OCTOBER 1, 2003 -SEPTEMBER 30, 2004

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2003

Open to Public Inspection

ENVELOPE POSTMARK DATE AUG 12 2005

SCANNED SEP 13 2005

A For the 2003 calendar year, or tax year beginning OCTOBER 1 , 2003, and ending SEPTEMBER 30 , 20 04

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NEIGHBORHOOD MINISTRIES INC.

Number and street (or P O box if mail is not delivered to street address) | Room/suite: 1918 W. VAN BUREN ST.

City or town, state or country, and ZIP + 4: PHOENIX, AZ. 85009

D Employer identification number 86 : 0809052

E Telephone number (602) 252-5225

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

G Website: ▶

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1438044

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

RECEIVED AUG 1 5 2005 OGDEN, UT

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1161806		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	118500		
	d	**Total** (add lines 1a through 1c) (cash $ 1280306 noncash $)			1d	1280306
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	16076
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2211
	5	Dividends and interest from securities			5	2426
	6a	Gross rents see 990-T and schedules	6a	137025		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	137025
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss) (attach schedule)				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1438044
Expenses	13	Program services (from line 44, column (B))			13	936240
	14	Management and general (from line 44, column (C))			14	241210
	15	Fundraising (from line 44, column (D))			15	97399
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	1274849
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	163195
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2358648
	20	Other changes in net assets or fund balances (attach explanation)			20	-69
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2521774

G13 1ne

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	206440	127558	55600	23282
26 Other salaries and wages	26	273948	249989	20785	3174
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	30308	24246	4546	1516
30 Professional fundraising fees	30				
31 Accounting fees	31	1551	-234	1713	72
32 Legal fees	32				
33 Supplies	33	14425	11891	1748	786
34 Telephone	34				
35 Postage and shipping	35	7944	6582	766	596
36 Occupancy	36	79491	54217	23666	1608
37 Equipment rental and maintenance	37	51221	33603	17496	122
38 Printing and publications	38	17574	13658	1397	2519
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	39267		39267	
42 Depreciation, depletion, etc. (attach schedule)	42	112768	93870	18722	176
43 Other expenses not covered above (itemize): a	43a	439912	320860	55504	63548
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	1274849	936240	241210	97399

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☑ No

If "Yes," enter (i) the aggregate amount of these joint costs $______; (ii) the amount allocated to Program services $______; (iii) the amount allocated to Management and general $______; and (iv) the amount allocated to Fundraising $______

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ INNER CITY MINISTRY TO YOUTHS

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a YEAR ROUND INNER CITY MINISTRY TO YOUTHS AND ADULTS INCLUDING FOOD, CLOTHING BANK, BIBLE STUDIES, COUNSELING, JAIL VISITS AND TUTORING (Grants and allocations $)	936240
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	936240

Part IV **Balance Sheets** (See page 25 of the instructions.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets 45 Cash—non-interest-bearing			51266	45	82004
46 Savings and temporary cash investments			70646	46	87531
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b		3474	47c	10862
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54 Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a Investments—land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	3422117			
b Less: accumulated depreciation (attach schedule)	57b	361652	3119621	57c	3060465
58 Other assets (describe ▶ MISC.)			12	58	117
59 **Total assets** (add lines 45 through 58) (must equal line 74)			3245019	59	3240979
Liabilities 60 Accounts payable and accrued expenses			1669	60	1410
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	90000
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)			884702	64b	627795
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			886371	66	719205
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted				67	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds			2358648	72	2521774
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			2358648	73	2521774
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			3245019	74	3240979

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

PART IV-A not applicable

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants . . . $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b. . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . . ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . ▶	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . $		
(3)	Losses reported on line 20, Form 990 . $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990. . . $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE SCHEDULE ATTACHED				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☑ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

					Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			76		✔
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			77		✔
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			78a	✔	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?			78b	✔	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79		✔
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a		✔
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt.					
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0			
b	Did the organization file **Form 1120-POL** for this year?			81b		✔
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a		✔
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	✔	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	✔	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?			85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			85b		
c	Dues, assessments, and similar amounts from members	85c				
d	Section 162(e) lobbying and political expenditures	85d				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12	86a				
b	Gross receipts, included on line 12, for public use of club facilities	86b				
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders	87a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			88		✔
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0					
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.			89b		✔

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0

d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶

90a List the states with which a copy of this return is filed ▶ ARIZONA

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 12

91 The books are in care of ▶ RICHARD SPECK Telephone no. ▶ (602) 252-3848

Located at ▶ 1918 VAN BUREN PHOENIX AZ. ZIP + 4 ▶ 85009

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII **Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM FEES					16076
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2211	
96 Dividends and interest from securities			14	2426	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	82881			
b not debt-financed property	531120	54144			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		137025		4637	16076

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 157738

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	MINOR CHARGE TO CHILDREN AND YOUTH FOR SOME PROGRAMS.

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NONE	%			
	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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.

▶ [signature] 8/12/05 —

Signature of officer Date

▶ RICHARD SPECK EXECUTIVE DIRECTOR

Type or print name and title

[redacted]

Date	Check if self-employed ▶ ☑	Preparer's SSN or PTIN (See Gen. Inst. W)
8/11/05		137201044

[redacted]

EIN ▶

Phone no. ▶ ( )

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2003

Name of the organization: NEIGHBORHOOD MINISTRIES INC.

Employer identification number: 86 : 0809052

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $50,000 ▶	NONE			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
c	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? see schedule attached	2d	✓	
e	Transfer of any part of its income or assets?	2e		✓
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		✓
b	Do you have a section 403(b) annuity plan for your employees?	3b		✓
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	9/30/03 708225	9/30/02 1154032	9/30/01 1339676	9/30/00 539468	3741401
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6007				6007
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	528	1838	19539	10647	32552
19 Net income from unrelated business activities not included in line 18	117352	-61096	21102	39104	116462
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	832112	1094774	1380317	589219	3896422
24 Line 23 minus line 17	826105	1094774	1380317	589219	3890415
25 Enter 1% of line 23	8321	10948	13803	5892	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 77808

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 755697

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 3890415

d Add· Amounts from column (e) for lines 18 32552 19 ____ 22 116462 26b 755697 ▶ **26d** 904711

e Public support (line 26c minus line 26d total) ▶ **26e** 2985704

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 77 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year

(2002) .... (2001) .... (2000) .... (1999) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2002) .... (2001) .... (2000) .... (1999) ....

c Add· Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c**

d Add: Line 27a total ____ and line 27b total ____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NOT APPLICABLE

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

not applicable

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 . . . 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 . . $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 . $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 . $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 . . . $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		✔
(ii) Other assets	a(ii)		✔
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		✔
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✔
(iii) Rental of facilities, equipment, or other assets	b(iii)		✔
(iv) Reimbursement arrangements	b(iv)		✔
(v) Loans or loan guarantees	b(v)		✔
(vi) Performance of services or membership or fundraising solicitations	b(vi)		✔
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✔

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		NONE	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
	NONE	

NEIGHBORHOOD MINISTRIES
BOARD OF DIRECTORS
10/1/2003 to 9/30/2004

Board Officers

Chairman - Rick Malouf — Hours worked 5 hrs. week
400 East Van Buren, Suite 650
Phoenix, AZ 85004
Acacia Capital Association

President - Kit Danley — " " 50 hrs. week
1918 West Van Buren St.
Phoenix, AZ 85009
President - Neighborhood Ministries, Inc.

Vice President - Dennis Hustead — " " 5 hrs. week
568 W. Moon Valley
Phoenix, AZ 85023
President - Hustead Engineering

Treasurer - Dick Crew — " " 10 hrs. week
7906 E. North Lane
Scottsdale, AZ 85258
Self Employed / Foundation & Investment Management

Secretary - Bill M. Thrall — " " 40 hrs. week
1918 West Van Buren St.
Phoenix, AZ 85009
Pastor / Church @ Neighborhood Center

Board Members

Joseph Lindner — 5 hrs. week
1929 West Fillmore St.
Phoenix, AZ 85009
Dental Director –
The Neighborhood Christian Clinic

Jorge Macias — 50 hrs. week
1918 West Van Buren St
Phoenix, AZ 85009
Pastor / Church @ Neighborhood Center

Isiah Oakes — 5 hrs. week
111 South 34th St
Phoenix, AZ 85034
Retired – Electrical Services Engineer

Richard Speck — 50 hrs. week
1918 West Van Buren St
Phoenix, AZ 85009
Executive Director - Neighborhood Ministries, Inc.

William A. Thrall — 40 hrs. week
1600 East Northern Avenue, Suite 280
Phoenix, AZ 85020
Mentor and Co-Founder - Leadership Catalyst

Jonathon Vento — 5 hrs. week
6107 East Paradise Drive
Scottsdale, AZ 85254
Principle – Grace Capital

See list attached for amounts paid to certain board members

Neighborhood Ministries, Inc. FY 2004 October 1, 2003 to September 30, 2004
Compensation of Board and Officers

Name	Board Title	Neighborhood Ministries Title	Gross Salary FY 2004
Mary K Danley	President	President	$ 48,999 96
Richard F Speck	Board Member	Executive Director	$ 60,000 00
William M Thrall	Secretary	Pastor	$ 51,636.94
Jorge Macias	Board Member	Pastor	$ 45,802 88
Total			$ 206,439 78

Yr End Checks

Neighborhood Ministries Inc.				
Yr End Depreciation Total Checks				
Category	**FY 2001**	**FY 2002**	**FY 2003**	**FY 2004**
1600 - Property, Plant & Equip				
1610 - Building		84,179 90	90,376 56	92,115 96
1620 - Buses			739 57	2,543 02
1660 - Furniture and Fixtures		7,914 57	11,785 63	11,785 63
1670 - Computers & Telephone		3,944 75	4,263 18	6,323 91
Total		96,039 22	107,164 94	112,768 52
Class Check				
1610 - Building				
1000-Neighborhood Ministries 1010-Administrative 1011 - Admin General				
1000-Neighborhood Ministries 1010-Administrative 1013 - Administrator				
1000-Neighborhood Ministries:1020-Finance				
1000-Neighborhood Ministries 1050-Development/Fund Raising				
5000 Property Management 5010 - Prop. Manage Admin	17,756 00	17,756 00	17,756 00	17,756 00
6000-Property Development.6010-Administrative	49,523 68	66,423 90	72,620 56	74,359 96
1620 - Buses				
1000-Neighborhood Ministries 1010-Administrative 1011 - Admin General				
1000-Neighborhood Ministries.1010-Administrative 1013 - Administrator				
1000-Neighborhood Ministries:1020-Finance				
1000-Neighborhood Ministries 1050-Development/Fund Raising				
4000-Programs 4110-Transportation				324 30
5000 Property Management 5010 - Prop Manage Admin				
6000-Property Development 6010-Administrative			739 57	2,218 72
1660 - Furniture and Fixtures				
1000-Neighborhood Ministries.1010-Administrative 1011 - Admin General				
1000-Neighborhood Ministries 1010-Administrative 1013 - Administrator				
1000-Neighborhood Ministries:1020-Finance				
1000-Neighborhood Ministries 1050-Development/Fund Raising				
5000 Property Management.5010 - Prop Manage Admin				
6000-Property Development 6010-Administrative		7,914 57	11,785 63	11,785 63
1670 - Computers & Telephone				
1000-Neighborhood Ministries.1010-Administrative 1011 - Admin General	$ 72 13	364 47	450 23	1,363 67
1000-Neighborhood Ministries.1010-Administrative 1013 - Administrator		(12 00)	(12 00)	(12 00)
1000-Neighborhood Ministries:1020-Finance	$ (5 00)	(15 00)	(15 00)	(15 00)
1000-Neighborhood Ministries 1050-Development/Fund Raising	$ 20 00	85 97	85 97	85 97
3000 Grant Management:3010 Kellog PO111581				950 63
4000-Programs 4120-Neigh Center Facility				196 67
5000 Property Management 5010 - Prop. Manage Admin	$ 41 67	896 36	865 87	865 87
6000-Property Development 6010-Administrative	$ 981 85	2,624 95	2,888 11	2,888 11
Total by Class		$ 96,039 22	$ 107,164 94	$ 112,768 52
Check Total		-	-	-

NEIGHBORHOOD MINISTRIES:

BALANCE SHEET ITEM: Part IV , Line 63 b

$ 90000 note. short term debt. Owed to Mr. Rick Malouf, board member. at Acacia Capital Association,
400 E. Van Buren, suite 650
Phoenix, Az. 85004
No interest was charged by Mr. Malouf for the short term loan.

Sch Of Other Expenses

	Total	Program	G&A	Fundraiser
Auto, trans	20555	20463	89	3
Bank fees etc	449	288	138	23
Consulting	52431	3199	14	49218
Employee costs (Training, meetings, travel, etc)	12205	12063	69	73
Insurance-Group Medical	39512	31117	6315	2080
Insurance-Liability	26265	16516	8436	1313
Insurance-Property	23312	15561	7757	
Insurance-Vehicle	35639	35639		
Insurance-Other	2076	150	1876	50
Activity exp. Crafts and Supplies	34087	33898	108	82
Activity exp. Retreats and Activities	46590	46590		
Activity exp. Food and Beverages	18500	18237	134	130
Activity exp. Other	3475	3433	24	18
Construction exp.	40236	35180	5056	
Property tax	5430		5430	
Program materials	10108	10038	40	30
Equipment general	16325	12072	3778	475
Gifts	4052	3340	164	548
Exp. other	5276	3476	1004	788
Prof. services other	14500	700	13800	-0
Licenses, Permits	4315	3946	313	56
Software services	300	253	27	20
Dental	4497	3849	433	214
Professional Liability	5592	4717	499	379
Fundraising	8054			8054
Drafting, Engineering	6134	6135		
TOTAL	439912	320860	55504	63548

Form **8868** (Rev. December 2004)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless *you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

Part I **Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	NEIGHBORHOOC MINISTRIES	86 0809052
	Number, street, and room or suite no. If a P.O. box, see instructions. 1918 W. Van Buren St.,	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Phoenix, AZ 85009	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☒ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Mr. Speck, same address above

Telephone No. ▶ (602) 818 6750 FAX No. ▶ (602) 252 3171

- 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until May 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20... or
▶ ☒ tax year beginning Oct. 1, 20 03 and ending Sept. 30, 2004

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . $ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☐

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—Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization NEIGHBORHOOD MINISTRIES	Employer identification number 86 : 0809052
	Number, street, and room or suite no If a P O box, see instructions. 1918 W. VAN BUREN STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PHOENIX, AZ. 85009	

Check type of return to be filed (File a separate application for each return):

☐ Form 990
☐ Form 990-BL
☐ Form 990-EZ
☐ Form 990-PF
☑ Form 990-T (sec. 401(a) or 408(a) trust)
☐ Form 990-T (trust other than above)
☐ Form 1041-A
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

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

- The books are in the care of ▶ Mr. Speck, same address as above
  Telephone No. ▶ (602) 818 6750 FAX No. ▶ (602) 252 3171
- 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 AUGUST 15, 20 05.

5 For calendar year ......, or other tax year beginning OCT. 1, 20 03, and ending SEPT. 30, 20 04.

6 If this tax year 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 ....

✓

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ 0

b If this application is for Form 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 . . . . . $ 0

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 0

Signature and Verification

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 ▶

Notice to Applicant—To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other ....

Director By Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	**Name**
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)