

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

2013

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEIGHBORHOOD MINISTRIES INC.		D Employer identification number 86-0809052
	Doing Business As		E Telephone number 602-252-5225
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,142,384.
	1918 WEST VAN BUREN STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85009		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: RUDY PINON SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NEIGHBORHOODMINISTRIES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1995
			M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE INNER CITY MINISTRY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	550
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,128,659.	1,917,624.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,238.	198.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,861.	92,512.
		2,126,036.	2,010,334.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	102,332.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	890,656.	989,510.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,655.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,111,160.	1,015,153.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,001,816.	2,106,995.	
19 Revenue less expenses. Subtract line 18 from line 12	124,220.	-96,661.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,802,403.	4,309,718.
	22 Net assets or fund balances. Subtract line 21 from line 20	368,778.	891,917.
		3,433,625.	3,417,801.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RUDY PINON, DIRECTOR OF OPERATIONS AND FINANCE				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	10/10/14		P00367616
	Firm's name ▶ HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881			
	Firm's address ▶ 2055 E WARNER RD, STE 101 TEMPE, AZ 85284	Phone no. (480) 839-4900			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$) 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 602-252-5225 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ORBI GONZALES DIRECTOR	1.00	X					0.	0.	0.	
(2) ISIAH OAKES TREASURER	1.00	X		X			0.	0.	0.	
(3) CHARLES A FITZGERALD DIRECTOR	1.00	X					0.	0.	0.	
(4) KEVIN STARRS DIRECTOR	1.00	X					0.	0.	0.	
(5) JORGE MACIAS VICE CHAIR / PASTOR	50.00	X		X			34,449.	0.	0.	
(6) BILL HAMILTON DIRECTOR	1.00	X					0.	0.	0.	
(7) SELINA ALONZO DIRECTOR	1.00	X					0.	0.	0.	
(8) RICK MALOUF DIRECTOR	4.00	X					0.	0.	0.	
(9) WILLIAM A. THRALL, SR. DIRECTOR	1.00	X					0.	0.	0.	
(10) MARY DANLEY PRESIDENT	55.00	X		X			36,791.	0.	0.	
(11) DICK CREW CHAIRMAN	4.00	X		X			0.	0.	0.	
(12) BARRY SHANAHAN DIRECTOR	1.00	X					0.	0.	0.	
(13) PAUL LORENSTEN DIRECTOR	1.00	X					0.	0.	0.	
(14) RUDY PINON SECRETARY / DIRECTOR OF OP	50.00			X			56,238.	0.	0.	
	1.00									

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 53,273.				
	b	Membership dues	1b				
	c	Fundraising events	1c 12,915.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 285,346.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,566,090.				
	g	Noncash contributions included in lines 1a-1f: \$	120,749.				
	h	Total. Add lines 1a-1f	▶ 1,917,624.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 198.			198.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real 1,305.				
		b Less: rental expenses	0.				
		c Rental income or (loss)	1,305.				
	d	Net rental income or (loss)	▶ 1,305.	1,305.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ 12,915. of contributions reported on line 1c). See Part IV, line 18	a 10,459.				
		b Less: direct expenses	b 10,459.				
		c Net income or (loss) from fundraising events	▶ 0.				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a	Gross sales of inventory, less returns and allowances	a 183,714.					
	b Less: cost of goods sold	b 121,591.					
	c Net income or (loss) from sales of inventory	▶ 62,123.	62,123.				
Miscellaneous Revenue		Business Code					
11 a	OTHER INCOME	900099	29,084.	29,084.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶ 29,084.					
12	Total revenue. See instructions.	▶ 2,010,334.	92,512.	0.	198.		

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part 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	
Assets	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	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		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.	
Liabilities	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		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	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.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,138,286.	27	3,358,991.	
	28 Temporarily restricted net assets	295,339.	28	58,810.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	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		
33 Total net assets or fund balances		3,433,625.	33	3,417,801.	
34 Total liabilities and net assets/fund balances		3,802,403.	34	4,309,718.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,010,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,106,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	-96,661.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,433,625.
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	80,837.
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	3,417,801.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

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.")	1,309,228.	1,647,605.	1,687,215.	2,128,659.	1,892,624.	8,665,331.
2 Tax revenues levied for the organization'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.

Section B. Total Support

Calendar 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.
8 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.
12 Gross receipts from related activities, etc. (see instructions)					12	397,149.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.26	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.29	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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 organization'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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Name of the organization

NEIGHBORHOOD MINISTRIES INC.

Employer identification number

86-0809052

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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)?

Yes No

9 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

▶ \$ _____

2 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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

	Yes	No
3a(i)		
- (ii) related organizations

	Yes	No
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		436,200.		436,200.
b Buildings		3,217,951.	936,676.	2,281,275.
c Leasehold improvements				
d Equipment		388,642.	277,694.	110,948.
e Other		988,301.		988,301.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,816,724.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

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]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,106,995.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION RECOGNIZES TAX POSITIONS WITH UNCERTAINTY IN INCOME TAXES IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION OF THE TAX AUTHORITIES. AS OF DECEMBER 31, 2013 THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part II 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 (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	23,374.			23,374.
	2 Less: Contributions	12,915.			12,915.
	3 Gross income (line 1 minus line 2)	10,459.			10,459.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,459.			10,459.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,459.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization

NEIGHBORHOOD MINISTRIES INC.

**Employer identification number
86-0809052**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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	(f) Method of 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) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2013)

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

(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 required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: CRITERIA FOR SCHOLARSHIPS: (1) INDIVIDUALS MUST HAVE TAKEN PART IN AND VOLUNTEERED IN NEIGHBORHOOD MINISTRIES PROGRAMS AND HAVE DEMONSTRATED LEADERSHIP ABILITY; (2) THE INDIVIDUAL MUST BE ADMITTED TO COLLEGE; (3) MUST DEMONSTRATE FINANCIAL NEED; (4) MUST BE PART OF A FIRST GENERATION TO ATTEND COLLEGE; (5) AND MUST BE WILLING TO ATTEND COMMUNITY COLLEGE FOR 2 YEARS BEFORE TRANSFERRING TO THE UNIVERSITY. AN APPLICATION PROCEDURE IS REQUIRED, INCLUDING SUBMISSION OF A TRANSCRIPT OF GRADES, ANSWERING ESSAY QUESTIONS, PROVIDING LETTERS OF RECOMMENDATION, AND

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.

Multiple horizontal lines for supplemental information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Name of the organization NEIGHBORHOOD MINISTRIES INC. Employer identification number 86-0809052

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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 Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **NEIGHBORHOOD MINISTRIES INC.** Employer identification number **86-0809052**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (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

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:

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

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

Name of the organization NEIGHBORHOOD MINISTRIES INC.	Employer identification number 86-0809052
--	--

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

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.

EXPENSES \$ 652,004. INCLUDING GRANTS OF \$ 36,199. REVENUE \$ 92,512.

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

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.

Name of the organization NEIGHBORHOOD MINISTRIES INC.	Employer identification number 86-0809052
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION OF TOP MANAGEMENT IS APPROVED BY THE BOARD'S PERSONNEL AND FINANCE COMMITTEE.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) 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 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OPPORTUNITEES, LLC 1918 W. VAN BUREN PHOENIX, AZ 85009	LIFE AND JOB SKILLS TRAINING	ARIZONA	76,123.	68,976.	NEIGHBORHOOD MINISTRIES, INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013

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.

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPPORTUNITEES, LLC	B	25,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NEIGHBORHOOD MINISTRIES INC.	Employer identification number (EIN) or 86-0809052
	Number, street, and room or suite no. If a P.O. box, see instructions. 1918 WEST VAN BUREN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85009	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **1918 WEST VAN BUREN STREET - PHOENIX, AZ 85009**
Telephone No. **602-252-5225** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 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, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. WE REQUEST THE ADDITIONAL 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.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Form header section including: CHECK ONE: [X] Original, Name: NEIGHBORHOOD MINISTRIES INC., Employer Identification Number (EIN): 86-0809052, Address: 1918 WEST VAN BUREN STREET, PHOENIX, AZ 85009, Business Telephone Number: 602-252-5225, and various checkboxes for filing status and extensions.

Sources of Income

Table with 12 rows for Sources of Income. Line 1: Gross sales from business activities (183,714.00); Line 2: Less - Cost of goods sold (121,591.00); Line 3: Gross profit (62,123.00); Line 4: Interest (198.00); Line 5: Dividends (0.00); Line 6: Rents and royalties (1,305.00); Line 7: Gain or (loss) from sales of assets (0.00); Line 8: Dues, assessments, etc., from members (0.00); Line 9: Dues, assessments, etc., from affiliates (0.00); Line 10: Contributions, gifts, grants, etc., received (1,917,624.00); Line 11: Other income (29,084.00); Line 12: Total income (2,010,334.00).

Administrative Expenses

Table with 9 rows for Administrative Expenses. Line 13: Compensation of officers (43,913.00); Line 14: Salaries and wages (132,575.00); Line 15: Interest (41,186.00); Line 16: Taxes (12,872.00); Line 17: Rent expense (14,700.00); Line 18: Depreciation (13,058.00); Line 19: Miscellaneous expenses (127,751.00); Line 20: Total expenses (386,055.00).

Disbursements

Table with 3 rows for Disbursements. Line 21: Disbursements from current income (1,720,940.00); Line 22: Disbursements from principal (0.00); Line 23: Other disbursements (-80,837.00).

Accumulation of Income

Table with 3 rows for Accumulation of Income. Line 24: Accumulation of income in current year (-15,824.00); Line 25: Accumulation of income at beginning of year (3,433,625.00); Line 26: Accumulation of income at end of year (3,417,801.00).

Penalty

Table with 1 row for Penalty. Line 27: Penalty for late filing or incomplete filing (0.00).

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

SCHEDULE A - Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1		00	
A2 Contributions, gifts, grants, etc., paid	A2	102,332	00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00	
A3b Other benefits	A3b		00	
A4 Dividends and other distributions to members, shareholders, or depositors	A4		00	
A5 Other	A5	1,618,608	00	STATEMENT 5
A6 Total - add lines A1 through A5. Enter total here and on page 1, line 21	A6			1,720,940 00

SCHEDULE B - Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1		00	
B2 Contributions, gifts, grants, etc., paid	B2		00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a		00	
B3b Other benefits	B3b		00	
B4 Dividends and other distributions to members, shareholders, or depositors	B4		00	
B5 Other	B5		00	
B6 Total - add lines B1 through B5. Enter total here and on page 1, line 22	B6			00

SCHEDULE C - Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

Assets		(a) Beginning of Year	(b) End of Year
C1 Cash		423,798	344,686
C2a Accounts receivable	C2a	45,541	
C2b Less - allowance for doubtful accounts	C2b		
C2c Line C2a less line C2b. Enter difference in column (b)	C2c		45,541
C3a Other notes and loans receivable - attach schedule	C3a		
C3b Less - allowance for doubtful accounts	C3b		
C3c Line C3a less line C3b. Enter difference in column (b)	C3c		
C4 Inventories	C4		
C5 Investments (securities) - attach schedule	C5	SEE STATEMENT 4	100,331
C6 Investments (other) - attach schedule	C6		
C7a Land, buildings, and equipment; basis:	C7a	5,031,094	
C7b Less - accumulated depreciation - attach schedule	C7b	1,214,370	
C7c Line C7a less line C7b. Enter difference in column (b)	C7c	3,354,978	3,816,724
C8 Other assets - describe	C8	23,627	2,436
C9 Total assets - add lines C1 through C8	C9	3,802,403	4,309,718
Liabilities			
C10 Accounts payable and accrued expenses	C10	58,108	27,310
C11 Mortgages and other notes payable - attach schedule	C11	280,092	756,265
C12 Other liabilities - describe	C12	30,578	108,342
C13 Total liabilities - add lines C10 through C12	C13	368,778	891,917
Net Assets			
C14 Capital stock or trust principal	C14		
C15 Paid-in or capital surplus	C15		
C16 Retained earnings or accumulated income	C16	3,433,625	3,417,801
C17 Total net assets - add lines C14 through C16	C17	3,433,625	3,417,801
C18 Total liabilities and net assets - add lines C13 and C17	C18	3,802,403	4,309,718

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 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 TITLE
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 <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS		(480) 839-4900 FIRM'S TELEPHONE NUMBER
	TEMPE, AZ CITY	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/AMORTIZATION	13,058.
TOTAL TO FORM 99, PAGE 1, LINE 18	13,058.

AZ 99 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	29,084.
TOTAL TO FORM 99, PAGE 1, LINE 11	29,084.

AZ 99 MISC EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
OTHER EXPENSES (SEE FORM 990)	127,751.
TOTAL TO FORM 99, PAGE 1, LINE 19	127,751.

AZ 99 INVESTMENTS (SECURITIES) STATEMENT 4

DESCRIPTION	BEG OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	0.	100,331.
TOTAL TO FORM 99, PAGE 2, LINE C5	0.	100,331.

AZ 99	OTHER EXPENSES	STATEMENT	5
DESCRIPTION			
		AMOUNT	
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.		68,965.	
OTHER SALARIES AND WAGES		683,082.	
PAYROLL TAXES		48,103.	
OTHER PROFESSIONAL FEES		19,660.	
OFFICE EXPENSES		55,464.	
OCCUPANCY		161,599.	
TRAVEL		15,263.	
CONFERENCES AND CONVENTIONS		7,034.	
DEPRECIATION/AMORTIZATION		120,497.	
INSURANCE		160,739.	
PROGRAM ACTIVITIES		205,426.	
STIPENDS		41,145.	
PROPERTY AND OTHER TAXE		12,038.	
EQUIPMENT EXPENSES		10,572.	
ALL OTHER EXPENSES		9,021.	
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5		1,618,608.	