Form **990-E**Z

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2019 calend	ar year, or tax year beginning January 1 , 2019, and ending De	ecember 3	1 , 20 19	
ĮΒ	Check If a	pplicable	C Name of organization 21 D Em	D Employer identification number 21		
Ĺ	Address o	change	Neighborhood Outreach Ministries, Inc.	465395248		
	Name cha	ange /	Number and street (or P.O. box if mail is not delivered to street address) ?: Room/suite E Tel	ephone num	ber	
Ļ	Initial retu		2309 Old Savannah Road	706	7725567	
<u> </u>	7	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exemp	otion	
┝	Amended Application	n return on pending	() 4	ımber 🕨		
G		ting Method:			ne organization is not	
	Website	•			n Schedule B	
			· · · · · · · · · · · · · · · · · · ·		Z, or 990-PF).	
_			Corporation Trust Association Other		<u>-i·</u>	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s		
			\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ s		
-	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uctions fo	or Part I) 2	
			the organization used Schedule O to respond to any question in this Part I			
T	21 1		ons, gifts, grants, and similar amounts received	· 1 · 1 ·	11560.40	
=	2 2		ervice revenue including government fees and contracts	2	770,001.10	
_	3		ip dues and assessments	3		
_	21 4	Investment	•	4		
	5a		ount from sale of assets other than inventory 5a	198884		
	Ь		or other basis and sales expenses			
	C	Gain or /los	ss) from sale of assets other than inventory (subtract line 5b from line 5a) ECEIV.	- 5c	7	
	6	Gaming an	al franchician accepta	- more		
	a	_	ome from gaming (attach Schedule G if greater than			
9		\$15,000)	20 % Þ			
į	b b		ome from fundraising events (not including \$ of contributions	銀		
			ome from fundraising events (not including \$ of contributions raising events reported on line 1) (attach Schedule G if the	小蒙儿		
	-		ch gross income and contributions exceeds \$15,000) 6b			
	c		ct expenses from gaming and fundraising events 6c			
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	1 -	line 6c)		6d		
	7a	Gross sale	s of inventory, less returns and allowances 7a			
	Ь		of goods sold			
	c		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
	8		nue (describe in Schedule O)	8	•	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	11560.40	
_	10		d similar amounts paid (list in Schedule O)	10		
	11		aid to or for members	11		
(ſ		ther compensation, and employee benefits 22	12		
3	12 13 14 15		al fees and other payments to independent contractors 22	13		
3	14		y, rent, utilities, and maintenance	14	9288.30	
Ü	15	•	ublications, postage, and shipping	15	200	
	15 ≨16		enses (describe in Schedule O) 22	16	2600	
	17		enses. Add lines 10 through 16	17	12088.30	
-		Excess or	(deficit) for the year (subtract line 17 from line 9)	18	-527.90	
- 1	ğ. 19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with		527.70	
3	3	end-of-yea	ar figure reported on prior year's return)	19	10549.16	
•	ž 20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	500.00	
2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	10521.26	
3	or Paner	wark Daduet			Form 990-EZ (2019)	
~	or abou	TOUR HOUSE	tion Act Notice, see the separate instructions. Cat. No. 10642	,	Umi 999 EE (2019)	

, Form		el Ministria	1 Du	46-53	95	248 Page 2	
?i Pa	rt II Balance Sheets (see the instructions f	or Part II)	7		-		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>	
				(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments		[10549.16	22	10021.26	
23	Land and buildings				23		
24	Other assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	24	500	
25	Total assets			10549.16		10521.26	
26	Total liabilities (describe in Schedule O)				26	10021.20	
27	,			10549.16	_	10521 26	
	Net assets or fund balances (line 27 of column till Statement of Program Service Accom				21	10321 26	
rai						Expenses	
	Check if the organization used Schedule O to respond to any question in this Part III						
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)	
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	orogram services,	•	nizations; optional for	
	neasured by expenses. In a clear and concise m		e services provide	d, the number of	other	·s.)	
pers	ons benefited, and other relevant information for ea	ach program title.					
28							
						}	
?:	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	}	
	(Granta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes fareign are	ento obsoleboro		29a		
	(Grants \$) If this amount				298		
30							
		includes foreign gra	ants, check here .	▶ 🗆	<u>30a</u>		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □.	31a		
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32		
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	n one even if not con	pensated-see the in	struc	tions for Part IV)	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆	
-		(b) Average	(c) Reportable ?			F-4 44	
	?: (a) Name and title	hours per week	compensation (Forms W-2/1099-MIS)	contributions to employe benefit plans, and		ther compensation	
		devoted to position	(if not paid, enter -0-			•	
Yola	ında Allen						
Regi	Istered Agent	1		o			
	ye Allen						
CFO		1		o			
	le Skinner			1	+		
CEO		1					
	e O'Neal			0	+		
Secr	retary			0			
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Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		·	_		
Other Information (Note the Schedule A and persorfal benefit contract statement requirements in the	Form 990	0-EZ (2019) Not IL 1 1 AL 1 Mit Schree Dec 46-5395	کور	\mathfrak{z}	
Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Ves No data Management of the Part V. Ves No data				e	-90 0
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schedule O. See instructions 34	u di c	· · · · · · · · · · · · · · · · · · ·			П
detailed description of each activity in Schedule O 4. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes' to line 35a, has the organization filed a Form 390-T for the year? If "No," provide an explanation in Schedule O. Was the organization as estion 5010(94) 5010(95), or 5910(90) organization to 8030(e) onlice, reporting, and proxy fax requirements during the year? If "Yes," complete Schedule C, Part III 36b Uf the organization undergo a liquidation, dissolution, termination, or significant disposition of nat asset during the year? If "Yes," complete Schedule O, Part III and the year? If "Yes," complete Schedule O, Part III and the year? If "Yes," complete Schedule O, Part III and the year? If "Yes," complete Schedule I, Part III, and enter the total amount involved 37a Enter amount of political exponditure, direct indice, director, trustee, or key employee; or were any each loane made in a prior year and still outchanding at the end of the tax year covered by this return? b If "Yes," complete Schedule I, Part II, and enter the total amount involved 38b Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the distribution of the year undersected, and still year and section 4911 b section 4912 b section 4915 b section 4911 b section 4912 b section 4912 b section 4912 b section 4912 b section 4911 b section 4912					No
44 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization was unrealized business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, among others)? b If "Yes" to line \$5a, has the organization filed a Form \$90-Tfor the year? If "No," provide an explanation in Schedule O. Vas the organization a section \$510(e)(3, 510(e)(6), organization subject to section \$633(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35b Did the organization dergo a liquidation, dissolution, tembration, or significant disposition of net assets using the year? If "Yes," complete Schedule V, Part II, and the property of the organization brown from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved . 35b Used To School (sold) organizations. Enter: Initiation free and capital contributions included on line 9 . 35c Section \$51(e)(3) organizations. Enter: Initiation free and capital contributions included on line 9 . 35c Section \$51(e)(3) organizations. Enter amount of tax imposed on the organization during the year under section \$411 ₱ . 35c Section \$51(e)(3), \$51(e)(4), and \$51(e)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections \$412, 4955, and \$438. d Section \$51(e)(3), \$51(e)(4), and \$51(e)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections \$412. 4955, and \$438. d Section \$51(e)(3), \$51(e)(4), and \$51(e)(29) organizations			33		<u> </u>
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 3758. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section \$51(c)(4), \$51(c)(5), or \$501(c)(6) organization subject to section \$633(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III \$35c		·		-	?:
1958 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, among others)? b if "Yes" to line 35a, has the organization fled a Form 990-T for the year? If "No," provide an explanation in Schedule O or Was the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35c		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of politico deponditured, discounting the year of the organization blood exponditured, to a described in the instruction 37b Did the organization file Form 1120-POL for this year? 38b Did the organization from whom, or make any loans to, any officer, director, trustee, or key employee; or were any euch loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b V 37c If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	35a		35a		>
February (1 more) and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
during the year? If "Yes," complete applicable parts of Schedule N The annual of political exponditures, direct or indirect, as described in the instructions ▶ 37a 37b	С		35c		~
b Did the organization flie Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38b 39b 39s 39	36		36	·	√ 2
ablid the organization borrow from, or make any loans to, any officer, director, fustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39a	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	1	4.15	S. S. S.
any such loane made in a prior year and still outstanding at the end of the tax year covered by this return? 1					
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a			翻羅	
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 . B Gross receipts, included on line 9, for public use of club facilities . 39a 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . section 4911 ▶ . section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . 40b					✓ 🖸
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	b		200		
b Gross receipts, included on line 9, for public use of club facilities 39b 140a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 ▶ ; section 4912 ▶ ; section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization expert that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations anagers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T		· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Lust the states with which a copy of this return is filed ▶ Georgia The organization's books are in care of ▶ Neighborhood Outreach Located at ▶ 2390 0ld Savannah Rd. Augusta, Ga. D 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accountry for the article form 990-EZ. D id the organiza) in	
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1. Let the states with which a copy of this return is filed ▶ Georgia The organization's books are in care of ▶ Nelghborhood Outreach 1. Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. 2. A the states with 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 ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any pay		\	57-71-0	3/2	
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," completed Schedule L, Part I CS Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ Georgia The organization's books are in care of ▶ Neighborhood Outreach Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. ZIP + 4 ▶ 30906-2136 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization neceive any payments for indoor tanning services during the year? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the o		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 11 List the states with which a copy of this return is filed ▶ Georgia 12 The organization's books are in care of ▶ Neighborhood Outreach 13 Located at ▶ 2309 Old Savannah Rd. Augusta, Ga 14 Lax the states with which a copy of this return is filed ▶ Georgia 15 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 ▶ 16 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 17 Yes," enter the name of the foreign country ▶ 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 18 No 19 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 21 Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 14 Did the organization have a controlled entity within the maanling of sections 512(b)(13)? If "Yes," Form 990 and Schedule Ph meny need to be completed instead of provided in t	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			✓ ?
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	c	·	To Base	激練	XIIIX
40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ Georgia 42a The organization's books are in care of ▶ Nelghborhood Outreach Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. 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 ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Georgia The organization's books are in care of ▶ Neighborhood Outreach Tolephone no. ▶ 706-772-5567 Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. ZIP + 4 ▶ 30906-2136 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b) the completed instead of the completed instead of th	đ				
The organization's books are in care of ▶ Neighborhood Outreach Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. 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 ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Poid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	е		40e		
Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ↓ 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	41	List the states with which a copy of this return is filed ▶ Georgia			
Located at ▶ 2309 Old Savannah Rd. Augusta, Ga. 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ↓ 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42a	The organization's books are in care of ▶ Neighborhood Outreach Telephone no. ▶	706-77	2-556	7
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 ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Landard at N. 2200 Old Coverage Dd. Avenuate Co.	30906	-2136	
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	b			Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year				2004/15670	The state of
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓			2 m		
the calcular year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 If "Yes," Form 990 must be completed instead of Form 990-EZ		· · · · · · · · · · · · · · · · · · ·	經	新黎	
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	2530	✓
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Forms 990 and Schedule in many meets to be completed instead of				Yes	No
c Did the organization receive any payments for indoor tanning services during the year?				***	1
c Did the organization receive any payments for indoor tanning services during the year?	_			超極	*
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					~
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	<u>OTT</u>]
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51.2(b)(13)? If "Yes," Form 990 and Schedule in may need to be completed instead of	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			V
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51.2(b)(13)? If "Yes," Form 980 and Schedule in may need to be completed instead of	W. W.	が開発	

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orm 990)-EZ (20	19) Neighborhood	Outreach 1	Whithier I L	سكر	46-53	9527		No No	
		e orgànization engage, directly or in ndidates for public office? If "Yes," c						9 1941	~	
Part ۱		Section 501(c)(3) Organizations		-Non- 47 40h	d 50 and	J	- t -bl	dan lin		
		All section 501(c)(3) organization: 50 and 51.	s must answer que	stions 47–49b an	ia 52, and	a complete th	e tables	tor IIn	es	
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	: VI		<u> </u>	. 🗆	
47	D:4 *	o organization ongogo in lobbying	potruition or house a	postion 501/h) alas	tion in off	oot during the	tay [Yes	No	
		ne organization engage in lobbying If "Yes," complete Schedule C, Part				····	. 47	7	•	
		organization a school as described in					. 4	→	V	
		e organization make any transfers to s," was the related organization a se	•		inization?		. 49		V	
		plete this table for the organization's			other than	officers, direct			nd key	
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	<u> </u>		e, enter	"None.	<u> </u>	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employee dans, and deferred empensation	(e) Estima	ated amo ompensa		
	•••••					·		-		
						-				
	_									
•	Total	number of other employees paid over	or \$100 000	l						
	Comp	plete this table for the organization' 000 of compensation from the orga	s five highest compe		ent contrac	 ctors who each	n receive	d more	e than	
		Name and business address of each independ		(b) Type of	service) Compens	Compensation			
		* * * * * * * * *								
		·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··								
52	Did t	number of other independent contra he organization complete Schedu leted Schedule A	le A? Note: All se	ection 501(c)(3) or	. ► ganization	s must attacl				
Under pe	nalties	of perjury, I declare that I have examined this r		ying schedules and stat			. ▶ ☑ Y enowledge a			
ruo, com	oct. and	d complete. Declaration of preparer (other than	officar) is based on all info	rmation of which prepar	rer has any kr	nowledge				
Sign		Signature of officer				Date 7	1_			
Here	?:	Yolanda Allen Registered Agent Type or print name and title				2131	3020			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check C		1		
Prepa Use C		Firm's name ▶				self-emplo	уви			
		Firm's address ▶				Phone no.				
Mav th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				pe □	No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of	Name of the organization Employer Identification number						
Neighborhood Outreach Ministries, Inc.						<u> </u>	95248
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
1 [organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
	 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 						
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8 [A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
	 An agricultural research organ or university or a non-land-gra university: 	int college of agr	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10 L	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ble incom	eptions, e (less si	and (2) no more tha ection 511 tax) from	n 33 ¹ /3% of its
	An organization organized and	•	-				
12 [An organization organized and						
	of one or more publicly support Check the box in lines 12a through						
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	□ Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ	rated. A suppor	ting organization oper	ated in c			ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructionally interesting the contraction of the con	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
e	Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
f	Enter the number of supported	•					
	Provide the following informatio	· - · · · ·				Γ	
((described on lines 1–10 listed in your governing support (see other support					(vi) Amount of other support (see instructions)	
				Yes	No		
(A)							
(B)					1		
(C)					·		
(D)			*				
(E)							
Total			········				

	le A (Form 990 or 990-EZ) 2019 Vei alborn	Look our	heigh M	unitaries.	HC,	<u>t6-5395.</u>	
Part	Support Schedule for Ofganiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1		
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	T		r		, I	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		[]				
	membership fees received. (Do not include any "unusual grants.")	1/7/	15400	42702	20520.02	107/0 40	(0457.00
•		1676	15480	13702	20538.83	10760.40	62157.23
, 2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				·		
4	Total. Add lines 1 through 3	1676	15480	13702	20538.83	10760.40	62157.23
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	表现是是一种的工作的			A CONTRACTOR OF THE PARTY OF TH	· · · · · · · · · · · · · · · · · · ·	
	on B. Total Support	(COMPANY COLLEGE STREET, CORP.)	TOTAL BOOK STATE STATE OF THE STATE OF	A CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED IN	THE ACT IN THE PARTY STATES OF THE PARTY STATES	4025-7405-0148-308-90-15-07-59-20-13-x	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			, ,		,	62157
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1676	15480	13702	20538.83	10760.40	62157.23
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1070		13702	20338.83	10700.40	02137.23
10	Other income. Do not include gain or , loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	建筑建筑					62157
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-			•		
Cooti	organization, check this box and stop he						> <u>\</u>
14	on C. Computation of Public Support Public Support percentage for 2019 (line			1 ookumn (6)		14	. %
15						15	· %.
16a							
, b	33½% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
b							
18	Private foundation. If the organization di	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Name of the organization		Employer identification number
Neighborhood Outreach Ministries, Inc.		46-5395248
Form 990-EZ, Part 1, Line 16-Other Expenses.		···
Description	Amount	
Food Items	2100.00	
Supplies	500.00	
,		
Form 990-EZ, Part II, Line 24-Other Assets:		
Description	Beginning	Ending
Food		500.00
	•	
		·