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

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

		f the Treasury nue Service	► Go to www.irs.gov/Fo	rm990EZ for instructions a	nd the latest informat	tion. A V	Inspecti	ion
A F	or the	2019 calenda	ar year, or tax year beginning	January 1	, 2019, and ending	Decembe	er 31, 20	19
B	check if ap	plicable	C Name of organization			D Employer i	dentification numb	ber
☐ ·	Address c	hange	Neighborhood Christian Center of	Louisiana		1	72-1438927	
==	Name cha	•	Number and street (or P O. box if mail is	not delivered to street address)	Room/suite	E Telephone	number	
	Initial retui	rn n/terminated	24392 Vernon School Rd.			9	85-839-2967	
=	Amended		City or town, state or province, country,	and ZIP or foreign postal code	03	F Group Ex	emption	
		n pending	Mt. Hermon, La.70450		0.5	Number	>	
G /	Account	ing Method	✓ Cash	pecify) ▶	н	Check ▶ □	if the organization	n is n
ı v	Vebsite	: >		·			ttach Schedule B	
J T	ax-exen	npt status (che	eck only one) - 🛮 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 494	7(a)(1) or 527	(Form 990, 99	90-EZ, or 990-PF).
K F	orm of	organization:	☑ Corporation ☐ Trust	Association	Other			
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receip	ots. If gross receipts are \$200	,000 or more, or if tota	l assets		
(Pai	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 inste	ad of Form 990-EZ.		. ▶	\$	
Р	art I	Revenu	e, Expenses, and Changes i	n Net Assets or Fund I	Balances (see the	instruction	s for Part I)	
		Check if	the organization used Schedul	e O to respond to any qu	estion in Atris Part I	1		. Г
	1		ons, gifts, grants, and similar amo		VILLA C	21 1	T	99
	2		ervice revenue including governm	ent fees and centracts	6	2	<u> </u>	
	3		ip dues and assessments	ΙωΙ . ΔΙΙ	G 1 4 2020	$\frac{1}{3}$	<u> </u>	1,00
	4	Investment	•	VA	· ·	2 4	 	.,,,,
	5a		ount from sale of assets other tha		Choan IIT	=	 	
	b		or other basis and sales expense	' ()	5b	-	İ	
	С		ss) from sale of assets other than		from line 5a)	5c		
	6	•	d fundraising events:	, (· · · 	·	
	а		ome from gaming (attach Sch	edule G if greater than	1			
e		\$15,000) .			6a			
Ē	ь		me from fundraising events (not	ncludina \$	of contribution	ns		
Revenue	1		aising events reported on line 1)					
ш			ch gross income and contribution		6b			
	С		t expenses from gaming and fun-	•	6c			
	d		e or (loss) from gaming and fun			btract	+	
	-	line 6c) .				6d	1	
	7a	Gross sales	s of inventory, less returns and a	lowances	7a	100	 	
	b				7b			
	c		it or (loss) from sales of inventory			7c	Ì	
	8			, and a second s		8	 	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,			. • 9	 	1,99
	10		I similar amounts paid (list in Sch		· · · · · · · · · · · · · · · · · · ·	10	 	1,53
	11		aid to or for members			11	 	
s	12	•	ther compensation, and employe			12	 	
Se	13	· · · · · · · · · · · · · · · · · · ·	al fees and other payments to inc			13		
5 6	14		y, rent, utilities, and maintenance			. 14	1	85
Expenses	15		ublications, postage, and shippin			<u> </u>	 	0.
_	16		enses (describe in Schedule O)				 	
	17		enses. Add lines 10 through 16.				 	85
	18	France or	(deficit) for the year (subtract line	17 from line 9\	 	18	 	
ets	19		or fund balances at beginning				 	1,14
SS			r figure reported on prior year's r					-
Net Assets	20	•	iges in net assets or fund balance	•		ļ	 	63
ž	21		or fund balances at end of year.				 	
			ion Act Notice, see the separate in		Cat. No 10642I	41	Form 990-E	1,77

		>	
Form <u>, 9</u> 90-	EZ	(201	9)
Dort I	Ŧ	_	$\overline{}$

Dane	. 2
~aae	: 2

ra	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this l	Part II		<u> 🗆</u>
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		[1,990	22	1,771
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[1990	25	1,771
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of colum				27	1,771
Par	t III Statement of Program Service Accor					_
	Check if the organization used Schedule	e O to respond to a	ny question in this l	Part III	(Dom	Expenses irred for section
Wha	at is the organization's primary exempt purpose?)(3) and 501(c)(4)
	cnbe the organization's program service accompl					izations, optional for
	neasured by expenses. In a clear and concise r		e services provided	, the number of	others	S.)
•	ons benefited, and other relevant information for e	ach program title.	- 			
28						
					I	
	(Grants \$) If this amoun				28a	
29						
	***************************************					i
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ U </u>	29a	
30					}	
	<u> </u>				_	
		t includes foreign gra	ints, check here .	<u> ▶ ∐ </u>	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	nts, check here .	<u> ▶ Џ </u>	31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
		e O to respond to a	iy question in this i	-ailiv		<u> </u>
	Oncor is the organization door conform	T			T	
		(b) Average	(c) Reportable compensation	 (d) Health benefits, contributions to employe 		
	(a) Name and title	T	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	Estimated amount of her compensation
D ach	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	 (d) Health benefits, contributions to employe 	oti	
Barb		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation
	(a) Name and title vara Brumfield -President	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation
LaBi	(a) Name and title vara Brumfield -President once Dyson -Vice President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation
LaBi	(a) Name and title vara Brumfield -President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0
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LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
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LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
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LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0
LaBI Chel	(a) Name and title vara Brumfield -President once Dyson -Vice President aynn Hobbs -Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	oti	her compensation 0 0

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r ar t	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	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	33		1
34	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	34		<u> </u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓_
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?	38a		-
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved : . 38b	30a		-
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9] ;		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	40b		
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			
е	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	40e		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Located at ► ZIP + 4 ►			·
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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	42c		✓_
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	• •	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u></u>
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	44b		7
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
AE-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>√</u>
U	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		

Form 99	0-EZ (2	(019)							Page 4
46	Did +	he organization engage, directly or in	ediroethy in political a	ampoign activities	an hahalf	of or in opposi	+ion	Yes	No
		he organization engage, directly or in indidates for public office? If "Yes," c						6	-
Part \	_	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47-49b ar	nd 52, and	d complete th		 \	nes
	,			, , , , , , , , , , , , , , , , , , , ,			<u> </u>	Yes	No
		the organization engage in lobbying ? If "Yes," complete Schedule C, Part		section 501(h) elec		ect during the	- 1	7	1
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
		he organization make any transfers to	•				—	9a	1
	Com	es," was the related organization a se plete this table for the organization's loyees) who each received more than	five highest compen	sated employees (other than	officers, direct	ors, trus		
	(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 plans, and deferred impensation		nated amo compensa	
									
					1		l		
									
						İ	ļ		
51	Com	number of other employees paid over plete this table for the organization's 0,000 of compensation from the organization	s five highest compe	ensated independe	ent contrac	tors who each	1 receive	∍d more	e than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)) Compens	ation	
									
		 			·· -·· · · · · · · · · · · · · · · · ·				
									
d	Total	number of other independent contra	ctors each receiving	over \$100,000	. •	l			
	Did	the organization complete Schedu pleted Schedule A	-			s must attach	n a . ⊳ [] Y	es 🗆	No
	enalties	of perjury, I declare that I have examined this n							
true, con	rect, ar	nd complete. Declaration of preparer (other than	- D	rmation of which prepa	rer has any kr				
Sign		Signature of officer	- Tresident		 	8-10-	2020		
Here									···
D-:-		Print/Type preparer's name	Preparer's signature	<u> </u>	Date		PTI		
Paid Prepa	arer		1		<u> </u>	Check L. self-emplo			
Use (_	Firm's name ▶				Firm's EIN ▶			
		Firm's address >	shown above? See	netructions	·	Phone no.			N-
iviay in	C 1110	discuss this return with the preparer	SHOWIT ADOVE! See I		• . • . •		<u>- 🗆 Y</u>	es 🗌	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2019 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number **Neighborhood Christian Center of Louisiana** 72-1438927 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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: 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/a% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).

(i) Name of s	(i) Name of supported organization				rganization ir governing ment?	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see instructions)
				Yes No			
(A)							
(B)							
(C)							
(D)					<u> </u>		
(E)							·····
Total							

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support **(b)** 2016 (a) 2015 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2050 10,775 1729 1796 1990 18,340. Tax revenues levied for the 2 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 Total. Add lines 1 through 3. . . . 10775 1729 1796 2050 1990 18,340. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 18.340 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 1729 10775 1796 2050 1990 18,340. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 1 % Public support percentage from 2018 Schedule A, Part II, line 14 15 15 1 331/a% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this b 331/a% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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