Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public ► Go to www irs.gov/Form990 for instructions and the latest information.

2018
Open to Rublic

<u>A</u>	For the	2018 c	alendar year, or tax				and ending					
В	Check if ap	plicable	C Name of organization	~			Ministrı	es Of		ļ°	Employe	er identification number
Ļ	Address ch	Fayetteville, Inc.										200544
	Name char	nge	Doing business as	PO box if mail is not de	livered to street	addrees)			Room/s			.388744
	Initial return	_n	'	Center Dr.	vereu to street	auuress)			Koom/s			-323-0191
F	Final return	n/		rovince, country, and ZII	or foreign posta	al code						 _
	Jeminated Fayetteville NC 28304 G Gross rec									s receipts \$ 220,442		
	Amended r	return	F Name and address of									
2019	Application	pending	William	T. Allen					H(a)	Is this a group	return for s	subordinates? Yes X No
			3620 Cap	e Center					H(b)	Are all subord	nates incli	uded? Yes No
0_			Fayettev	ille		NC 2	8304			If "No," att	ach a list	(see instructions)
ጚ	Tax-exem		X 501(c)(3)	501(c) ()		4947(a)(1) or	527				
<u></u> _	Website	<u>N</u>	one				1			Group exempt		
□ <u>ĸ</u>	Form of or		X Corporation	Trust Associat	on Other	<u> </u>	<u> </u>		L Year of form	nation 19	84	M State of legal domicile NC
<u>)</u>	Part I	Su Su	mmary									
	1 B	-	scribe the organization		st significant	tactivities	1					
, გ	3	Spre	ad of Christ	an Faith								
さ を			•									
SCAN Activities & Governance									0504 6 .			
တိ	2 0		s box ▶ ☐ if the o	-	· ·		r disposed of	more than	25% of its ne	et assets	ا م ا	ا م
•ජ ග	3 N		f voting members of		-		// / / ->				3	2
ii:	4 N		f independent voting	_	_						4	0
Ş	5 T		ber of individuals en ber of volunteers (e:	•	-	(Fait V, III	ile Za)				5 6	0
ď			lated business revei		-	line 12					7a	0
			ted business taxable	•	, ,.						7b	
	 	et dineie	ica basiness taxabi	c meditic moniti di	111 330 1, 11110					Prior Year	1 7 5	Current Year
a	8 C	ontribution	ons and grants (Part	VIII, line 1h)						182,	185	212,435
ğ	9 P	rogram s	ervice revenue (Par	t VIII, line 2g)								0
Revenue	10 In	D Investment income (Part VIII, column (A), lines 3, 4, and 7d)								12,	010	8,007
Œ	11 0	ther reve	enue (Part VIII, colur	mn (A), lines 5, 6d,	8c, 9c, 10c,	and 11e)						0
	12 To	otal reve	nue – add lines 8 thi	rough 11 (must eq	ual Part VIII,	column (A), line 12)			194,		220,442
	1		d similar amounts pa			– 3)				71	085	76,849
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)										0
Ses	15 S			· ·		lumn (A),	lines 5–10)					0
Expenses	16a Pi		ial fundraising fees (0	THE PERSON NAMED	is a charach abias	Zeolok (144	
Ä	47.0		raising expenses (Pa			,		0	TELEPHINE.	2541/M	973	53,603
	17 0		enses (Part IX, colur				25)			113,		130,452
	10 IC	otal expe	nses Add lines 13- ess expenses Subti	ECEIVEL	St IX, dolumir	i (A), iirie	25)		<u> </u>		137	89,990
5 6	Si IS	evenue i	ess expenses Such		_181_			,,,,,,,,	Beginni	ing of Curren		End of Year
Net Assets or	20 To	otal asse	ts (Part X, line 16)	OCT 2 9 201	18/18				1	1,425,	044	1,504,612
ASS	21 To	otal liabili	ties (Part X, Iin € 26)		K					10,	425	0
ž	22 N	et assets	or fund balances S	CONTROL POR	n line 20				1	L,414,	619	1,504,612
C.F	2art川蔚		nature Block-									
U	Inder pena	alties of pe	erjury, I declare that I i	nave examined this i	return, includir	ng accomp	anying schedu	ules and state	ements, and to	o the best of	my kno	wledge and belief, it is
tr	ue, correc	t, and cor	nplete Declaration of	preparer (other than	officer) is bas	sed on all i	information of	which prepar	er has any kn	owledge	- IN	15-110-
		_	Miller	4 CW			 				1/0	123/19
Sig	_		nature of officer					_		/ - ·	Date	
He	re	_	William T	. Allen				Pres	sident	/D1		
			be or print name and title			11	d . 1.	/III	Da	Date	Т.	T _{if} PTIN
Pai			preparer's name		Prepare	e en la comp	Liple	mus ()	7174		Check	└ ┘"
	narer F		Temple Allen,		10 711	on C	PA, P.	Δ		10/22/19		ployed P01071846 56-1833865
	e Only	Firm's name		Liam Temp			.FM, P.	л.		Firm's	EIN	20-1033003
J 36	- 1		77	Cape Ces etteville		rive 2830 <i>4</i>	1					910-323-0191
Mar		firm's addr	this return with the p		·					Phone	9 00	Yes No
_			tion Act Notice, see			an ocuoris	,					Form 990 (2018)

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Part V Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If
 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?
 If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

_		T	T
		Yes	No
	1 2	X	
			
	3		x
	4		x
	5	├—	X
	6		X
	7		x
	8_	<u> </u>	X
	9		x
	10		X
	AN		
	11a	x	
	11b		x
	11c		X
	11d		x
	11e		X
	11f		X
	12a		X
	406		х
	12b 13		X
	14a		X
		<u> </u>	
	14b]	<u>x</u> _
	15		<u> </u>
	16		x
	17		x
	- '' 		
	18		<u>x</u> _
	40	ł	x
	19 20a	+	$\frac{\mathbf{x}}{\mathbf{x}}$
	20b		
	21	x	
-	For	n 990	(2018)

	are twill Checklist of Required Schedules (Continued)		_	7
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ-	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated]	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	ļ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year]	ļ
	to defease any tax-exempt bonds?	24c		├ —
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	ļ	
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>	ļ	X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			x
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Phili	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	STERMINE THEM	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ł
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1 1		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		j	!
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
J 0	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
hul-lionning.	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		For	n 990	(2018)

P	Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	!			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			1
	gifts were not tax deductible?		6b	eartman;	ert Boleba i
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was] }	
	required to file Form 8282?	1	7c	Arabbanka.	umana.c
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y tne			
•	sponsoring organization have excess business holdings at any time during the year?		8		in i
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
ь 10	Section 501(c)(7) organizations. Enter				14444
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1001	w		
``a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
-	,	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	dia fia Biolobulii [1	inink######
b		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				700 0
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	f ⁻	13c			辩
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	n or		\neg	
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me ⁹	16		X
	If "Yes," complete Form 4720, Schedule O				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	2				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		<u> </u>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		<u> </u>	
6	Did the organization have members or stockholders?			6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?			7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,]]		
	stockholders, or persons other than the governing body?			7b	X	Cir. u birin	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	llowing		PRICE CONTRACTOR		
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	LL	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal Re	evenue	Code)			
				Γ	Yes	No_	
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	x		
11a							
b							
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	(S)	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	$ \mathbf{x} $		
40	describe in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14			
13	Did the process for determining compensation of the following persons include a review and approval by			#24.14			
•	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	3800.C.5332(1)	X	
a b	Other officers or key employees of the organization			15b	_	$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				areje	ŻI	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
104	with a taxable entity during the year?			16a	Luidalic and I	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					Mil	
	organization's exempt status with respect to such arrangements?			16b	Capitalian i g		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section	501(c	:)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(-	•				
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicv. a	nd				
	financial statements available to the public during the tax year	-,, -					
20	State the name, address, and telephone number of the person who possesses the organization's books and records l	•					
	lliam T. Allen 3620 Cape Center Dr.						

910-323-0191

NC 28304

Fayetteville

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bc of	ficer a	Pos check ess pe and a c	erson directo	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**-271093-101130)	organization and related organizations	
(1) William T. Allen		<u> </u>	_								
	0.00										
President/Di	0.00	X	_	X				0	0	0	
(2) Nancy J. Allen	0.00										
Director	0.00	x	ĺ	x		ĺ	ĺ	o	o	o	
(3)			_								
(4)											
(5)											
(6)											
(7)			-								
(8)											
(9)											
(10)											
(11)											
Dan										- 000	

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mple	oyee	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo of	ox, uni ficer a	Pos check less pe and a c	erson directo	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
									·	
1b Sub-total c Total from continuation shee	ets to Part VII, Se	ectio	n A			L	>			
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation f				ose I	isted	l abo	▶ ve) v	who received more than \$10	00,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le Ĵ f	or su	uch II	ndıvi	dual	·			Yes No
 For any individual listed on line organization and related organization and related organization. Did any person listed on line 1a 	zations greater th	an \$	150,	0007	If "	Yes,"	com	nplete Schedule J for such		4 X
for services rendered to the org Section B. Independent Contractor	anization? If "Yes									5 X
Complete this table for your five compensation from the organization.	ation Report com	sate ipen	d ind satio	eper n for	nden the	t con caler	traci ndar	year ending with or within the	ne organization's tax year	
Name and	(A) business address							Descripti	(B) on of services	(C) Compensation
2 Total number of independent coreceived more than \$100,000 or							se I	isted above) who	0	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Total revenue Unrelated exempt function excluded from tax under sections business 512-514 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 1f 212,435 g Noncash contributions included in lines 1a-1f 212,435 h Total. Add lines 1a-1f Program Service Revenue 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 8,007 8,007 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less cost or other basış & şaleş exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Fart IV, line 19 b Less direct expenses ь c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold h c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total, Add lines 11a-11d 220,442 0 0 8,007 Total revenue. See instructions

Sec	tion 501(c)(3) and 501(c)(4) organizations must c		er organizations must comp	plete column (A)	
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1		 	expenses	general expenses	expenses
'	• • • • • • • • • • • • • • • • • • • •	76,849	76,849		
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic	70,043	70,043		
•	individuals See Part IV, line 22	,	•		
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign	•			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		 		
5	Compensation of current officers, directors,			manustra ministra annum delingu angunu i i	Introducti 64 (fator "modulusi artialissis (chalcomic 2/1804
	trustees, and key employees				
6	Compensation not included above, to disqualified		, , , , , ,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			III □	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				}
9	Other employee benefits				<u> </u>
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)				
а	Management			•	
b	Legal				
С	Accounting				•
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<u>-</u>			
15	Royalties		·		
16	Occupancy	<u></u>			<u> </u>
17	Travel				
18	Payments of travel or entertainment expenses		}		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			1	··
20	Interest			_	
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization	<u> </u>			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	,				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
_	Taxes	14,015	14,015	arii ahaa ahaa ahaa ahaa ahaa ahaa ahaa	**####################################
a b	Travel	13,166	13,166		<u> </u>
C	Insurance	11,808	11,808		
d	Dues and Subscriptions	10,358			
e	All other expenses	4,256	4,256		
25	Total functional expenses Add lines 1 through 24e	130,452	130,452	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if	200/102	200/100		<u> </u>

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 1 36,067 9,310 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 794,056 889,056 7 Notes and loans receivable, net Inventories for sale or use q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 606,246 other basis Complete Part VI of Schedule D 10a 594,921 606,246 b Less accumulated depreciation 10b Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,425,044 1,504,612 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 10,425 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 10,425 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,414,619 1,504,612 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,414,619 1,504,612 33 33 Total net assets or fund balances 1,425,044 1,504,612 Total liabilities and net assets/fund balances

orn	n 990 (2018) Christian Outreach Ministries Of 56-1388744			Pag	ge 12
Pa	Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	30,	452
3	Revenue less expenses Subtract line 2 from line 1	3		89,	990
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	14,	619
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,5	04,	612
Ра	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		数		
	\$chedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Christian Outreach Ministries Of

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

Employer identification number 56-1388744

Part Reason for Public Charity Status (All organizations must complete this part) See instructions

	_	
he	orga	nization is not a private foundation because it is. (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name
		city, and state
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	_	section 170(b)(1)(A)(iv). (Complete Part II)
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9	Ш	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	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

Fayetteville, Inc.

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

Enter the number of supported organizations

g Provide t	he following information about the	ne supported organization(s)				
(i) Name of supporte organization	d (II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)			<u> </u>			
Total						

56-1388744

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	ction A. Public Support	or rails to quality	under the test	s listed below, p	nease complet	eraitiii)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e),2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		S1.00 5. 9 50. W 7700.5. 2.700.0		10-1 / 151		
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)						
6_	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10						., }.
2	Gross receipts from related activities, etc	(see instructions)				12	
3	First five years. If the Form 990 is for the	e organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	_
	organization, check this box and stop he			·····		<u> </u>	<u> </u>
Sec	tion C. Computation of Public S						
4	Public support percentage for 2018 (line 6		•	(f))		14	%
5	Public support percentage from 2017 Sch	edule A, Part II, line	14			<u>_15</u>	%_
6a	33 1/3% support test—2018. If the orga				1/3% or more, chec	k this	. —
	box and stop here. The organization qua		_				▶
b	33 1/3% support test—2017/ If the orga				s 33 1/3% or more,	check	. —
	this box and stop here. The organization						▶
7a	10%-facts-and-circumstances test—20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly supporte	d	. —
	organization						▶ [_]
b	10%-facts-and-circumstances test—20	017. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lii	ne	
	15 is 10% or more, and if the organization						
	Explain in Part I how the organization me	eets the "facts-and-ci	rcumstances" test	The organization q	ualifies as a publicl	y	. ,
8	supported organization Private foundation. If the organization di	d not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ []
	instructions						
_	/					Schedule A (Form 990	or 990-EZ) 2018

Partiti

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	quality under ti	ie tests listed t	relow, picase co	omplete r art ii	·)	
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership	(4) = 5 : 1	(0,000	(0, 2010	(4) 2011	(9, 20.5	(1) 10101
	fees received (Do not include any "unusual grants ")	325,608	205,735	143,533	182,185	212,435	1,069,496
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	325,608	205,735	143,533	182,185	212,435	1,069,496
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	75,877	245	5,152		2,750	84,024
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	75,877	245	5,152		2,750	84,024
8	Public support. (Subtract line 7c from line 6)						985,472
	tion B. Total Support			—			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	325,608	205,735	143,533	182,185	212,435	1,069,496
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,023	10,032	13,007	12,010	8,007	52,079
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,023	10,032	13,007	12,010	8,007	52,079
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		_				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	334,631	215,767	156,540	194,195	220,442	1,121,575
14	First five years. If the Form 990 is for the	•	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	
500	organization, check this box and stop here tion C. Computation of Public Su						
				<u> </u>		15	07.07%
15 16	Public support percentage for 2018 (line 8, Public support percentage from 2017 Scher	• • •	•	(1))		16	87.87% 83.55%
	tion D. Computation of Investme						83.55 //
<u> </u>	Investment income percentage for 2018 (Iir			olumn (fl)		17	5 %
 18	Investment income percentage for 2017 (in		•	olalili (i))		18	4 %
19a	33 1/3% support tests—2018. If the organ			4. and line 15 is mo	re than 33 1/3%. a		
	17 is not more than 33 1/3%, check this box						ightharpoons
b	33 1/3% support tests—2017. If the organ		=				
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19t	o, check this box an	d see instructions		▶ [

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Sa Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

]	Yes	No
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Sched	ule A (Form 990 or 990-EZ) 2018 Christian Outreach Ministries Of	56-1388744		Page 5
	Supporting Organizations (continued)			7
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11a)	No
Sect	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	110	<u>: </u>	<u> </u>
0000	on b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	第12 字 2 2 2 2 2 2 2 3 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sect	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	No S
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
	supported organizations played in this regard	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	,		
2 <i>A</i>	ctivities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
þ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	المنافاتها	nauveleesiild

n m _ m	ule A (Form 990 or 990-EZ) 2018 Christian Outreach Ministrie			3744 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2	20, 19	70 (explain in Part VI) See	
	instructions. All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III su	ipporting organization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

and 4c

Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016

d Excess from 2017e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Christian Outreach Ministries Of

56-1388744

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047
2018

Name of the organization Employer identification number Christian Outreach Ministries Of Fayetteville, Inc. 56-1388744 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		n Outreach	Minis [*]	tries	Of	<u> 56-1</u>	.388744	Page
P	artill Organizations Maintaini	ng Collections of A	Art, Histo	orical Tr	easures,	or Othe	r Similar Asse	ts (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records, o	check any o	of the follow	ing that are	a significai	nt use of its	
a	Public exhibition	d 🗌 L	oan or exc	hange prog	grams			
b	Scholarly research	e 🗍 (Other					
c	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain ho	w they furt	her the org	anization's	exempt pur	pose in Part	
	XIII							
5	During the year, did the organization solicit	or receive donations of a	rt, historica	al treasures	, or other su	mılar		_
	assets to be sold to raise funds rather than	to be maintained as part	of the orga	nization's d	collection?	****		Yes No
P	art V Escrow and Custodial A	rrangements.						
	Complete if the organization	on answered "Yes"	on Form	990, Par	rt IV, line	9, or rep	orted an amou	nt on Form
	990, Part X, line 21.							
1a	a Is the organization an agent, trustee, custoo	lian or other intermediary	for contrib	outions or o	ther assets	not		
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII	I and complete the follow	ing table					
								Amount
C	5						1c	
d	Additions during the year						<u>1d</u>	
е	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount on F					_		Yes No
	If "Yes," explain the arrangement in Part XIII	Check here if the expla	nation has	been provi	ded on Part	XIII		<u>ll</u>
	Endowment Funds.	1 1/2 4 11	_	000 5	. 13.4.1	4.0		
	Complete if the organization		-					- · · · · · · · · · · · · · · · · · · ·
		(a) Current year	(b) Pno	r year	(c) Two ye	ears back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
ь	Contributions							
С	Net investment earnings, gains, and							
	losses							
q	Grants or scholarships							
е	Other expenditures for facilities and							
_	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	-	ne 1g, colu	mn (a)) hel	d as			
	Board designated or quasi-endowment							
_	Permanent endowment ▶ %							
C	Temporarily restricted endowment ►	%						
2-	The percentages on lines 2a, 2b, and 2c sho		h	ماما مسما مماسم	ministered factor	- 4h-		
ગ્લ	Are there endowment funds not in the posse	ession of the organization	i that are n	eio ano aon	ministerea id	ir the		Yes No
	organization by							
	(i) unrelated organizations							3a(i)
L	(ii) related organizations	ationa listad on conjugad	an Cabadu	lo Da				3a(ii) 3b
4	If "Yes" on line 3a(ii), are the related organization	·		ie K				30
HD3	Describe in Part XIII the intended uses of the		entiunas					
	ift VI Land, Buildings, and Equ Complete if the organization		n Form	000 Parl	HV line 1	112 See	Form 990 Pai	d X line 10
	Description of property	(a) Cost or other bas		(b) Cost or ot			ccumulated	(d) Book value
	besalphan of property	(investment)	,,,	(other			preciation	(0) 555% 74145
1-	Land	47,	456		·			47,456
		549,				i de sa de la company de la co	rwonaumanaarugirjiins)169(61111111	549,116
	Buildings Leasehold improvements	<u></u>				 		343,110
		<u> </u>	674					9,674
	Equipment	— — — — — — — — — —	~					5,014
	Other I. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part Y	column /R)	line 10c l		L	•	606,246
<u> </u>	a riggining ta anough to foolunin (a) must e	igauri omi sso, raich, t	JOINITH (D)	, , /				

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Part VII	Investments—Other Securities.	inistries or	30 1300/44	Page
	Complete if the organization answered "Yes" of	on Form 990, Part IV, III	ne 11b See Form 990, P	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation
	(including name of secunty)		Cost or end-of-ye	ar market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" ò	n Form 990, Part IV, Iir	ne 11c See Form 990, Pa	art X, line 13.
_	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				•
(3)				
(4)				
(5)				
(6)				•
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	e 11d See Form 990, Pa	art X, line 15
	(a) Description			(b) Book value
_(1)				
(2)				
(3)				
(4)		·		
(5)				
(6)				<u> </u>
(7)				
(8)				
(9)				·
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	<u></u>
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	e 11e or 11f See Form 9	990, Part X,
	line 25		TO CHENNELS A DEL TEN TEN TRANSPORTATION ALL TENERAL RESERVANTS	Cal the Table of Processor Hall 1990 11 900 States

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 Christian Outreach Ministries	Of	56-1388744	Page
Pa	Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Return.	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		•
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per Return	ı .
	Complete if the organization answered "Yes" on Form 990, Par	<u>rt IV, line 1</u>	12a	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	-	5	

Pan XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2018 Christian Outreach Ministries Of
Part XIII Supplemental Information (continued)

56-1388744

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10/22/2019	
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SCHEDULE ! (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Open to Public Inspection OMB No 1545-0047 2018

Employer identification number

56-1388744

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Christian Outreach Ministries Of General Information on Grants and Assistance Inc Fayetteville, Department of the Treasury Internal Revenue Service Name of the organization Part

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Bartil Grants and Other Assistance to Domestic Organizations and Domestic

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Spaints and Curie Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Dart IV, line 21 for any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that received more than &6 000, Dart II can be disclined at each tender of the any recipient that the areas and the any recipient that the any recipient that the any	tailce to Doi	nesuc Organi, aceived more t	zations a han €5 ∩	nd Domestic Gov	'ernments. Comp un ନୁଦ୍ୟନ୍ତ 'f ନୁଧିକା	lete If the organ	nization answer	ed "Yes" on Form 990,	
	יכולוני ווימו	ביכוואבת וווסום	0,0	\$3,000 rait ii cail be duplicated ii additional space is needed	uplicated ii additi	orial space is n	pepee		
1 (a) Name and address of organization	noı	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(6) Description of	(h) Purpose of grant	
or government			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	_	or assistance	
(1) Liberty University									
1971 University Blvd									
Lynchburg VA 24515	4515			7,788			-		
(2) Durham Academy									
3601 Ridge Rd.		_							
Durham NC 27705	7705			48,250					
(3)									
		-							
(4)	,								

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

9

3

6

6

8

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

Schedule 1 (Form 990) (2018)

Page 2	(f) Description of noncash assistance								rmation.
"Yes" on Form 990, Part IV,	(e) Method of valuation (book, FMV, appraisal, other)								required in Part I, line 2, Part III, column (b), and any other additional information.
56-1388744 organization answered	(d) Amount of noncash assistance								Part III, column (b),
tries Of 50 substant 50 substa	(c) Amount of cash grant								quired in Part I, line 2
reach Ministr Domestic Individual	(b) Number of recipients								
Schedule (Form 990) (2018) Christian Outreach Ministries Of 56-1388744 [Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be displicated if additional space is needed	(a) Type of grant or assistance								Supplemental Information. Provide the information
Schedule I (Forn	(a)	-	2	ဗ	4	S	9	7	PartIV

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

2018

Name of the organization Christian Outreach Ministries Of Fayetteville, Inc.

Employer identification number

56-1388744

Form 990, Part VI, Line 2 - Related Party Information Among Officers

William T. Allen

Nancy J. Allen

Director

Director

Spouse

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization was organized as a corporation.

Form 990, Part VI, Line 7a - Election of Members and Their Rights The members elect the officers annually.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Organization decisions are subject to the approval of the members.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 was reviewed by the officers prior to finalizing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The organization annually reviews its compliance with its conflict of interest policy.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The governing documents will be made available upon written request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Christian Outreach Ministries Of

Rounding

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