

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

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

C Name of organization: **NEIGHBORHOOD MINISTRIES INC.**
 Number and street (or P.O. box if mail is not delivered to street address): **1918 WEST VAN BUREN STREET**
 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

G Website: **WWW.NEIGHBORHOODMINISTRIES.ORG**

J Organization type (check only one): 501(c)(3), 501(c)(29), 501(c)(28), 501(c)(27), 501(c)(26), 501(c)(25), 501(c)(24), 501(c)(23), 501(c)(22), 501(c)(21), 501(c)(20), 501(c)(19), 501(c)(18), 501(c)(17), 501(c)(16), 501(c)(15), 501(c)(14), 501(c)(13), 501(c)(12), 501(c)(11), 501(c)(10), 501(c)(9), 501(c)(8), 501(c)(7), 501(c)(6), 501(c)(5), 501(c)(4), 501(c)(3), 501(c)(2), 501(c)(1)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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: **N/A**

H(c) Are all affiliates included? **N/A**, Yes, No

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

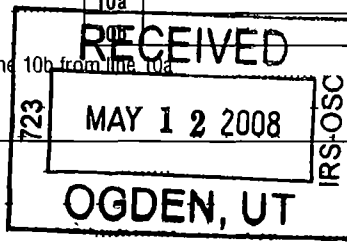
I Group Exemption Number: **N/A**

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: **1,999,817.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:					
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	1,607,932.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	220,330.		
e	Total (add lines 1a through 1d) (cash \$ 1,828,262. noncash \$ _____)	1e		1,828,262.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		9,465.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		1,196.	
5	Dividends and interest from securities	5			
6 a	Gross rents SEE STATEMENT 1	6a	160,894.		
b	Less: rental expenses SEE STATEMENT 2	6b	31,781.		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		129,113.	
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold				
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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,968,036.	
13	Program services (from line 44, column (B))	13		1,493,225.	
14	Management and general (from line 44, column (C))	14		429,557.	
15	Fundraising (from line 44, column (D))	15		122,731.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		2,045,513.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<77,477.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,876,313.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,798,836.	



ENVELOPE POSTMARK DATE MAY 07 2008

SCANNED JUN 09 2008

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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3 25a	222,592.	162,492.	46,744.	13,356.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	579,822.	423,269.	121,763.	34,790.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28				
29 Payroll taxes 29	54,805.	40,008.	11,509.	3,288.
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	144,370.	105,390.	30,318.	8,662.
34 Telephone 34				
35 Postage and shipping 35				
36 Occupancy 36	218,035.	159,166.	45,786.	13,083.
37 Equipment rental and maintenance 37	42,822.	31,260.	8,993.	2,569.
38 Printing and publications 38				
39 Travel 39				
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	115,374.	84,223.	24,229.	6,922.
43 Other expenses not covered above (itemize)				
a <u>TRANSPORTATION EXPENSE</u> 43a	31,753.	23,180.	6,668.	1,905.
b <u>PROFESSIONAL SERVICES</u> 43b	186,078.	135,837.	39,076.	11,165.
c <u>EMPLOYEE RELATED COSTS</u> 43c	21,964.	16,034.	4,612.	1,318.
d <u>INSURANCE</u> 43d	243,041.	177,420.	51,039.	14,582.
e <u>ACTIVITY EXPENSES</u> 43e	184,857.	134,946.	38,820.	11,091.
f 43f				
g 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,045,513.	1,493,225.	429,557.	122,731.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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.

What is the organization's primary exempt purpose? ▶ TO PROVIDE INNER CITY MINISTRY TO YOUTHS.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a IGLESIA DE NEIGHBORHOOD MINISTRIES - APPROXIMATELY 250 WEEKLY ATTENDEES ATTEND BI-LINGUAL (SPANISH/ENGLISH) SERMON.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	210,065.
b EDUCATION PROGRAMS - CHILDREN FROM PRESCHOOL THROUGH HIGH SCHOOL ENROLL IN PROGRAMS DESIGNED TO TUTOR, MENTOR AND PROVIDE INCENTIVES TO STAY IN SCHOOL AND LEARN AT THEIR FULL POTENTIAL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	238,072.
c YOUTH DEVELOPMENT PROGRAMS - RELIGIOUS ACTIVITIES, BIBLE CLASSES, CAMPS AND VARIOUS OTHER ACTIVITIES TO ENCOURAGE YOUTH AND PROVIDE TRAINING.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	294,089.
d JOB AND SKILLS DEVELOPMENT PROGRAMS WHICH INCLUDE THE JEREMIAH PROJECT AND THE ART CENTER.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	266,080.
e Other program services (attach schedule) SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	484,919.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,493,225.

Form **990** (2006)

Part IV Balance Sheets (See 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	80,242.	45	19,431.	
	46 Savings and temporary cash investments	26,808.	46	104,238.	
	47 a Accounts receivable	122,762.			
	b Less allowance for doubtful accounts		47c	122,762.	
	48 a Pledges receivable				
	b Less allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation		55c			
56 Investments - other		56			
57 a Land, buildings, and equipment basis	3,663,842.				
b Less accumulated depreciation STMT 5	586,201.	3,166,637.	57c	3,077,641.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 6)		49,005.	58	66,950.	
59 Total assets (must equal line 74) Add lines 45 through 58		3,477,813.	59	3,391,022.	
Liabilities	60 Accounts payable and accrued expenses	50,982.	60	52,940.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	550,518.	64b	514,863.	
	65 Other liabilities (describe <input type="checkbox"/> LINE OF CREDIT)		65	24,383.	
66 Total liabilities. Add lines 60 through 65		601,500.	66	592,186.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	2,784,615.	67	2,707,138.	
	68 Temporarily restricted	91,698.	68	91,698.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,876,313.	73	2,798,836.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,477,813.	74	3,391,022.

Part VI Other Information (continued)		Yes	No
82 a	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?		X
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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
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		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
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?		
	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	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) organizations 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		X
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		
	0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed AZ		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	22
91 a	The books are in care of THE ORGANIZATION Telephone no. 602-252-5225		
	Located at 1918 WEST VAN BUREN STREET, PHOENIX, AZ ZIP + 4 85009		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		91b	

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country **N/A**

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** **N/A**

Part VII Analysis of Income-Producing Activities (See 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a REGISTRATION INCOME					2,022.
b SOCIAL ENTERPRISE					7,443.
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	1,196.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	129,113.			
b not debt-financed property					
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))		129,113.		1,196.	9,465.
105 Total (add line 104, columns (B), (D), and (E))					139,774.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).

93 **SPECIAL PROGRAMS TO ASSIST INNER CITY YOUTH**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: Signature of officer: Richard Speck Date: 5/15/08
 Type or print name and title: Executive Director

Paid Preparer's Use Only: Preparer's signature: KATHY E. HOSTETLER, CPA Date: 04/18/08 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): EIN
 Firm's name (or yours if self-employed), address, and ZIP + 4: HENRY & HORNE, LLP
7098 E. COCHISE RD., SUITE 100
SCOTTSDALE, AZ 85253 Phone no.: 480-483-1170

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 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

2006

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 2 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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II-A 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	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

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.) 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.		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ► N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► 0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 33 1/3%** 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 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). (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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,358,317.	1,336,191.	1,280,306.	708,225.	4,683,039.
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	38,810.	51,435.	16,076.	6,007.	112,328.
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	9,139.	2,458.	4,637.	528.	16,762.
19 Net income from unrelated business activities not included in line 18	84,216.	102,264.	137,025.	117,352.	440,857.
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	1,490,482.	1,492,348.	1,438,044.	832,112.	5,252,986.
24 Line 23 minus line 17	1,451,672.	1,440,913.	1,421,968.	826,105.	5,140,658.
25 Enter 1% of line 23	14,905.	14,923.	14,380.	8,321.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	102,813.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b	512,686.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	5,140,658.
d Add: Amounts from column (e) for lines: 18 <u>16,762.</u> 19 <u>440,857.</u> 22 _____ 26b <u>512,686.</u>	▶ 26d	970,305.
e Public support (line 26c minus line 26d total)	▶ 26e	4,170,353.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	81.1249%

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: N/A	(2005)	(2004)	(2003)	(2002)
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 11b, 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: N/A	(2005)	(2004)	(2003)	(2002)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶ 27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	▶ 27d	N/A		
e Public support (line 27c total minus line 27d total)	▶ 27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f	N/A			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	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	

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	06/15/01	SL	5.00		MC16	1,082.				1,082.	1,082.	0.	0.	1,082.
2	COMPUTER WORKSTATION	08/15/01	SL	5.00		MC16	525.				525.	525.	0.	0.	525.
3	BUS	01/15/99	SL	5.00		HY16	6,000.				6,000.	6,000.	0.	0.	6,000.
4	TELEPHONE SYSTEM	01/15/01	SL	5.00		MC16	6,546.				6,546.	6,546.	0.	0.	6,546.
5	KITCHEN HOOD/FREEZER	07/15/01	SL	7.00		MC16	10,000.				10,000.	7,501.		1,426.	8,927.
6	WALK-IN COOLER	09/15/01	SL	7.00		MC16	12,389.				12,389.	8,997.		1,770.	10,767.
7	COMPUTER EQUIPMENT	10/15/01	SL	5.00		HY16	510.				510.	510.	0.	0.	510.
8	SECURITY SYSTEM	12/15/01	SL	5.00		HY16	12,224.				12,224.	11,817.		407.	12,224.
9	KITCHEN EQUIP	12/15/01	SL	7.00		HY16	25,444.				25,444.	17,568.		3,635.	21,203.
10	PLAYGROUND EQUIP	06/15/02	SL	7.00		HY16	34,668.				34,668.	21,461.		4,953.	26,414.
11	1918 W. VAN BUREN BUILDING IMPROVEMENTS	12/01/01	SL	39.00		MM16	642,616.				642,616.	79,641.		16,477.	96,118.
12	VAN	06/15/03	SL	5.00		HY16	11,094.				11,094.	7,396.		2,219.	9,615.
13	COMPUTER PRINTER	06/15/03	SL	5.00		HY16	1,286.				1,286.	857.		257.	1,114.
14	TELEPHONE EQUIPMENT	10/15/03	SL	5.00		MC16	1,354.				1,354.	812.		271.	1,083.
15	DELL COMPUTERS	02/15/04	SL	5.00		MC16	1,250.				1,250.	667.		250.	917.
16	EPSON 74C LCD PROJECTOR, 2000 LUMENS, 1024X768	04/15/04	SL	5.00		MC16	1,946.				1,946.	973.		389.	1,362.
17	MINIDV-SUPERVHS VIDEO DECK	05/15/04	SL	5.00		MC16	895.				895.	433.		179.	612.
18	COMPUTER EQUIPMENT	06/15/04	SL	5.00		MC16	4,954.				4,954.	2,312.		991.	3,303.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTER EQUIPMENT	08/15/04	SL	5.00		MC16	4,190.				4,190.	1,816.		838.	2,654.
20	DELL SERVERS AND SOFTWARE	09/15/04	SL	5.00		MC16	26,004.				26,004.	10,835.		5,201.	16,036.
21	SOUND SYSTEM	07/01/04	SL	5.00		MC16	5,150.				5,150.	2,318.		1,030.	3,348.
22	BUILDING IMPROVEMENTS	12/01/01	SL	39.00		MM16	719,028.				719,028.	89,110.		18,437.	107,547.
23	BUILDING IMPROVEMENTS	09/01/03	SL	39.00		MM16	74,004.				74,004.	5,851.		1,897.	7,748.
24	BLUEBIRD BUS	06/15/04	SL	5.00		MC16	4,864.				4,864.	2,270.		973.	3,243.
25	PHONE SYSTEM	12/15/04	SL	5.00		HY16	2,000.				2,000.	733.		400.	1,133.
26	1918 W VAN BUREN BUILDING	12/01/01	SL	39.00		MM16	1,399,391.				1,399,391.	173,429.		35,882.	209,311.
27	LAND	12/15/02	NC	.000		HY	346,700.				346,700.			0.	
28	1611 W FILLMORE ST	10/17/05	SL	39.00		MM16	195,000.				195,000.	4,583.		5,000.	9,583.
29	LATINO COALITION GED LAPTOP #1	02/15/05	SL	5.00		HY16	1,173.				1,173.	371.		235.	606.
30	LATINO COALITION 2 COMPUTERS	02/15/05	SL	5.00		HY16	2,099.				2,099.	665.		419.	1,084.
31	STAFF TRAVEL LAPTOP	02/15/05	SL	5.00		HY16	1,173.				1,173.	371.		235.	606.
32	LATINO COALITION GED LAPTOP #5	02/15/05	SL	5.00		HY16	1,173.				1,173.	371.		235.	606.
33	DEPOSIT FOR PLASTICS BLDG WIND DAMAGE	01/13/06	SL	39.00		MM16	12,800.				12,800.	246.		328.	574.
34	DRAW #2 BUILDING REPAIRS #2671	05/17/06	SL	39.00		MM16	19,000.				19,000.	163.		487.	650.
35	JOB # 20058135	07/19/06	SL	39.00		MM16	14,390.				14,390.	61.		369.	430.
36	VAN	05/17/06	SL	5.00		HY16	18,800.				18,800.	895.		2,686.	3,581.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	FIREWALLS	02/07/06	SL	5.00		HXL6	4,209.				4,209.	561.		842.	1,403.
38	KELLOGG - 2 SERVERS	02/20/06	SL	5.00		HXL6	6,465.				6,465.	754.		1,293.	2,047.
39	DELL COMPUTERS	06/08/06	SL	5.00		HXL6	4,367.				4,367.	291.		874.	1,165.
40	LAPTOP (JORGE)	06/16/06	SL	5.00		HXL6	700.				700.	35.		140.	175.
41	BROWN AND BROWN CHEVROLET VAN	12/13/06	SL	5.00		HXL6	21,246.				21,246.			3,541.	3,541.
42	3500 LUMEN PROJECTOR	10/11/06	SL	5.00		HXL6	2,076.				2,076.			415.	415.
43	APPLESTORE- BOOK PORJECT COMPUTER ITEMS	01/31/07	SL	5.00		HXL6	2,757.				2,757.			368.	368.
44	DELL- SERVER MEMORY	04/24/07	SL	5.00		HXL6	300.				300.			25.	25.
	* TOTAL 990 PAGE 2 DEPR						3,663,842.				3,663,842.	470,827.		115,374.	586,201.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY K. DANLEY	55,000.			55,000.
A. PROGRAM SERVICES	40,150.			40,150.
B. MANAGEMENT AND GENERAL	11,550.			11,550.
C. FUNDRAISING	3,300.			3,300.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD F. SPECK	63,600.			63,600.
A. PROGRAM SERVICES	46,428.			46,428.
B. MANAGEMENT AND GENERAL	13,356.			13,356.
C. FUNDRAISING	3,816.			3,816.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM A. THRALL	53,992.			53,992.
A. PROGRAM SERVICES	39,414.			39,414.
B. MANAGEMENT AND GENERAL	11,338.			11,338.
C. FUNDRAISING	3,240.			3,240.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JORGE MACIAS	50,000.			50,000.
A. PROGRAM SERVICES	36,500.			36,500.
B. MANAGEMENT AND GENERAL	10,500.			10,500.
C. FUNDRAISING	3,000.			3,000.
TOTAL PROGRAM SERVICES				162,492.
TOTAL MANAGEMENT AND GENERAL				46,744.
TOTAL FUNDRAISING				13,356.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				222,592.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ADULT DEVELOPMENT PROGRAMS, ASSISTANCE PROGRAMS, HOPE HOUSE, AND LEADERSHIP DEVELOPMENT PROGRAMS - OVER 100 PARENT VOLUNTEERS WHO DEVELOP TRUSTING RELATIONSHIPS WITH THE YOUTH THAT WILL LET THEM GROWN PERSONALLY AND WITH JESUS, WHICH INCREASED PARTICIPATION IN BOTH THE CHURCH AND THE COMMUNITY.	0.	484,919.
TOTAL TO FORM 990, PART III, LINE E		484,919.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	1,082.	1,082.	0.
COMPUTER WORKSTATION	525.	525.	0.
BUS	6,000.	6,000.	0.
TELEPHONE SYSTEM	6,546.	6,546.	0.
KITCHEN HOOD/FREEZER	10,000.	8,927.	1,073.
WALK-IN COOLER	12,389.	10,767.	1,622.

COMPUTER EQUIPMENT	510.	510.	0.
SECURITY SYSTEM	12,224.	12,224.	0.
KITCHEN EQUIP	25,444.	21,203.	4,241.
PLAYGROUND EQUIP	34,668.	26,414.	8,254.
1918 W. VAN BUREN BUILDING IMPROVEMENTS	642,616.	96,118.	546,498.
VAN	11,094.	9,615.	1,479.
COMPUTER PRINTER	1,286.	1,114.	172.
TELEPHONE EQUIPMENT	1,354.	1,083.	271.
DELL COMPUTERS	1,250.	917.	333.
EPSON 74C LCD PROJECTOR, 2000 LUMENS, 1024X768	1,946.	1,362.	584.
MINIDV-SUPERVHS VIDEO DECK	895.	612.	283.
COMPUTER EQUIPMENT	4,954.	3,303.	1,651.
COMPUTER EQUIPMENT	4,190.	2,654.	1,536.
DELL SERVERS AND SOFTWARE	26,004.	16,036.	9,968.
SOUND SYSTEM	5,150.	3,348.	1,802.
BUILDING IMPROVEMENTS	719,028.	107,547.	611,481.
BUILDING IMPROVEMENTS	74,004.	7,748.	66,256.
BLUEBIRD BUS	4,864.	3,243.	1,621.
PHONE SYSTEM	2,000.	1,133.	867.
1918 W VAN BUREN BUILDING LAND	1,399,391.	209,311.	1,190,080.
1611 W FILLMORE ST	346,700.	0.	346,700.
LATINO COALITION GED LAPTOP #1	195,000.	9,583.	185,417.
LATINO COALITION 2 COMPUTERS	1,173.	606.	567.
STAFF TRAVEL LAPTOP	2,099.	1,084.	1,015.
LATINO COALITION GED LAPTOP #5	1,173.	606.	567.
DEPOSIT FOR PLASTICS BLDG WIND DAMAGE	1,173.	606.	567.
DRAW #2 BUILDING REPAIRS #2671	12,800.	574.	12,226.
JOB # 20058135	19,000.	650.	18,350.
VAN	14,390.	430.	13,960.
FIREWALLS	18,800.	3,581.	15,219.
KELLOGG - 2 SERVERS	4,209.	1,403.	2,806.
DELL COMPUTERS	6,465.	2,047.	4,418.
LAPTOP (JORGE)	4,367.	1,165.	3,202.
BROWN AND BROWN CHEVROLET VAN	700.	175.	525.
3500 LUMEN PROJECTOR	21,246.	3,541.	17,705.
APPLESTORE- BOOK PORJECT	2,076.	415.	1,661.
COMPUTER ITEMS	2,757.	368.	2,389.
DELL- SERVER MEMORY	300.	25.	275.
TOTAL TO FORM 990, PART IV, LN 57	3,663,842.	586,201.	3,077,641.

FORM 990	OTHER ASSETS	STATEMENT	6
DESCRIPTION		AMOUNT	
DEFERRED RENTAL INCOME RECEIVABLE		62,850.	
OTHER ASSETS		4,100.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		66,950.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY K. DANLEY 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	PRESIDENT 40.00	55,000.	0.	0.
RICHARD F. SPECK 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	EXECUTIVE DIRECTOR 40.00	63,600.	0.	0.
RICK MALOUF 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	CHAIRMAN 6.00	0.	0.	0.
DICK CREW 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	TREASURER 5.00	0.	0.	0.
WILLIAM A. THRALL 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	VICE CHAIRMAN/PASTOR 40.00	53,992.	0.	0.
JOSEPH LINDER 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	DIRECTOR 3.00	0.	0.	0.
JORGE MACIAS 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	DIRECTOR/PASTOR 40.00	50,000.	0.	0.
ISIAH OAKES 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	DIRECTOR 6.00	0.	0.	0.

NEIGHBORHOOD MINISTRIES INC.

86-0809052

ORBI GONZALES 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	DIRECTOR 1.00	0.	0.	0.
WILLIAM M. THRALL 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	SECRETARY 2.00	0.	0.	0.
JONATHON VENTO 1918 WEST VAN BUREN STREET PHOENIX, AZ 85009	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

222,592.

0.

0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization NEIGHBORHOOD MINISTRIES	Employer identification number 86-0909052
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1918 W. VAN BUREN STREET	
	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).

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ THE COMPANY

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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until MAY 15, 2008, 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 OCTOBER 1, 2006, and ending SEPTEMBER 30, 2007

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.	3a	\$
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	3b	\$
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	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2007)