
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-1										
а	The organization's CEO, Executive Director, or top management official			15a	Х								
	Other officers or key employees of the organization			15b	Х								
	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 arrange	ment	with a										
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sec	tion 501(c)(3)s onlv)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.	,	()()										
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	nd finar	ncial								
	statements available to the public during the tax year.		,,,		•								
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	cords of the organization	ation:	•								
	THE ORGANIZATION - 602-252-5225		3										
	1918 WEST VAN BUREN STREET, PHOENIX, AZ 85009												
					_								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A)	(B)			((•		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one pox, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	offic	, unles cer and	ss pe d a d	rson i irecto	is bot or/trus	th an stee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	9			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		æ	suadı		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee	_	Key employee	Highest compensated employee				organizations
	line)	Individ	Institu	Officer	Key er	Highe: emplo	Former			
(1) ORBI GONZALES	1.00									
DIRECTOR		Х						0.	0.	0.
(2) ISIAH OAKES	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) CHARLES A FITZGERALD	1.00									
DIRECTOR		Х						0.	0.	0.
(4) KEVIN STARRS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JORGE MACIAS	50.00							24 440	_	0
VICE CHAIR / PASTOR	1 00	Х		X				34,449.	0.	0.
(6) BILL HAMILTON	1.00	٠,,								0
DIRECTOR	1 00	Х	Н				_	0.	0.	0.
(7) SELINA ALONZO	1.00	ļ ,,						0.	0.	0
DIRECTOR (8) RICK MALOUF	4.00	Х	Н					0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0.
(9) WILLIAM A. THRALL SR.	1.00		Н					-	0.	
DIRECTOR	100	x						0.	0.	0.
(10) MARY DANLEY	55.00		П							
PRESIDENT	1.00	Х		Х				36,791.	0.	0.
(11) DICK CREW	4.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(12) BARRY SHANAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAUL LORENSTEN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RUDY PINON	50.00								_	_
SECRETARY / DIRECTOR OF OP	1.00		Ш	X				56,238.	0.	0.
							T			
		_	\square				┡			
		_	_	_	_	_	_			

	1 990 (2013) NEIGHBOR									86-0	809	052	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week			Pos check ess pe	more rson	than	th an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	am	(F) timate lount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensa om the anizati I relate nizatio	e ion ed
	Sub-total							▶	127,478.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	0. 127,478.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	0,000 of reportab	le			(
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplc	oyee	, or	highest compensated e	employee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n an	d otl		the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	for s	uch	pers	son					5		X
1	Complete this table for your five highest control the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	N	INC	E				(B) Description of s	services	C	(C omper		n
								-						
	Total number of independent contractors (including but r	ot li	mito	nd to	the	ا می	stec	d ahove) who received n	nore than				
_	\$100,000 of compensation from the organ	•	iot III		.u 10		0	3180	a above, wito received to	nore triair		Form 9	990 (c	2012

Form 990 (2013) NEIGHBO
Part VIII Statement of Revenue

. u	t VII	Check if Schedule O cont		or note to any lir	ne in this Part VIII			
		STOCK II CONSULATE O CONS	<u>umo a 100ponto</u>	or moto to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	53,273.				
<u> </u>	b	Membership dues	1b					
ts, (С	Fundraising events	1c	12,915.				
ᄩᆲ	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e	285,346.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran						
호취		similar amounts not included above	ve 1f 1 ,	566,090.				
	g	Noncash contributions included in lines	1a-1f: \$	120,749.				
<u>8</u> 8	h	Total. Add lines 1a-1f			1,917,624.			
				Business Code				
e C	2 a							
er v	b							
n S	С							
Rev	d							
Program Service Revenue	е							
۱ ۳		All other program service reve	nue					
\dashv								
	3	Investment income (including			198.			198.
		other similar amounts)			170.			170.
	4							
	5	Royalties	(i) Real					
	6.0	Gross rents	1 205	(ii) Personal				
		Gross rents Less: rental expenses	_					
		Rental income or (loss)	1,305.					
		Net rental income or (loss)		<u> </u>	1,305.	1,305.		
		Gross amount from sales of	(i) Securities	(ii) Other				
	. u	assets other than inventory	(i) GCGGITTICG	(ii) Garier				
	b	Less: cost or other basis						
	-	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
اه		Gross income from fundraising						
Other Revenu		including \$ 12,9	15. of					
ě		contributions reported on line						
<u> </u>		Part IV, line 18	а					
풀	b	Less: direct expenses		10,459.				
١	С	Net income or (loss) from fund	Iraising events	<u></u>	0.			
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less		100 714				
		and allowances		183,714.				
		Less: cost of goods sold		121,591.	62 122	60 100		
ŀ	С	Net income or (loss) from sale		<u></u>	62,123.	62,123.		
ŀ	44 -	Miscellaneous Revenu OTHER INCOME	е	Business Code	29,084.	29,084.		
	11 a	OTHER THOUSE		700099	27,004.	47,004.		
	b							
	q C	All other revenue						
		Total. Add lines 11a-11d			29,084.			
	12	Total revenue. See instructions.			2,010,334.	92,512.	0.	198.
332009 10-29-								Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 102,332. 102,332. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 112,878. 68,965. 33,743. trustees, and key employees 10,170. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 73,459. Other salaries and wages 815,657. 683,082. 59,116. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 60,975. 48,103. 7,819. 5,053. Payroll taxes 10 Fees for services (non-employees): Management 2,636. 2,636. 19,111. 19,111. Accounting Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 66,687. 19,660. 22,539. 24,488. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 60,821. 55,464. 3,186. 2,171. 13 Office expenses Information technology 14 Royalties 15 176,299. 161,599. 8,083. 6,617. 16 Occupancy 15,354. 15,263. 91. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,285. 7,034. 1,715. 1,536. Conferences, conventions, and meetings 19 41,186. 41,186. 20 Payments to affiliates 21 133,555. 120,497. 6,532. 6,526. 22 Depreciation, depletion, and amortization 160,739. 11,974. 183,622. 10,909. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 205,426. 229,555. 15,574. 8,555. PROGRAM ACTIVITIES STIPENDS 41,145. 41,145. 13,376. 11,746. 12,038. PROPERTY AND OTHER 669. 669. TAXE 10,572. 587. **EQUIPMENT EXPENSES** 587. 9,775. 9,021. 561. <u> 193.</u> All other expenses 2,106,995. 1,720,940. 248,400. 137,655. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2013)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	257,232.	1	214,273
	2	Savings and temporary cash investments	166,566.	2	130,413
	3	Pledges and grants receivable, net	23,627.	3	39,869
	4	Accounts receivable, net		4	5,672
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,031,094			
	b	Less: accumulated depreciation 10b 1,214,370	3,354,978.	10c	3,816,724
	11	Investments - publicly traded securities		11	3,816,724 100,331
	12	Investments - other securities. See Part IV, line 11		12	,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,436
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,802,403.	16	4,309,718
	17	Accounts payable and accrued expenses	58,108.	17	27,310
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ا م	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן כֿ	23	Secured mortgages and notes payable to unrelated third parties	280,092.	23	756,265
	24	Unsecured notes and loans payable to unrelated third parties	30,578.	24	108,342
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	368,778.	26	891,917
		Organizations that follow SFAS 117 (ASC 958), check here			
g		complete lines 27 through 29, and lines 33 and 34.			
Net Assets of Fund balances	27	Unrestricted net assets	3,138,286.	27	3,358,991
<u> </u>	28	Temporarily restricted net assets	295,339.	28	58,810
5	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
[]	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3,433,625.	33	3,417,801
		Total liabilities and net assets/fund balances	3,802,403.	34	4,309,718

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,01	0,3	<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,10	<u>6,9</u>	<u>95.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,43	<u>3,6</u>	<u>25.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	8	0,8	37.
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	3,41	7,8	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

				RHOOD MINIST						8	6-0809	} 052	}
Par	t I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.				
The or	rgan		•	because it is: (For lines -	•		•	•	1				
2	一	•		′0(b)(1)(A)(ii). (Attach Sc			Ction 170		•				
3 [tal service organization			170(b)(1)	(Δ\/iii)					
4	一	•		operated in conjunction					(b)(1)(A)(ii	i). Fnter	the hospita	al's nan	ne.
• -		city, and stat				, p. 14.			(~)(-)(-)(-)	.,			,
5 [6 [section 170 A federal, sta	(b)(1)(A)(iv). (Complete, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(1	1)(A)(v).					
7	X	-	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed	in
_	_	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 <u> </u>	=			section 170(b)(1)(A)(vi).									
9 L		An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	eceipts	from
		activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	t from gros	s inves	tment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June	30, 19	75.
_	_	See section	509(a)(2). (Complete	e Part III.)									
10	_	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l).				
11 L		An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes	of one	or
				ations described in secti				2). See sec	ction 509(a)(3). Ch	eck the bo	x that	
				organization and comple									
_	_	a ☐☐ Type I	•		ype III - Fu	-	-				n-functiona	•	-
e∟		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons of	her tha	an
				han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									. L
g				organization accepted ar									
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (iii) below	/,	Yes	No
		the gov	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii		
		(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) N		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis governing	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	ed in the	(vii) Amour su	nt of mo pport	netary
				(acc manuchona))	Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·											
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,309,228.	1,647,605.	1,687,215.	2,128,659.	1,892,624.	8,665,331.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,309,228.	1,647,605.	1,687,215.	2,128,659.	1,892,624.	8,665,331.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						408.
6	Public support. Subtract line 5 from line 4.						8,664,923.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,309,228.	1,647,605.	1,687,215.	2,128,659.	1,892,624.	8,665,331.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	624.	869.	1,549.	1,238.	198.	4,478.
9	Net income from unrelated business				-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				30,712.	29,084.	59,796.
11	Total support. Add lines 7 through 10					,	8,729,605.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	397,149.
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	•
	organization, check this box and stop	-			-		▶ □
Sec	ction C. Computation of Publ						•
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.26 %
	Public support percentage from 2012					15	99.29 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
	The state of the s			, ,	,		000 F7\ 0040

Schedule A (Form 990 or 990-EZ) 2013

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here				•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶∟∟

Schedule A	(Form 990 or 990-EZ) 2013 NEIGHBORHOOD MINISTRIES INC.	86-0809052 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		_
-		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013
Open to Public

Inspection
Employer identification number

Name of the organization NEIGHBORHOOD MINISTRIES INC. 86-0809052 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

	rt III Organizations Maintaining C	collections of A				Other	Similar		ts/continu		ige Z
	Using the organization's acquisition, accessi										
3	(check all that apply):	on, and other record	is, crieck	any or me	Tollowing triat	are a sign	ilicarit use	01 115	Collection	items	>
_	`	٨		oon or ove	hanga program	mo					
	b Scholarly research e Other										
	c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
4								in Pan	AIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	rt IV Escrow and Custodial Arran										INO
ı a	reported an amount on Form 990, Pal		ete ii trie	organizatio	n answered 1	es lo Fo	mi 990, Pa	art IV, I	irie 9, or		
12	Is the organization an agent, trustee, custod		diany for o	contribution	as or other ass	ote not inc	sludod				
Ia									Yes		No
L	on Form 990, Part X?							🖵	」 res		INO
D	ir res, explain the arrangement in Part XIII	and complete the fo	niowing t	abie.					A t		
_	Decimales haloses						4-		Amount		
	5 						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e 1f				
f O-	Ending balance	aura 000 Dart V lina							Yes		Na
	Did the organization include an amount on F										No
	rt V Endowment Funds. Complete in										ı
· u	Endownione Fundo: Complete	(a) Current year		rior year	(c) Two years		Three year	s hack	(a) Four	/eare l	nack
4.	Designing of year balance	` '	(b) Pi	ior year	(C) Two years	Dack (a)	Tillee year	5 Dack	(e) i oui	/cars i	Jack
	Beginning of year balance										
b											
C	Net investment earnings, gains, and losses										
d	1					_					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		/!: 4 .		-\\ -						
2	Provide the estimated percentage of the curr	•		g, column (a	a)) neid as:						
a	• .	0/	_%								
b		%									
С	· · · · · · · · · · · · · · · · · · ·	%									
0-	The percentages in lines 2a, 2b, and 2c should be also also as the second secon	•	-4141		and a desirated as						
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are neid a	and administere	ed for the	organizati	ori	Г	<i>(</i>	<u> </u>
	by:								-	Yes	No
	(i) unrelated organizations								3a(i)	-+	
	(ii) related organizations	- Catalan							3a(ii)	\dashv	
b	(),								3b		
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment t	unas.							
Га			Dort IV	lina 11a C	`aa Farm 000 l	Dout V line	. 10				
	Complete if the organization answere							1	(a) D '	ر بالجرير	
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)		ımulated ciation		(d) Book	value)
	Land		nent)		6,200.	uepre	CIALIUII	_	436	2 (<u> </u>
	Land				7,951.	0.2	6,676		$\frac{436}{2,281}$		
b	9			J,∠⊥	.1,931.	33	0,070	-	<u>, 401</u>	, 4	<i>,</i>
C	Leasehold improvements			30	88,642.	27	7,694	+	110	Ω.	1 2
d					8,301.	41	1,054	•	988		
	Other		V colum					+	3 816		

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 NEIGHBORHOOI	MINISTRIES	S INC.	86-0809052 Page
Part VII Investments - Other Securities.			rage
Complete if the organization answered "Yes" t	o Form 990. Part IV. lir	ne 11b. See Form 990. Part X. line 1	12.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			•
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, lir		
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t		ne 11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" t	o Form 990 Part IV lin	ne 11e or 11f See Form 990 Part X	Uine 25
1. (a) Description of liability	1	(b) Book value	,,
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Re	evenue per Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•	
1	Total revenue, gains, and other support per audited financial statements		1	2,010,334.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	—	2b		
С				
d				
е			2e	0.
3	Subtract line 2e from line 1		3	2,010,334.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,010,334.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			0 106 005
1	Total expenses and losses per audited financial statements		1	2,106,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	I I		
С	***************************************			
d	7	2d		0
е	Add lines 2a through 2d			<u> </u>
3	Subtract line 2e from line 1		3	2,106,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	, , , ,	4a		
	Other (Describe in Part XIII.)			0.
	Add lines 4a and 4b			2,106,995.
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	2,100,995.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1b and	1 2h: Part V. lina 4: Part	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			A, III le 2, Fait Ai,
111163	20 and 45, and Fart An, lines 20 and 45. Also complete this part to provide any addi	lional imormati	on.	
PA	RT X, LINE 2:			
EX.	PLANATION: THE ORGANIZATION RECOGNIZES TAX	POSITIO	NS WITH UNC	ERTAINTY IN
IN	COME TAXES IN THE FINANCIAL STATEMENTS WHEN	N IT IS	MORE LIKELY	THAN NOT
TH:	E POSITIONS WILL NOT BE SUSTAINED UPON EXAM	MOITANIN	OF THE TAX	
<u>AU'</u>	THORITIES. AS OF DECEMBER 31, 2013 THE ORGA	ANIZATIO	N HAD NO UN	CERTAIN TAX
PO	SITIONS THAT QUALIFY FOR EITHER RECOGNITION	OR DIS	SCLOSURE IN	THE
F.T.	NANCIAL STATEMENTS.			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

Department of the Treasury

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

NEIGHBORHOOD MINISTRIES INC. 86-0809052

Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not						
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No									
Total												
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration						
-												

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

Schedule G (Form 990 or 990-EZ) 2013

86-0809052 Page 2 Schedule G (Form 990 or 990-EZ) 2013 NEIGHBORHOOD MINISTRIES INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through TOURNAMENT col. (c)) (total number) (event type) (event type) Revenue 23,374. 23,374. 1 Gross receipts 12,915 12,915. 2 Less: Contributions 10,459 10,459. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 10,459. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 NEIGHBORHOOD MINISTRIES INC. 86-C	180905	0
11	Does the organization operate gaming activities with nonmembers?	Yes	s L No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
	7 ddi 000 P		
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s 🗆 No
100	boes the organization have a contract with a till a party from whom the organization receives garning revenue:	—	
h	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
L			
_	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
~	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 0 Oh	10h 15h
<u> </u>	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	11105 5, 50,	100, 130,
_	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
			_
		-	
_			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

NEIGHBORH	86-0809052						
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to		-			anization answered "	Yes" to Form 990, Part IV	, line 21, for any
recipient that received more than					(f) Method of		
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table				>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1	66,133.	0.		
DIRECT ASSISTANCE	1	36,199.	. 0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2, Part III, column	n (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: CRITERIA FOR SCHOLAR	SHIPS: (1)INDIVIDU	JALS MUST H	AVE TAKEN	
PART IN AND VOLUNTEERED IN NEIGHB	ORHOOD MI	NISTRIES P	ROGRAMS AN	D HAVE	
DEMONSTRATED LEADERSHIP ABILITY;	(2) THE I	NDIVIDUAL	MUST BE AD	MITTED TO	
COLLEGE; (3) MUST DEMONSTRATE FIN	ANCIAL NE	ED; (4) MU	JST BE PART	OF A FIRST	
GENERATION TO ATTEND COLLEGE; (5)	AND MUST	BE WILLIN	IG TO ATTEN	D COMMUNITY	
COLLEGE FOR 2 YEARS BEFORE TRANSF	ERRING TO	THE UNIVE	RSITY. AN	APPLICATION	
PROCEDURE IS REQUIRED, INCLUDING					
ANSWERING ESSAY QUESTIONS, PROVID					

Part IV Supplemental Information
COMPLETION OF A FINANCIAL AID FORM. ONCE A SCHOLARSHIP IS AWARDED, THERE
ARE ADDITIONAL REQUIREMENTS TO MAINTAIN AND RENEW THE SCHOLARSHIP. A
COMMITTEE DETERMINES WHICH APPLICANTS WILL BE AWARDED SCHOLARSHIPS AND THE
AMOUNT AWARDED.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

NEIGHBORHOOD MINISTRIES INC.

Employer identification number

86-0809052

Part I Excess Benefit Tra Complete if the organizat								art V.	line 40	Db.				
1 (a) Name of disqualified person	(b) Relation	nship between	disqua		(c) Description of transaction						(d) Corrected?			
(a) Hame of disqualities person	person and organization				(e) becomplien of transaction					Y	es	No		
											+			
											+			
2 Enter the amount of tax incurred section 4958	,	•		•	•	•	•		> \$					
3 Enter the amount of tax, if any, or									\$					
Part II Loans to and/or Front														
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization														
reported an amount on F		7.0	22. Loan to or	T .	<u> </u>					(h) An	nroved	roved (i) Written		
(a) Name of interested person (b) Rela		floor fro	om the nization?	(e) Original principal amount		(f) Balance due) Balance due	(g) In default?		(h) Approved by board or committee?		agreement?		
		То	From					Yes	No	Yes	No	Yes	No	
Total					> \$	<u> </u>								
Part III Grants or Assistan		•												
Complete if the organizat							/ n =		-				•	
(a) Name of interested person	intere	ationship betw ested person a e organization	ınd						rpose of stance					

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involv	ing Interested Persons.				ugo =					
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiza	Sharing of ganization's evenues?					
				Yes	No					
IAN DANLEY	RELATED TO MARY DAN	29,355.	COMPENSATIO		X					
-										
Part V Supplemental Information										
Provide additional information for response	onses to questions on Schedule L (see	instructions).								
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:							
(A) NAME OF PERSON: IAN DA	NLEY									
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:							
RELATED TO MARY DANLEY, PR	ESIDENT									
(D) DESCRIPTION OF TRANSACTION: COMPENSATION										

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attack to Form 000

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

NEIGHBORHOOD MINISTRIES INC. Employer identification number 86-0809052

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	
		арріісаріє		Form 990, Part VIII, line 10		JUIOIT AI	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		120,749.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26 27	Other ()							
28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tay year for a	contributions				
23	for which the organization completed Form 828		,					
	To whom the digamental completed from oze	30,1 4111,1	DOTTOO / TOTATION TOO	gomont			Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property re	oorted in Part I, lines 1 - 28	that it must hold for			
	at least three years from the date of the initial of							
	the entire holding period?		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contri	butions?	31		Х
	Does the organization hire or use third parties of							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is o	checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEIGHBORHOOD MINISTRIES INC.

Employer identification number 86-0809052

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASSISTANCE PROGRAMS INCLUDE OUR FOOD BANK WHICH IS PART OF THE

NEIGHBORHOOD CENTER AND IS OPEN ONCE A WEEK ON FRIDAY MORNINGS, SERVING

APPROXIMATELY 40 FAMILIES EACH WEEK. FAMILIES QUALIFY FOR CLOTHING

DISTRIBUTION ONCE PER MONTH AND A FOOD BOX EVERY NINETY DAYS, AND

EMERGENCY DISTRIBUTION IS AVAILABLE BASED ON NEED. THE FOOD BANK IS

SUPPLIED BY VOLUNTEER DONATIONS AND SEVERAL CHURCHES AROUND THE PHOENIX

METROPOLITAN AREA; AND

DISTRESSED FAMILIES PROVIDES SOME FINANCIAL ASSISTANCE TO FAMILIES WHO

SUFFER AN UNEXPECTED, NON-RECURRING FINANCIAL SETBACK THAT MAY IMPACT

THEIR ABILITY TO REMAIN IN THEIR HOME OR REMAIN EMPLOYED. IT ALSO

COVERS OCCASIONAL MEDICAL EXPENSES.

ADULT DEVELOPMENT INCLUDE:

24 AND THEIR CHILDREN PROVIDING THE OPPORTUNITY FOR MATURE CHRISTIAN
WOMEN TO SUPPORT YOUNG MOTHERS FROM THE INNER CITY AND TO NURTURE AND
ENHANCE THEIR PARENTAL, SPIRITUAL, PERSONAL AND COMMUNAL DEVELOPMENT
THROUGH CARING, COMPASSIONATE FRIENDSHIPS.

PARENT VOLUNTEERS CONSISTS OF OVER 100 PARENTS OF THE CHILDREN THAT
ATTEND THE YOUTH GROUPS. THE PURPOSE IS TO DEVELOP TRUSTING
RELATIONSHIPS BUILT ON DIGNITY THAT WILL LEAD TO A GROWING PERSONAL
RELATIONSHIP WITH JESUS AND AN INCREASING PARTICIPATION IN THE CHURCH
AND COMMUNITY.

MOMS PLACE IS A MENTORING PROGRAM DESIGNED FOR MOTHERS AGES 12 THROUGH

NEIGHBORS AT WORK ASSISTS YOUTH AND YOUNG ADULTS AGES 15-35 IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number 86-0809052

SUCCEED IN THAT JOB. FUNDED IN PART BY THE VALLEY OF THE SUN UNITED

WAY, THIS PROGRAM TEACHES JOB SEARCH FOR EFFECTIVE LONG TERM EMPLOYMENT

THROUGH RESUME WRITING, INTERVIEWING READINESS AND EFFECTIVE JOB

PLACEMENT. OVER 80 ADULTS WERE SERVED IN 2011.

HOPE HOUSE COMMUNITY PROVIDES SAFE, STABLE, AFFORDABLE HOUSING AND

PERSONAL DEVELOPMENT FOR ADULT WOMEN WITH OR WITHOUT CHILDREN. THE

PURPOSE OF THE HOPE HOUSE COMMUNITY IS TO PROVIDE, THROUGH LIFE ON LIFE

RELATIONSHIPS, LIFE SKILLS, COMMUNICATIONS SKILLS, EMOTIONAL HEALING,

AND SPIRITUAL GROWTH SO THAT WHEN OUR WOMEN TRANSITION BACK TO LIFE ON

THEIR OWN, THEY MIGHT BE MORE SUCCESSFUL.

DEVELOPING THE SKILLS AND HABITS NECESSARY TO APPLY FOR A JOB AND THEN

OPPORTUNITEES- THIS IS A SOCIAL ENTERPRISE PROGRAM. IT IS A SILKSREEN

AND EMBROIDERY BUSINESS THAT DEVELOPS AND EMPOWERS MEN AND WOMEN WITH

ESSENTIAL LIFE AND JOB SKILLS. EMPLOYEES WERE UNDER-RESOURCED MEN AND

WOMEN WITHIN THE COMMUNITY THAT THE ORGANIZATION SERVES.

INCLUDING GRANTS OF \$ 36,199. REVENUE \$ 92,512.

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

EXPENSES \$ 652,004.

EXPLANATION: A COPY OF THE 990 IS REVIEWED BY THE CHAIRMAN AND BY THE DIRECTOR OF OPERATIONS & FINANCE PRIOR TO FILING.

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

EXPLANATION: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY
WHICH REQUIRES BOARD MEMBERS AND EMPLOYEES TO INFORM THE BOARD OF DIRECTORS
OF ANY POTENTIAL CONFLICT OF INTEREST BEFORE TRANSACTIONS ARE PERFORMED.
BOARD MEMBERS ARE ALSO REQUIRED TO SIGN A CONFLICT OF INTEREST FORM

ANNUALLY TO DISCLOSE ANY POTENTIAL OF CONFLICTS OF INTEREST.

09-04-13

Name of the organization NEIGHBORHOOD MINISTRIES INC.	Employer identification number 86-0809052
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: COMPENSATION OF TOP MANAGEMENT IS APPROVED E	BY THE BOARD'S
PERSONNEL AND FINANCE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	NTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	HE PUBLIC UPON
REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NEIGHBORHOO	D MINISTRIES INC.				86-0	809052	
Part I Identification of Disregarded Entities Cor	mplete if the organization answered "Y	es" on Form 990, Part IV, line 33	В.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	assets [(f) Direct controll entity	ing
OPPORTUNITEES, LLC							
1918 W. VAN BUREN	LIFE AND JOB SKILLS				NEIGHB		
PHOENIX, AZ 85009	TRAINING	ARIZONA	76	,123. 6	8,976.MINIST	RIES, INC.	
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations Complete if the organization	on answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	or more related t	ax-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	· 1		olling co	(g) on 512(b)(13) ontrolled entity?
		,,		501(c)(3))		Yes	No
For Paperwork Reduction Act Notice, see the Instru	uctions for Form 990.				Sched	lule R (Form	990) 2013

Schedule R (Form 990) 2013

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	rg Predominant income (related, unrelated, excluded from tax under	fling Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?				Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging er?	Percentage ownership
		country)		sections 512-514)		0.00010	Yes	No	K-1 (Form 1065)	Yes	No								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) Share of end-of-year assets		Sec 512(t conti ent	(i) ction (b)(13) rolled tity?
		country)		or tracty		455515		Yes	No
	_								
									<u> </u>
	_								
									<u> </u>
								<u> </u>	<u> </u>
-								<u> </u>	Щ.
		10							

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 During the tax year, did the organization engage in any of the following transactio	ns with one or more r	related organizations listed	in Parts II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X		
b Gift, grant, or capital contribution to related organization(s)				1b	Х			
c Gift, grant, or capital contribution from related organization(s)				1c		Х		
d Loans or loan guarantees to or for related organization(s)				1d		Х		
e Loans or loan guarantees by related organization(s)				1e		Х		
6 Dividends from related evention(s)				46		Х		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)						X		
Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j				
k Lease of facilities, equipment, or other assets from related organization(s)								
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
						х		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses				1q		Х		
						.,,		
r Other transfer of cash or property to related organization(s)				<u>1r</u>		X		
s Other transfer of cash or property from related organization(s)				1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	this line, including covered	relationships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved				
(1) OPPORTUNITEES, LLC	В	25,000.	CASH					
(2)								
(3)								
(4)								
\ '!								
(5)								
(6)								
(-)	11	l .	l .					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) or Percentage ownership

Form 8868 (Rev. 1-2014)						Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box			► X	
Note. Only complete Part II if you have already been granted an a							
If you are filing for an Automatic 3-Month Extension, complete							
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies	needed).	
		Enter filer's	identifyir	ng num	ber, see	instructions	
Type or Name of exempt organization or other filer, see instru	ictions.		Employer identification number (E				
print File by the NEIGHBORHOOD MINISTRIES INC	•			86-	-0809	052	
due date for filing your return. See 1918 WEST VAN BUREN STREET	ee instruc	tions.	Social se	curity r	umber (S	SN)	
City, town or post office, state, and ZIP code. For a for PHOENIX, AZ 85009	oreign add	lress, see instructions.					
<u> </u>							
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)				0 1	
Application	Return	Application				Return	
Is For	Code	Is For				Code	
Form 990 or Form 990-EZ	01						
Form 990-BL	02	Form 1041-A				08	
Form 4720 (individual)	03						
Form 990-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust other than above)	06 Form 8870 1					12	
STOP! Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Forn	n 8868.		
 The books are in the care of ► 1918 WEST VAN 1 Telephone No. ► 602-252-5225 If the organization does not have an office or place of business 	s in the Ur	Fax No. ▶nited States, check this box				- □	
If this is for a Group Return, enter the organization's four digit	7						
box Lifit is for part of the group, check this box			all memb	ers the	extensio	n is for.	
	NOVEM.	BER 15, 2014.					
5 For calendar year 2013, or other tax year beginning		, and ending				.	
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	heck reas	on: L Initial return L	l Final r	eturn			
7 State in detail why you need the extension							
THE INFORMATION TO PREPARE A (ETURN	IS	NOT	YET	
AVAILABLE. WE REQUEST THE ADD	ITION	AL TIME TO FILE.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069	enter the tentative tax less any					
nonrefundable credits. See instructions.	, 0, 0000,	onto the tentative tax, loss any	8a	\$		0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	- Ou	Ψ			
tax payments made. Include any prior year overpayment all		•					
previously with Form 8868.	lowed as a	a credit and any amount paid	8b	\$		0.	
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using	35 y				
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$		0.	
Signature and Verificat	ion mu	st be completed for Part II o	nly.				
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to	the best o	f my kno	owledge an	d belief,	
Signature ▶ Title ▶ (Date	•			
			2410		orm 8868	(Rev. 1-2014)	
						,	

2013

	99 For the	e L&I calendar year 2013 or LIII fiscal year beginning	and ending	·
- C	FOIL ONE	Nama	ļ ₅	- Larray Laboratic and the Alexander of (FINI)
X	ECK ONE:	Name NEIGHBORHOOD MINISTRIES INC.		ployer Identification Number (EIN) $6-0809052$
	Original Amended	Address - number and street or PO Box		0000000
	ness Telephone Number narea code)	1918 WEST VAN BUREN STREET		
1 `	2-252-5225	City, Town or Post Office PHOENIX, AZ 85009	S	state ZIP Code
-		a is a first vature. Name about a Address about a	CHECK BOX IE water	un filad undar avtanaian.
<u> </u>	Date Arizona operations	s began: 07/19/1995	82 C 3	-month federal
	_	ities: INNER CITY YOUTH MINISTRY		-month Arizona/federal
	ederal form filed:	`` '' ''	_	DO NOT MARK IN THIS AREA.
	• •		38	
_		ARIJUANA DISPENSARY (NMMD) ONLY -		
D \		dentification Number:		
E V	Vhat type of entity is th	Limited Liability Company (LLC) Partnership S corporation		
	Sole Proprietorsh		I DM	66 RCVD
F I		LC, what is the federal tax classification?	31 PM	66 RCVD
• '	Corporation	Disregarded Entity Partnership S corporation		
ŀ	•	LLC, a partnership or an S corporation, attach a schedule that lists owners	hin information incl	ıdıng name address TIN
		age at the end of the tax year.		danig hamo, address, mi,
	ederal form filed:		Other (specify)	
Н		you attached a copy of the dispensary's federal return to its Arizona Form		hen it was filed: do not
		me return to this form. Otherwise, attach a copy of the dispensary's fede		,
	rces of Income	, , ,		
1	Gross sales from bus	iness activities 1 1	83,714 00	
			21,591 00	
3	•		62,123 oo	
4		4	198 oo	
5	Dividends	5	00	
6	Rents and royalties	6	1,305 oo	
7		les of assets, excluding inventory items	00	
8	Dues, assessments, e	etc., from members 8	00	
9	Dues, assessments, e	etc., from affiliates9	00	
10	Contributions, gifts, g		17,624 00	_
11	Other income - attach	n itemized statement 11	29,084 oo	STATEMENT 2
		es 3 through 11	12	2 2,010,334 00
	ninistrative Expe		40 040	
			43,913 00	
14	Salaries and wages -		32,575 00	
15			41,186 00	
			12,872 00	
17			14,700 00	стапритыт 1
18			13,058 00	STATEMENT 1
19			27,751 00	STATEMENT 3
20 Dial	otal expenses - add oursements	lines 13 through 19	20	300,03300
			0.	1 1,720,940 00
21		current income for exempt purposes - from page 2, line A6		
22		principal for exempt purposes - from page 2, line B6		00 000
23 Acc	umulation of Inc	not itemized on Schedule A or Schedule B - attach schedule	2	5 00,03/00
			24	-15,824 oc
		me in current year - line 12 less the sum of lines 20, 21, 22, and 23		2 422 625
25 26		me at beginning of year		2 417 001
26 Pen		me at end of year - add lines 24 and 25	20	J, 411,001 00
	-	or incomplete filing. See instructions	2	7 00
21		or incomplete filing. See instructions		

337971 10-25-13

Nan	ne (as shown on page 1) NEIGHBORHOOD MINISTRIES INC		EIN	3 6 – C	0809052
			<u> </u>		
SCF	IEDULE A - Disbursements From Current Income for Exem	٠.		_	
A1	Dues, assessments, etc., to affiliates		100 220	_	
A2	Contributions, gifts, grants, etc., paid	. A2	102,332 00	긔	
А3	Benefit payments to or for members or their dependents:				
	A3a Death, sickness, hospitalization, disability, or pension benefits		00	_	
	A3b Other benefits		00	4	
A4	Dividends and other distributions to members, shareholders, or depositors		1 (10 (00)		7.00.2 00.2 00.2 00.2 00.2 00.2 00.2 00.
A 5	Other	-	1,618,608 o	_	STATEMENT 5
A6	Total - add lines A1 through A5. Enter total here and on page 1, line 21			A6	1,720,940 00
	HEDULE B - Disbursements From Principal for Exempt Purp		T	_	
B1	Dues, assessments, etc., to affiliates		00	_	
B2	Contributions, gifts, grants, etc., paid	. B2	00	4	
В3	Benefit payments to or for members or their dependents:	D0 -			
	B3a Death, sickness, hospitalization, disability, or pension benefits		00	_	
D4	B3b Other benefits		00	4	
B4	Dividends and other distributions to members, shareholders, or depositors	- n- l	00	_	
B5	Other Total add lines B1 through B5. Fotov total have and an ages 1 line 22	-	1		00
B6	Total - add lines B1 through B5. Enter total here and on page 1, line 22			В6] [00]
	HEDULE C - Balance Sheet E: Amounts used in attached schedules and in this column should be end of year amount	s.	(a)	Τ	(b)
•	Assets		Beginning of Year 423,798 or	+-	End of Year 344,686 00
C1	Cash	41 00	423,790 00	<u>) [C1</u>	344,000 00
C2a					
	C2b Less - allowance for doubtful accounts C2b	00	100	100-	45,541 00
00-	C2c Line C2a less line C2b. Enter difference in column (b)	-	[00	C2c	<u> </u>
СЗа	Other notes and loans receivable - attach schedule C3a	00			
	C3b Less - allowance for doubtful accounts		100	100-	
04	C3c Line C3a less line C3b. Enter difference in column (b)			C3c	
C4	Inventories Investments (securities) - attach schedule SEE STATEMENT	·		C4 C5	100,331 00
C5 C6		····· ·		C6	100,33100
	Investments (other) - attach schedule Land, buildings, and equipment; basis: C7a 5,031,0	94 00		<u> </u>] [00]
Gra	C7b Less - accumulated depreciation - attach schedule C7b 1, 214, 3				
	C7c Line C7a less line C7b. Enter difference in column (b)	_	3,354,978 00) C7c	3,816,724 ₀₀
C8	Other assets - describe		23,627 00		2,436 00
C9	Total assets - add lines C1 through C8		3,802,403 00		4,309,718 00
	Total desired and lines of all ough or		7 7 7	<u>, 100</u>	1 7 1 1 1 1 1 1 1 1 1 1
	Liabilities				
C10	Accounts payable and accrued expenses		58,108 00	C10	27,310 00
C11	Mortgages and other notes payable - attach schedule		280,092 00	C11	
C12	Other liabilities - describe		30,578 ₀₀		
C13	Total liabilities - add lines C10 through C12		368,778 ₀₀) C13	891,917 00
	Net Assets		1		
	Capital stock or trust principal			C14	
	Paid-in or capital surplus		2 422 625		
	Retained earnings or accumulated income		3,433,625 00		
C17	Total net assets - add lines C14 through C16		3,433,625 00) C17	3,417,801 ₀₀
C18	Total liabilities and net assets - add lines C13 and C17		3,802,403	C18	4,309,718 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

DOR 10418 (13) AZ Form 99 (2013) Page 2 of 3

Name (as shown on page 1) NEIGHBORHOOD MINISTRIES	INC.	EIN 86-0809052

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.				
Please Sign Here	OFFICER'S SIGNATURE	DATE	_ DIRECTOR OF OPERA		
Paid Preparer's Use Only	COLETTE KAMPS, CPA PAID PREPARER'S SIGNATURE	10/10/14 DATE	P00367616 PAID PREPARER'S PTIN		
	HENRY & HORNE, LLP FIRM'S NAME (OR PREPARER'S NAME, IF SELF-EMPLOYED)	86-0133881 FIRM'S X EIN OR SSN			
	2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS		(480) 839-4900 FIRM'S TELEPHONE NUMBER		
	TEMPE, AZ	STATE	85284 ZIP CODE		

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE		STATEMENT	1
DESCRIPTION			AMOUNT	
DEPRECIATION/AMOR	13,0	58.		
TOTAL TO FORM 99,	PAGE 1, LINE 18		13,0	58.
AZ 99	OTHER INCOME		STATEMENT	2
DESCRIPTION			AMOUNT	
OTHER INCOME			29,08	84.
TOTAL TO FORM 99,	PAGE 1, LINE 11		29,08	84.
AZ 99	MISC EXPENSES		STATEMENT	3
DESCRIPTION			AMOUNT	
OTHER EXPENSES (S	EE FORM 990)		127,7	51.
TOTAL TO FORM 99,	PAGE 1, LINE 19		127,7	51.
AZ 99	INVESTMENTS (SECURITIES)		STATEMENT	4
DESCRIPTION	BEG OF Y	EAR	END OF YEAR	R
PUBLICLY TRADED SECURITIES			100,3	31.
TOTAL TO FORM 99,	PAGE 2, LINE C5	0.	100,3	31.

AZ 99	OTHER	EXPENSES	STATEMENT 5
DESCRIPTION			AMOUNT
COMPENSATION OF OFFICERS, OTHER SALARIES AND WAGES PAYROLL TAXES OTHER PROFESSIONAL FEES OFFICE EXPENSES OCCUPANCY TRAVEL CONFERENCES AND CONVENTION DEPRECIATION/AMORTIZATION INSURANCE PROGRAM ACTIVITIES STIPENDS PROPERTY AND OTHER TAXE EQUIPMENT EXPENSES ALL OTHER EXPENSES	ns	TRUSTEES, ETC.	68,965. 683,082. 48,103. 19,660. 55,464. 161,599. 15,263. 7,034. 120,497. 160,739. 205,426. 41,145. 12,038. 10,572. 9,021.
TOTAL TO FORM 99, PAGE 2,	1,618,608.		