(Rev. January 2020)

Department of the Treasury Internal Revenue Service

HTA

Public
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2**0

Open to Public Inspection

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.

<u>A</u> _			lendar year, or tax year bec			, and e						
		pplicable:		ASHVILLE ORGANIZED	FOR ACTION	AND HOPE	(NOAH	D Employ	yer identific	ation number		
┙	Address c	hange	Doing business as							<u>.</u>		
٦	Name cha	inge	Number and street (or P.O. bo	x if mail is not delivered to st	reet address)	Room/suite		<u>62-14481</u>				
_	. 1911115 WIE	u. No	P.O. BOX 331144		<u>,</u>	<u></u>		E Telephi	one number			
╝	initial retu	m	City or town			ZIP code	l,	(615) 905	-6624			
7	Final return/	Mannie ata 2	NASHVILLE			37203		(J 10) 30C				
_	r gran (CMIII)	WILLIAM CONTROL	Foreign country name	Foreign province/state	/county	Foreign postal						
┙	Amended	return			G Gross r	eceipts \$		285,201				
٦	Application	n pending	F Name and address of principa	I officer:		. '	H(a) is th	is a group retu	m for subordin	ates? Yes	X No	
	, ippiiouuo	ii poiluiig	MICHAEL HODGE P.O. E	The second secon	HE TN 3720	าจ		7 - 7	ates include	=	No.	
									i list. (see in:	· · · · · · · · · · · · · · · · · · ·	۰۰۰ ب	
1	Tax-exen	npt status:	X 501(c)(3) 501(c)	() ◀ (insert no.)	4947(a)(1)	or 527	T T	NO," attach s	i iist. (see in:	atrucuons)		
J	Website:	► NC	OAHTN.ORG				H(c) Gro	up exemptio	n number 🕨	<u> </u>		
K	Form of c	organizatio	n: X Corporation Trust	Association Of	her >	L Yes	ar of forma	tion: 199	3 M St	ate of legal domicile	: TN	
	art l		ımmary						,,,	in the second		
	1		describe the organization's	mission or most signifi	cont activities	TOE	DING T	OCETH	D AN IN	STITUTIONAL		
9)												
Ĕ	1		TION OF FAITH-BASED AND							JIJOH I DEN IS		
Activities & Governance			POWERFUL VOICE IN PL									
Ž	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed						than 259		et assets.		
Q	3		r of voting members of the						3		56	
об (Б	4		r of independent voting mer						4		56	
葦	5	Total n	umber of individuals employ	red in calendar year 20	019 (Part V, lii	ne 2a) .			5	and the second	5	
₹	6	Total n	umber of volunteers (estima	ite if necessary)					6			
Ā	7a		nrelated business revenue t						7a			
_	Ь		elated business taxable inc		• •				7b	er de la companya de		
	 	1461.011	CIBLOU DUSINESS LUXUINO INC	0.110 110111 1 01111 000 1	,0 00			Prior Year		Current Yes	KF	
	l .	Contrib	utions and grants (Part VIII,	line 1h)					09,612		201.864	
3	8								00,012		.01,004	
Revenue	9		m service revenue (Part VIII								4.405	
8	10		nent income (Part VIII, colur						828		1,495	
Œ	11		evenue (Part VIII, column (/						40,277		48,710	
	12	Total re	venue—add lines 8 through 1	1 (must equal Part VIII,	column (A), line	e 12).		2	50,717		252,069	
	13	Grants	and similar amounts paid (I	Part IX, column (A), lin	es 1-3)							
	14		s paid to or for members (P									
(A)	15		s, other compensation, employ			5-10)		1	23,673		25,203	
Š	16a		sional fundraising fees (Part									
Expenses	Ь		indraising expenses (Part I)			7,473	7-19-19-19-19-19-19-19-19-19-19-19-19-19-		ernares e			
×							90,390			59,73		
-	17		expenses (Part IX, column (14,063		184,940	
	18		xpenses. Add lines 13-17 (67,129	
	19	Reven	ue less expenses. Subtract	line 18 from line 12.			 		36,654	End of V		
Net Assets or	§		en e				Rediuu	ing of Curr		End of Yea		
5	20		ssets (Part X, line 16)					2	41,373		308,502	
\$	21		abilities (Part X, line 26)						44.0==		200 500	
ž	22	Net as	sets or fund balances. Subtr	act line 21 from line 2	<u>0</u>	<u> </u>	<u> </u>	2	41,373		308,502	
P:	art II	Si	gnature Block									
Unc	ter oenalti	es of perju	ry, I declare that I have examined th	nis return, including accompa	nying schedules a	and statements	, and to th	e best of my	knowledge			
and	belief, it is	s true, con	rect, and complete. Declaration of p	reparer (other than officer) is	based on all infor	mation of which	n preparer	nas any Kn	owieade.			
ei.	gn		·						<u> </u>			
		7	Signature of officer					Date	₿ .			
пе	re		WILLIAM HOWELL	· · ·		TRE	ASURE	R				
			Type or print name and title									
		Pri	nt/Type preparer's name	Preparer's aig	nature		Date	,	r	PTIN		
De	ild	- [40,000		K] ff	/VV	
		GL	ORIA DOOLEY	GLORIA D	OOLEY		111/	16/2020	setf-emplo		<u> </u>	
	eparer		m's name GLORIA DOO	LEY.				Firm's EIN	➤ XX-XX	(XXXXXX		
UE	e Only		m's address ▶ 222 BRIARCO		RGNE. TN 370	086	-	Phone no. 615-995-0560				
	41									X Yes	No	
			ss this return with the prepa		E ILISH UCHOUS	· · · · · ·		• • • •			(2019)	
Fo	r Panen	vork Re	duction Act Notice, see the	separate instructions.					A	Form 53	- ⊌ (∠U19)	

orm 9	90 (2019)	NASHVILLE ORGAN	IIZED FOR ACTION	AND HOPE (NOAH)	<u> </u>	62-1448188	Page 2
	t III	Statement of Progra	ım Service Accor	nplishments	in this Part III .		
1	TO BRIN	escribe the organization's NG TOGETHER AN INSTI IZATIONS IN ORDER TH IN THE WIDER COMMUI	TUTIONAL COALITIC AT THEIR CONSTITU	ON OF FAITH-BASED A JENTS GAIN A POWER	RFUL VOICE IN PU	IBLIC AFFAIRS AND	
2	the prior	organization undertake any Form 990 or 990-EZ? describe these new service					X No
3	Did the diservices	organization cease conductors? describe these changes o	ting, or make signific			Yes	X No
4 ,	Describe	e the organization's progra	m service accomplish 01(c)(4) organization	s are required to report	ree largest progran the amount of gran	n services, as measured by its and allocations to others,	
4a .	(Code: NOAH A	ADDRESSES ISSUES VO	red by Member of	including grants of \$ RGS:CRIMINAL JUSTIC	CE&MASS) (Revenue \$:MET
	MAYOR FROM J MENTA ATTENI WORK	I'S OFFICE, SHERIFF, DA, I IAIL; WORKED WITH MEN L HEALTH CHANGE; FOC D MTG. WITH MAYOR'S S	PUBLIC DEFENDER ITAL HEALTH PROV USED ON HIGH PO' ITAFF;HELD MTGS. GAP IN DISCIPLINE	, AND HEALTH DEPT. IDERS AND COUNTY VERTY DESPITE NASH WITH METRO SCHOOL 550+ PEOPLE ATTEN	TO CREATE&FUN SHERIFFS TO GE WILLE'S LOW UN BOARD CANDID DED THE CANDID	D MENTAL HEALTH CHAN I \$15M FROM STATE GOV EMPLOYMENT. 130 PEOPL ATES SECURING PLEDGE ATE MTGS., WITH MEDIA	IGE /T FOR .E
-	"EQUIT COMMI" BILLS C	Y-IN-SCHOOL-DISCIPLIN TTED TO MENTAL HEAL ON AFFORDABLE HOUSII RUCTION JOBS FOR AIR	E COMM."1700 PEC TH CHANGE AT JAIL NG:INCLUSIONARY PORT EXPANSION	PLE MET WITH MAYO . AND POLICE BODY O ZONING AND DEVELO AND OTHER DEV'T TO	R ON PROGRESS :AMERAS;SUCCE :PER SUBSIDY; W :) UNEMPLOYED L	AND ACTIONS NEEDED; PSSFULLY SUPPORTED ME ORKED WITH COALITION OCALS.	TRO ON
4b	(Code:) (Revenue \$	
4c	(Code:) (Expens	98 \$	_ including grants of \$) (Revenue \$)
4d	Other pi	rogram services (Describe	on Schedule O.) including grants of	•) (Revenue \$		
4e		ogram service expenses		131,047	A VICTORIDE A		

di l	Olleckiet of Medulied Schedules		Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.		X	
2	complete Schedule A	2	^	X
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.	3		Х
4	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	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		Х
 e	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	-		 ^-
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	(* .*)		1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		•	S.
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			1.
	negotiation services? If "Yes," complete Schedule D, Part IV.	9	_	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	yrdq	20	9.44
	VII, VIII, IX, or X as applicable.	3.00		
·	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X	
	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.	11b		х
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	11c		<u> </u>
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
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	11f	e.	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	7 A 5 E 24.	х
	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	.	1.5	
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	1 1 1	X
14a		142	_	X
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		4.1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			ſ.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
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.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services	17		Х
18	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	100		
10	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	19 20a		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	20b		\^
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.	21 Form	990	(2019)

Par	t IV Checklist of Required Schedules (continued)			Г.,;
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	$\overline{}$	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		 ^
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		X
54 -	employees? If "Yes," complete Schedule J	20		<u> </u>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	. ,	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	ment of the second second second and the second	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	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	1.		
• •	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			'
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			:
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		
	persons? If "Yes," complete Schedule L, Part III.	27	, 54.53	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		1. X. 1	
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		
a	If"Yes, " complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
•	if "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
٠	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,			
	Illi, or IV, and Part V, line 1	34		X
35a		35a		-
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		┼
30	organization? If "Yes," complete Schedule R, Part V, line 2	36	. : -	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			†
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l '	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	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			14
۱b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			13
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
•		Form	220	(2019)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	200,100		
		5 .4		26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		100 100
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2 40	34.3	3.65
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48	73-45 Z	X
b	If "Yes," enter the name of the foreign country	136.4		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E03		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b.	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
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
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ina. Na	
7	Organizations that may receive deductible contributions under section 170(c).			
a .	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	200000		X
	and services provided to the payor?	7a 7b	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	-	┢──
C	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	3 200		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	.7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2.07		
÷	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ــــ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Park South	205-00-00 205-00-00-00
Ю, :	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-63		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	12	17
11,	Section 501(c)(12) organizations. Enter:		N.	9
a	Gross income from members or shareholders	-		4
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1000	177	
	against amounts due or received from them.)	12a	a management	Line Property
i2a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		V 50	27.5
ъ	Section 501(c)(29) qualified nonprofit health insurance issuers.		7.7	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
c ·	Enter the amount of reserves on hand			
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 on Schedule O	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
-	excess parachute payment(s) during the year.	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		0	63
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. •	If "Yes," complete Form 4720, Schedule O.	19.4		95
		Form	990	(2019)

Part VI

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

<u>Sect</u>	ion A. Governing Body and Management			Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year	1a	56		NO NO
1a		16			an T
	If there are material differences in voting rights among members of the governing body, or		8372	5.1	
	if the governing body delegated broad authority to an executive committee or similar	* * * * * * * * * * * * * * * * * * * *			
	committee, explain on Schedule O.	46	5e		
b	Files the lifetines of April 1101112010 the man and ma		5 6	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	sriip witti	(43Y	(3 <u>0</u> 7) 30	V
	any other officer, director, trustee, or key employee?	6; a a a a a a a a a a a a a a a a a a a	2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
.*	supervision of officers, directors, trustees, or key employees to a management company or other p		3		X
4.	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
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		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members),	٠.,		
	stockholders, or persons other than the governing body?	- "	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	100.0	2	
- :	the year by the following:		246	18	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9	,	X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	and the second second	10a		<u>X</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 pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		0.41		8 % 4 % C
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	7
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	val by		1	
••	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1230		* . Z
a	The organization's CEO, Executive Director, or top management official.		15a	. 34	Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	rement	100		
IVA	with a taxable entity during the year?		16a	***	Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			5 %	(2) (5).
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		8 TS.	300	X
:	the organization's exempt status with respect to such arrangements?	_	16b	\$300 mm	. A
Sect	ion C. Disclosure		:		
360. 17	List the states with which a copy of this Form 990 is required to be filed TN	v. The second second	4.1		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990), and 990-T (Section	n 501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap			•	
		kplain on Schedule	O)		
19.	Describe on Schedule O whether (and if so, how) the organization made its governing documents,				
	and 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 i	books and records	•		
1 · · ·	NASHVILLE ORGANIZED FOR ACTION AND HOPE(NOA)	(615) 905-66	24		
	PO BOX 331144, NASHVILLE, TN 37203				
				000	

	NASHVILLE ORGANIZED FOR AC			Ulahani Cama	62-144818	38 Page 7
Part VII	Compensation of Officers, Dire		s, key Employees,	uiduezi comb	ensated	
	Employees, and Independent C			\		
	Check if Schedule O contains a re					<u>· · · — </u>
Section A.	Officers, Directors, Trustees, K	ey Employees	s, and Highest Com	<u>pensated Emp</u>	loyees	
1a Complete to organization's	his table for all persons required to be I tax year.	isted. Report cor	mpensation for the cale	ndar year ending \	with or within the	
	of the organization's current officers, di			organizations), re	gardless of amou	ınt
	on. Enter -0- in columns (D), (E), and (£ 11/	aa 11	
List all	of the organization's current key emplo	yees, it any. See	e instructions for definition	on of key employe	ee. oo or key emplo	vaa)
• List the	organization's five current highest con reportable compensation (Box 5 of For	rpensated emplo	yees (diner than an one	'\ of more than \$1	.cc, or key employ	, cc ,
	nd any related organizations.	iii 44-2 diluyyi bu	X / Of FORM 1000-WINGC	y or inore trials \$1	00,000 110111 110	***
• List all	of the organization's former officers, ke	y employees, an	d highest compensated	employees who r	eceived more that	חג
\$100,000 of re	eportable compensation from the organ	ization and any r	elated organizations.			• • •
	of the organization's former directors					he
organization,	more than \$10,000 of reportable compe	ensation from the	organization and any r	elated organizatio	ns.	
See instructio	ns for the order in which to list the pers	ons above.		. : •		1 0
X Check thi	s box if neither the organization nor any	y related organiz	ation compensated any	current officer, dir	rector, or trustee.	•
		<u> </u>	(C)			

		(C)							* ,	
(A) Name and title	(B) Average hours	box.	unle	heck ss pe	erson linect	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
en e	per week (list any hours for related	individual i or director	Institutional	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1098-MISC)	from related organizations (W-2/1098-MISC)	compensation from the organization and related organizations
er e	organizations below dotted line)	Individual trustee or director	nei trustee		bloyee	e e e e e				
	uouse misy		8			sated				
(1) REV. ED THOMPSON	8.00					is to				
CHAIR	8.00		—	X	├		┢	<u> </u>		
(2) BILL HOWELL	12.00			١.,						
TREASURER	12.00		₩	X	├-	<u> </u>	├-	<u> </u>		
(3) MAURA-LEE ALBERT	2.00			١.,						क इंग्रेंबर
VICE CHAIR	2.00		↓	X	-	 	ļ		4 2 4 4 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(4) DR. JUDY CUMMINGS	4,00		1	l						
RECRUITMENT COMMITTEE CHAIR	4.00	_	ļ	L	!					
(5) REV. ANTONI SINKFIELD	8.00	•			ļ.	,				
FINANCE COMMITTEE CHAIR	8.00		<u> </u>		<u> </u>			and the second		
(6) SHEMERICA JORDAN	4.00					l		J. 13		
PR/SOCIAL MEDIA CHAIR	4.00	X	L	L						
(7) TANYA DEBRO	5.00									
SECRETARY	5.00	X	:	X			L	41		
(8) REV. GAIL SEAVEY	6.00									
PERSONNEL CHAIR	6.00	X	L			1				1 111
(9) DAWANA WADE	2.00	:					Γ.		4 7 - 4	
TRAINING CHAIR	2.00	X			L	<u> </u>		- 11		
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Form **990** (2019)

(16) (17) (18) (19)		rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploye)es,			ghes	t C	ompensated En	ployees (contir	nued)
Name and side Authorized Part Part			:								$(t_{i,j}, c_{i,j})$	
Complete this table on the organization of the complete of the organization of the complete						teck	more	than o				
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation Compensation Compensation Compensation of independent contractors (including but not limited to those listed above) who received				<u> </u>		L_	<u></u>		L			
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	D											The second second second second
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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or I	note to any line in	this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ø 60	1a	Federated campaigns	1a				igiga≋ codoc est	
불림	b	Membership dues	1b	48,443		The state of the s		
5 g	C	Fundraising events	1c	7,625			ower news	
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations						
돌		Government grants (contributions)	1e				ing in description	
g E	f	All other contributions, gifts, grants, and						Control of the Contro
윤입	•	similar amounts not included above	15	145,796	ા માટે જેવા	ds wasting		
夏曼	g	Noncash contributions included in					erovalari	
붙임	. 3	lines 1a–1f	1g	\$				
ပြေ	h	Total. Add lines 1a-1f	ليكني	>	201,864		nine?	Special Control of the Control of th
		100017700101001011111111111111111111111	••••	Business Code		The of exercise faci		
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احِ چَ					· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	ď		•					
	f	All other program service revenue		. •				:
۱ م		Total. Add lines 2a-2f	-	· ·			2000	Sough - Of
	3	Investment income (including dividends,						
		other similar amounts)			1,495			
	4	Income from investment of tax-exempt be						
	5	Royalties	• · · • •				- 1	
		(i) R	teal	(ii) Personal				predict it
	6a	Gross rents 6a				asi ari) ewan		
	b	Less: rental expenses 6b				The second secon	SUTTABLE SE	
	C	Rental income or (loss) 6c			grades i	eagle (C. Sala	re mesus (fil en	
	đ	Net rental income or (loss)		▶				
	. 7a	Gross amount from (i) Sec	urities	. (ii) Other			STATIST STATE	
		sales of assets		y				1. A Secretary Control of the second
		other than inventory 7a	• '-					deces in
9	b	Less: cost or other basis		• •				CLINE DE
ē		and sales expenses						invert "F
ther Revenue	C	Gain or (loss)						
- G	d	Net gain or (loss)	·		un verschen der Mit (* 1885)		N. T. S. W. J. S. K. S. J.	VIO ALL
통	· 8a	Gross income from fundraising				prission this er		
		events (not including \$ 7,625	-					Berry 201 - 02
		of contributions reported on line 1c).		81,842			SHERWAY OF ET	enges ti
		See Part IV, line 18	8a 8b	33,132		distribute fris	moteragii rami	penns S
	. b	Less: direct expenses			48,710			The state of the s
	G	Net income or (loss) from fundraising eve	3116		CONTRACTOR OF CAME	A TOME I SHAPE AND A STATE OF	77.1	
	9a	Gross income from gaming activities. See Part IV, line 19	9a			ing apering a co		
		Less: direct expenses			notation.	25 on 14 8 21	Discussion of the second	
	b	Net income or (loss) from gaming activiti	-		The last statement	A TACHES CASTANA MANAGAN	A SERVICE OF SECURITY ASSESSMENT OF SECURITY OF SECURI	
	40-	Gross sales of inventory, less	٠ <u>٠</u>	 			ALL DE MANUE	
	10a	returns and allowances	10a			gaali A & A		
	_	Less: cost of goods sold	10b			· · · · · · · · · · · · · · · · · · ·	1000	
	þ	Net income or (loss) from sales of invent		<u> </u>	est an reserve a return server	Andrews the content error consistency		
-	<u> </u>	Her mounte of flossy north sales of myent		Business Code	all of the land	Laborateria da	The Landing	of Section 7 in
Miscellaneous Revenue	11a				The second secon			
ž	b							
cellaneo Revenue	C						19 (1,1) 3 45	
2 8	d	All other revenue						
Ĭ	e	Total. Add lines 11a-11d		.			SALE RECESSES	Salvini .
	12	Total revenue. See instructions			252,069			L
								E QQD (2010)

toward of Euroblemal Evaponess

following SOP 98-2 (ASC 958-720)

Par Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other o	rganizations must d	complete column (A)),
<u> </u>	Check if Schedule O contains a response or note				
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations			and the Grant Co	
	domestic governments. See Part IV, line 21			TO STANKE DE	
2	Grants and other assistance to domestic	•		scoffedaja is	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		•	L STERIOSENES	anda i izi
	organizations, foreign governments, and foreign			uku 1001 2002 2002	
_	individuals. See Part IV, lines 15 and 16			a shorthann ter	
4	Benefits paid to or for members . Compensation of current officers, directors,				
5		,			
	trustees, and key employees				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,366	68,609	36,564	5,193
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		·		;
9	Other employee benefits	6,658	5,124	1,124	410
10	Payroll taxes	8,179	5,148	2,647	384
11	Fees for services (nonemployees):	,	man in the second	The state of the state of	
а	Management			,	
b	Legal				
C	Accounting	1,133		1,133	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			Section of the second	
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.)	3,075			
12	Advertising and promotion	1,389			54
13	Office expenses	5,097			
14	Information technology	7,176	4,306	1,435	1,435
15	Royalties	7,033	7,033		
16 17	Occupancy	937	937		
	Payments of travel or entertainment expenses	901	30,		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,749	10,749		
20	Interest	11			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·	:	, i
23	Insurance	1,670		1,670	
24	Other expenses. Itemize expenses not covered	and the state of t	The state of the s		
	above (List miscellaneous expenses on line 24e. If		Sameton S.	eriau incit smosii. Bi istii vii ik	
	line 24e amount exceeds 10% of line 25, column			ZGETRIZE COM	
	(A) amount, list line 24e expenses on Schedule O.)	d,		And the second s	
a	MEMBERSHIP DUES	20,623			
þ	GOVERNMENT LICENSES & FEES	220			<u> </u>
C	DUES & SUBSCRIPTIONS	569		569 55	
d	MISCELLANEOUS	55		35	
9	All other expenses Total functional expenses. Add lines 1 through 24e	184,940	131,047	46,420	7,473
25 26	Joint costs. Complete this line only if the	104,840	131,047	40,420	1,713
20	organization reported in column (B) joint costs	·	· .		
**	from a combined educational campaign and				
	fundraising solicitation. Check here		}		
	- Income		1	•	•

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Form 990 (2019) NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year 56,162 30,964 1. 248,627 205,908 2 2 3 3 4 4 Grand Committee Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 4 5 controlled entity or family member of any of these persons A WARRANTE WATER DO Loans and other receivables from other disqualified persons (as defined Occupation of the 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .7 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or ant Toll adoption of the BERTHROUGH LANCE. other basis. Complete Part VI of Schedule D 10a 5.519 Carl ia Consent chilode 3,713 10b 1,806 10c Less: accumulated depreciation b 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11...... 12 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 241.373 16 308,502 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 17 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 25 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 308,502 241,373

Net assets without donor restrictions

Total liabilities and net assets/fund balances.

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds . . .

Form 990 (2019)

308,502

308,502

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241,373

241.373

Form 8	990 (2019) NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH)	6	<u>2-1448188</u>	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		252,069
2	Total expenses (must equal Part IX, column (A), line 25)	2		184,940
3	Revenue less expenses. Subtract line 2 from line 1	3		67,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		241,373
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 on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10		308,502
art				r1
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L.</u>
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. Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes No
2a	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:	. :		2 2 2
	Separate basis Both consolidated and separate basis			
b	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:	• •	. 2b	X
	Separate basis Doth consolidated and separate basis			er V
C	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<u>2c</u>	
3a	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	x
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 on Schedule O and describe any steps taken to undergo such audits.	·	. 3b	`
			Form	990 (2019)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

IAS	HVI	LLE ORGANIZED FO	OR ACTION	AND HOPE (NOA	NH)		i	62-14	48188
Pai					ganizations must co	mplete th	nis part.)	See instructions.	
he	orga				or lines 1 through 12, o				Section 1
1	M				of churches described in			(A)(i).	
2	Ш	A school described	in section 1	1 70(b)(1)(A)(II). (At	tach Schedule E (Form	990 or 99	10-EZ).)		
3		• •		. •	zation described in sec				
4		A medical research hospital's name, city			unction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). En	ter the
5		An organization ope section 170(b)(1)(A			ge or university owned	or operate	ed by a gov	vernmental unit desc	cribed in
6	П				ntal unit described in se	ction 170)(b)(1)(A)(v).	
7			t normally re	eceives a substanti	al part of its support fro				ral public
8	П				A)(vi). (Complete Part	H.)			
9		An agricultural rese	arch organi	zation described in	section 170(b)(1)(A)(ix ture (see instructions).) operated	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or
10		An organization that receipts from activit support from gross	ies related t investment	to its exempt function income and unrelated to the community income and unrelated to the community in the co	han 33 1/3% of its suppons—subject to certain ted business taxable in See section 509(a)(2).	exception come (les	s, and (2) s section 5	no more than 33 1/3 511 tax) from busine	3% of its
11	П	•, •							
12	П	An organization org	anized and	operated exclusive	ely for the benefit of, to a	erform th	e function	s of, or to carry out t	he purposes
		of one or more publ	icly support	ted organizations d	escribed in section 50 9	(a)(1) or a	section 50)9(a)(2). See se ctio:	n 509(a)(3).
		the supported or	ganization(s	s) the power to reg	ularly appoint or elect a	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting
b	,	Type II. A suppo	rting organi	zation supervised o	or controlled in connecti	on with its	supporte	d organization(s), by	having
_	•	control or manag	gement of th	ne supporting organ	nization vested in the sa	me perso	ns that co	ntrol or manage the	supported
	[organization(s).	You must d	complete Part IV, 3	sections A and C. organization operated i	n connect	ion with a	and functionally intec	rated with.
Ľ	' '	its supported ord	anization(s) (see instructions).	. You must complete F	art IV, Se	ections A,	D, and E.	
C	1	Type III non-fun	ctionally in	tegrated. A suppo	rting organization opera	ated in cor	nection w	ith its supported org	anization(s)
		that is not function	onally integr	rated. The organiza	tion generally must sati	sty a distr	and Part	quirement and an au V.	enuveness
	Ü	Check this box if	the organiz	zation received a w	ritten determination from	n the IRS	that it is a	Type I, Type II, Typ	eIII
٠	'	functionally integ	grated, or Ty	pe III non-function	ally integrated supporting	ng organiz	ation.		
f								• • • • • • • • •	
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. a									
		italite of adopoined argum	233011		(described on lines 1-10	listed in you	ur governing		
	١					Yes	No		
A)									
B)									
C)							18 a		
D)	· ·								
E)			* 1						
				1			- Revolution to	T	

chedule A (Form 980 or 990-EZ) 2019 NASH\ Part II Support Schedule for O	ILLE ORGANIZED	cribed in Sect	ID HOPE (NOAH) (A)(iv) and 17	62-14481 O(b)(1)(A)(vi)	88 Page
(Complete only if you che	cked the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify u	nder
Part III. If the organization	n fails to qualify un	der the tests lis	sted below, ple	ase complete F	Part III.)	
Section A. Public Support						
calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and			*			
membership fees received. (Do not				* * * * * * * * * * * * * * * * * * * *		
include any "unusual grants.")	•					
2 Tax revenues levied for the						
organization's benefit and either paid				• .		A CONTRACTOR
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	•			D. CANCETT DESCRIPTION	775000000001000000000000000000000000000	·
5 The portion of total contributions by	en de l'extra de la companse	(V)		24.38.37 (2.17)	si 10-9983 ipis	
each person (other than a	The first of the second and the second	TO BE THE				
governmental unit or publicly	120000 152000 12.00				780-12 42 (4.50-1)	
supported organization) included on				制えがなける すべし となる (25) さいしょしょく	gle strict the same	
line 1 that exceeds 2% of the amount						
shown on line 11, column (f)		ine) i vertica (explication) soc	ache de destaces	er en		
6 Public support. Subtract line 5 from line 4 Section B. Total Support	CONTRACTOR CONTRACTOR	135-1-20060-192131-0015	Control of the Contro	And the second s	Security of the Security of th	
Section B. Loral Subbuct						
	(a) 2015	/b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1) Total
 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltles, and income from 	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			(c) 2017	(d) 2018	(e) 2019	(f) Total
Amounts from line 4			(c) 2017	(d) 2018	(e) 2019	(f) Total
alendar year (or fiscal year beginning in) 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 carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			(c) 2017	(d) 2018	(e) 2019	(f) Total
 alendar year (or fiscal year beginning in) 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 carried 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. 					(e) 2019	(f) Total
 Amounts from line 4. 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 . 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. Gross receipts from related activities, et 	c. (see instructions) .				12	(f) Total
alendar year (or fiscal year beginning in) Amounts from line 4	c. (see instructions) .	second, third, fourt	h, or fifth tax year :	as a section 501(c)	12	
 alendar year (or fiscal year beginning in) 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 carried 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. 12 Gross receipts from related activities, etc. 13 First five years. If the Form 990 is for the organization, check this box and stop here. 	c. (see instructions) . he organization's first,	second, third, fourt	h, or fifth tax year :	as a section 501(c)	12	
 Calendar year (or fiscal year beginning in) 7 Amounts from line 4	c. (see instructions) . he organization's first, ere . Support Percent	second, third, fourt	h, or fifth tax year	as a section 501(c)	12	
 Amounts from line 4. 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. 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. Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. 	c. (see instructions) . he organization's first, ere . Support Percent 6, column (1) divided i	second, third, fourt age by line 11, column (h, or fifth tax year	as a section 501(c)	12	

and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization.

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, 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 organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

Part III

Suppo									

(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.)

0	Alam A. Ducklin Cummant	and the second second second		1. th 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	**	4	
	tion A. Public Support	4.3.0045	(t) 0040	(-) 0047	(4),0040	(-) 0040	/A Total
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
_	received, (Do not include any "unusual grants.")		er e i de la				
2	Gross receipts from admissions, merchandise					i e	• * * * *
	sold or services performed, or facilities furnished in any activity that is related to the						A Company
	organization's tax-exempt purpose				•		
3	Gross receipts from activities that are not an						8 T - 17
	unrelated trade or business under section 513			• • • • •	and the second		. 15
4	Tax revenues levied for the			-1, 1 4 A			
•	organization's benefit and either paid to		1				
	or expended on its behalf						, ·
_	The value of services or facilities						
5		,					
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3			1 20			
	received from disqualified persons						
b	Amounts included on lines 2 and 3				the state that		
	received from other than disqualified						
	persons that exceed the greater of \$5,000		13 B				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				District Control of the Control of t	A STATE OF THE STA	
8	Public support (Subtract line 7c from	- 10 CONTRACTOR	COLUMN TOUS	pegin bartegous	righted sit is no	10 8 15 16 17 7 18	,
	line 6.)					334	
Sec	tion B. Total Support	the second	7 5 5 5				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	payments received on securities loans, rents, rovaities, and income from similar sources			*			
ь	royalties, and income from similar sources			•			•
b	royalties, and income from similar sources	. h.,		•			
b	royalties, and income from similar sources						
	royalties, and income from similar sources : Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	royalties, and income from similar sources : Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	royalties, and income from similar sources : Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	royalties, and income from similar sources : Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
6 11	Investies, and income from similar sources: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
6 11	royalties, and income from similar sources: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).	manization's first	econd third four	or fifth tax year	as a section 501(c)		
c 11 12	royalties, and income from similar sources: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the capital assets is required to the capital assets.			n, or fifth tax year i	as a section 501(c)		
c 111 12 13	royalties, and income from similar sources: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the corganization, check this box and stop here			n, or fifth tax year a	as a section 501(c)		
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c 111 12 13 14 Sec 15 16 Sec 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2019 (line 8, 2). Public support percentage from 2018 Scheet investment income percentage from 2018 States 33 1/3% support tests—2019. If the organ	pport Percent column (f), divided lule A, Part III, line nt Income Perce e 10c, column (f), column ichedule A, Part III, ization did not che	age by line 13, column 15 centage divided by line 13, column in 17 ck the box on line 1	(f))	nore than 33 1/3%,	(3) 15 16 17 18 and line 17 is	
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c 111 12 13 14 Sec 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2019 (line 8, 2). Public support percentage from 2018 Scheet investment income percentage from 2018 Scheet investment inc	pport Percent column (f), divided lule A, Part III, line nt Income Perce e 10c, column (f), column (f)	age by line 13, column 15. centage divided by line 13, column in 17. ck the box on line 19 ganization qualifies ck a box on line 14	(f)). 4, and line 15 is mas a publicly suppor line 19a, and line	nore than 33 1/3%, orted organization ne 16 is more than	(3) 15 16 17 18 and line 17 is 33 1/3%, and	
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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.)

Se	ctio	n A.	All	Supp	orting	Organ	izations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
 - 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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Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2019 NASHVILLE ORGANIZED FOR ACTION AND HO	DPE (448188 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	rizations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Section	S A through E.
Section 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	45	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			£ "
collection of gross income or for management, conservation, or			
maintenance 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		3
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1-31	i Andret i so temeto come c	- Vidor oxas
instructions for short tax year or assets held for part of year):	11.70	no tritte and realities with	TO COMPLETE STREET
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	11		
e Discount claimed for blockage or other	1.33	esaner 10 first comes avids i	ARUTENES MELLIAC
factors (explain in detail in Part VI):		le minimum	Year cases on one
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 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.		1,4
Section C - Distributable Amount		g Mina recchie (selleginami) La hardestah direnciasia s	Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	avair remedatava et m	
2 Enter 85% of line 1	2	es em provide exemplific to a	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	_	are tropical advanced to real-	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		e-team A and trailing of Ch	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly int	egrated Type III supporting	organization (see

instructions)

Part	1ype III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem		1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is respo	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0.000
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			The state of the s
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
<u>b</u>	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e	District the state of the control of		
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			en seemale en de particular de la company
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7.	Excess distributions carryover to 2020. Add lines 3j and 4c.	<u>.</u> :		
8	Breakdown of line 7:			4.20
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			
		The second of th	parameter than an experience of the second s	the state of the s

Schedule A (Fo	rm 990 or 99	90-EZ) 2019	NAS	SHVILLE	ORGANIZ	ED FOR	ACTIO	ON AND	HOPE (NUAH)		02-14		P	age O
Part VI	Suppler	nental ini	formatio	n. Provid	le the expla	anations	require	d by Par	t II, line	10; Pa	art II, in	ne 17a	or 1/0; i	-ап	7.	
	III, line 1	2; Part IV	, Section	A, lines	1, 2, 3b, 3	c, 4b, 4c,	5a, 6,	9a, 9b, 9	9c, 11a,	11b, a	ind 110	; Part I	V, Section	on	•	
	B, lines	1 and 2; F	Part IV, S	ection C	, line 1; Pa	rt IV, Sec	tion D	, lines 2 a	and 3; P	art IV,	Section	n E, lin	es 1c, 2	a, 20.		
	3a, and	3b; Part √	/, line 1; l	Part V, S	ection B, li	ne 1e; P	art V, S	Section D	, lines 5	i, 6, an	id 8; ai	nd Part	V, Secti	on E,		•
	lines 2,	5, and 6. /	Also com	plete this	s part for a	ny additio	onal inf	ormation	. (See ir	nstruct	ions.)	· · ·	<u> </u>			

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

NAS	HVILLE ORGANIZED FOR	R ACTION AND HOPE (NOAH)			62-1448188
	rt I-A Complete if t	he organization is exempt und	er section 501	c) or is a section 527 o	organization.
1 2 3	Provide a description of the definition of "political cam Political campaign activity	ne organization's direct and indirect p	oolitical campaign	activities in Part IV. (see ins	tructions for
	t I-B Complete if t	he organization is exempt und	ler section 501	c)(3).	
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 ▶ \$	
2	_	excise tax incurred by organization m		the state of the s	
3		ed a section 4955 tax, did it file Form			
4a	-			·	. Yes No
b	If "Yes," describe in Part I	IV.		in the second of	
	rt I-C Complete if t	he organization is exempt und	ler section 501	(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function	
	activities	in the second		······ \$	
2	Enter the amount of the fi	iling organization's funds contributed	to other organizat	ons for section	
-		vities			
3		penditures. Add lines 1 and 2. Enter h			
		file Form 1120-POL for this year?			Yes No
5	Enter the names, address organization made payme the amount of political col	ses and employer identification numb ents. For each organization listed, en ntributions received that were prompt fund or a political action committee	er (EIN) of all sector ter the amount pathy and directly del	tion 527 political organization of from the filing organization ivered to a separate politica	ons to which the filing on's funds. Also enter al organization, such
1	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)			_		
(3)					
(4)					
(5)					
(6)					

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Р	art II-A Complete if the organize under section 501(h)).	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction
A	Check ▶ if the filing organization	on belongs to an	affiliated group (a	nd list in Part IV	each affiliated gro	up member's
	name, address, EIN,	— — — — — — — — — — — — — — — — — — —				
R	Check ▶ if the filing organization	•			•	
				providence		· · · · · · · · · · · · · · · · · · ·
	Limits on (The term "expenditure	Lobbying Expendi s" means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (gra	assroots lobbying).			1,000
þ	Total lobbying expenditures to influence	e a legislative body	(direct lobbying) .		3. 1 1 44	
C	Total lobbying expenditures (add lines	1a and 1b)				
d	Other exempt purpose expenditures .				1	
е	Total exempt purpose expenditures (ad	dd lines 1c and 1d).		• • • • • •	the second second	.4
f	Lobbying nontaxable amount. Enter the	e amount from the f	ollowing table in bot	h		
	columns.					4.
	If the amount on line 1e, column (a) or (b) is: The lobbyi	ng nontaxable amou	unt is:	1.7 10 TO TO TO THE	IVQ 3484(346)
	Not over \$500,000	20% of the	amount on line 1e.		to said and side	¥ 5 7 2 3
	Over \$500,000 but not over \$1,000,000				grosid ar rollous.	6.5 Staron ^e s (f
	Over \$1,000,000 but not over \$1,500,000				ngi a qeas isokica	To 1969 a Refu
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i	Subtract line 1f from line 1c. If zero or l	ess, enter -0				
j						
	section 4911 tax for this year?				[Yes No
		4-Year Averagin	g Period Under Se	ction 501(h)		
	(Some organizations that made		_		of the five columns	below.
	S	ee the separate ins	structions for lines	2a through 2f.)		
		·			·	
	Lo	bbying Expenditur	es During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)		;			
2a	Lobbying nontaxable amount				1 10 m	29,416
b	Lobbying ceiling amount		. 프라마스 (1980년 - 1982년 - 1982년 - 1984년	odenovajna 7000 k	ras aseres consultados. A estractivas abstit	· · · · · · · · · · · · · · · · · · ·
	(130% of life 2a, coldfill(e))					44,124
C	Total lobbying expenditures	1,500				1,500
d	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
е			3.4.2.			
	(150% of line 2d, column (e))					11,031
f	Grassroots lobbying expenditures	750				750

Schedule C (Form 990 or 990-EZ) 2019

Page 3

	(election under section 501(h)).					
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	3)		(b)	
desc	ription of the lobbying activity.	Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					en en en
	referendum, through the use of:					
а	Volunteers?			400 - 12-17		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
l	Other activities?	45. Y 47. W				
J	Total. Add lines 1c through 1i	18052	did (1946)	e tilecce i i i i i	0.452 a 910	1.00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	vi devic	2 S. Kg)		ા જેમાં જે હતે કે	
b	If "Yes," enter the amount of any tax incurred under section 4912		داداداری از رکانیستا			
ن م	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	an entrans de p	وتروية فرنست	54556 B 50	nska mar	
	till-A Complete if the organization is exempt under section 501(c)(4), section 501	c)/5)	ors	ection		-555
rai	501(c)(6).	C)(S)	UI 3	CCLIOII	•	
	30 I(C)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			. 1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye					
1	answered "Yes." Dues, assessments and similar amounts from members		1	F		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	•				
_	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		at the second			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4		•	
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); F	Part II-	A, lines	1 and	
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
			<del>-</del>			

### NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH)

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
	·	· · · · · · · · · · · · · · · · · · ·
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		<u></u>
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		· <u>·</u>
		·
	<del></del>	
		·

### SCHEDULE D (Form 990)

HTA

Department of the Treasury Internal Revenue Service Name of the organization

# **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

2019

Open to Public Inspection

Employer identification number ....

	IVILLE ORGANIZED FOR ACTION AND HOP	E (NOAH)	<u> </u>	62-1448188
Part				Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds		(b) Funds and other accounts
.1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			, and
5	Did the organization inform all donors and don	or advisors in writing that the assets	held in donor a	advised
_	funds are the organization's property, subject			
6	Did the organization inform all grantees, donor			
•	only for charitable purposes and not for the be			
	conferring impermissible private benefit?			
Part				
ı au	Complete if the organization answer	ed "Ves" on Form 000 Port IV lie	ne 7	
1	Purpose(s) of conservation easements held by			
. 1	Preservation of land for public use (for example)			storically important land area
	and the second s			The state of the s
٠.	Protection of natural habitat	Prese	rvation of a ce	rtified historic structure
	Preservation of open space	ang katalah merendakan di kacamatan di kacamatan di kacamatan di kacamatan di kacamatan di kacamatan di kacama	ing Angalan sa kanang	get et en
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contri	ibution in the <u>f</u>	
	easement on the last day of the tax year.	ر و را <del>ه</del> ا در در در در مهر در در در در در استان الحرار در		Held at the End of the Tax Year
8	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a certif			2c
d.	Number of conservation easements included i			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified,	transferred, released, extinguished, o	r terminated b	y the organization during
	the tax year	The state of the state of the state of		and the state of t
4	Number of states where property subject to co		•	
5	Does the organization have a written policy re-			
	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enfo	rcing conservati	ion easements during the year
_	<b>——————————</b>			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation e	asements during the year
_	<b>\$</b>	W. Other to the state of the st		470/44/043
8	Does each conservation easement reported or		ents of section	
_				Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its rev	/enue and exp	ense statement and
, ac	balance sheet, and include, if applicable, the to		s nnanciai stai	tements that describes the
	organization's accounting for conservation ease III Organizations Maintaining Collect		o o Othor	Similar Access
Part	Complete if the organization answer			Sillingi Maacto.
4.	If the organization elected, as permitted under			ent and halance sheet
7 <b>a</b> .	works of art, historical treasures, or other simil	ior posses held for public exhibition, ex	direction of re	search in furtherance of
~**	public service, provide in Part XIII the text of the	al assets held for public exhibition, of	that describes	theed items
_	fithe organization elected, as permitted under	EASS ASC OSS to report in its reven	u la ucsonbes	and helance sheet
D	works of art, historical treasures, or other simil	lor assets hold for public exhibition. ev	dication or re	search in furtherance of
			aucauori, or re-	Scarcin in laratorarios of
٠	public service, provide the following amounts (i) Revenue included on Form 990, Part VIII, i			• • • • • • • • • • • • • • • • • • •
	(II) Assets included in Form 990, Part X.			<b>&gt;</b> \$
•	(II) Assets included in Form 990, Part X.  If the organization received or held works of a	rt hietorical trageurae or other eimilar	assets for fins	ancial gain, provide the
2	following amounts required to be reported und			minima Brand branca and
	Revenue included on Form 990, Part VIII, line			<b> </b>
ā	Assets included in Form 990, Part X.			
<u></u>	Assert Included in Folili 330, Fall A.			Schedule D (Form 990) 2019

Part	Organizations Maintaining Co	ilections of A	rt, Histo	rical Trea	sures, or	Other Similar Asse	ts (conti	nued)
3	Using the organization's acquisition, acco	ession, and other	records,	check any	of the following	ng that make significar	nt use of it	ts
Ĭ.,	collection items (check all that apply):			· · · · · ·				
а	Public exhibition	•	d .	Loan or	exchange pro	ogram		
b	Scholarly research		е 🗔	Other	•	· · · · · · · · · · · · · · · · · · ·		
-			-				i	
C	Preservation for future generations  Provide a description of the organization	la collectione and	evnlein h	ow they fit	rther the oras	anization's exempt nur	ose in Pa	art
4	XIII.	S CONSCIONS AND	expiam n	ow niey io	inioi nie oige	anzadon a exempt por	JOOD III F	
	During the year, did the organization soli	cit or receive don	etions of	art historic	al treasures.	or other similar		
5	assets to be sold to raise funds rather that	an to be maintain	ed as part	of the ord	anization's c	ollection?		es No
Part								
rait	Complete if the organization an	swered "Yes" o	n Form 9	90. Part	IV. line 9, c	or reported an amou	nt on Fo	rm
	990, Part X, line 21.			,				
1a	Is the organization an agent, trustee, cus	stodian or other in	ntermediar	y for contr	ibutions or ot	ther assets not		
14	included on Form 990, Part X?			·			Y	es No
b	If "Yes," explain the arrangement in Part	XIII and complet	e the follo	wing table	:			
7, 1					<i>*</i> *		Amount	
C	Beginning balance					1c		
d.	Additions during the year						<u> </u>	
8	Distributions during the year					<u>1e</u>		
f	Ending balance				• • • • • •	1f	- 1	
<b>2a</b>	Did the organization include an amount of						Y	es X No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the expl	anation ha	as been provi	ded on Part XIII		<u> </u>
Part	V Endowment Funds.		• •		9.		•	
	Complete if the organization an	swered "Yes" o	on Form	990, Part	IV, line 10.	Mark Control		
		(a) Current year		or year	(c) Two years		ck (e) F	our years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains,		İ			e to the second		
	and losses		<u> </u>					
d	Grants or scholarships		<b> </b>		<del></del>			
8	Other expenditures for facilities	e de la companya de La companya de la co						
_	and programs						-	
T	Administrative expenses							
Ž	End of year balance	current year end	halance (	line 1g. cc	lumn (a)\ hel	ld as		· · · · · · · · · · · · · · · · · · ·
2	Board designated or quasi-endowment		%	illo ig, oc	nami (a)) no			
a b	Permanent endowment	%						
C		<u>/</u>		• •			•	
	The percentages on lines 2a, 2b, and 2c		0%.					
3a	Are there endowment funds not in the po	ossession of the	organizatio	on that are	held and ad	ministered for the		
	organization by:				• •		_	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
þ	If "Yes" on line 3a(ii), are the related org						_3b_	
4	Describe in Part XIII the intended uses of		n's endow	ment fund	<u>s.</u>			
Pari	VI Land, Buildings, and Equipm	ent.	F-	nnn	N/ line 44	- Cas Farm 000 D	ome V lime	- 10
	Complete if the organization an							3ook value
	Description of property	(a) Cost or o			or other basis other)	(e) Accumulated depreciation	(0)	SOUL FOING
1a	Land	.	<del> </del>	<del>                                     </del>		ngg away an habatan		
b	Buildings							
c	Leasehold improvements							
ď	Equipment				5,519	1,806		3,713
	Other	. [				L		
Tota	Add lines 1a through 1e. (Column (d) mi	ust equal Form 9	90. Part X	column (	B), line 10c.)			3,713

(a) Description of security (including name of (inc	go, Part X, col. (B) line 12.  rogram Related.  organization answer	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	90, Part X, col. (B) line 12. Program Related. Organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	90, Part X, col. (B) line 12. Program Related. Organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	90, Part X, col. (B) line 12. Program Related. Proganization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(E) (F) (G) (H)  Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND A CONTRACT OF THE STATE
(F) (G) (H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND
(G) (H) Total. (Column (b) must equal Form 9 Part VIII Investments—F Complete if the c	rogram Related. organization answer		CONTRACTOR OF THE PROPERTY OF
(H) Total. (Column (b) must equal Form 9 Part VIII investments—F Complete if the c	rogram Related. organization answer		CAR VOLSON TOWNS AND
Total. (Column (b) must equal Form 9 Part VIII Investments—P Complete if the co	rogram Related. organization answer		CONTRACTOR OF THE PROPERTY OF
Part VIII Investments—F Complete if the c	rogram Related. organization answer		
Complete if the o	organization answer	ed "Yes" on Form 990	D. ( D. ( ) 44 O 5 000 Dod V line 40
Int Procedules of	lant on manner mana		, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of	nvesunent	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		<del></del>	
(5)			
<u>(6)</u>	· · · · · · · · · · · · · · · · · · ·		
(7) (8)			
(9)			
Total. (Column (b) must equal Form 9	90, Part X, col. (B) line 13.	), ▶	
Part IX Other Assets.			, Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)			
(2)		<u></u>	
_(3)			
(4)			
(5)			
(6)			
(7)			and the second s
(8)			
(9) Total. (Column (b) must equal l	orm 990. Part X. col.	(B) line 15.)	· · · · · · · · · · · · · · · · · · ·
ParieX Other Liabilities	<b>t.</b>		, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.			
1.	(a) De	scription of liability	(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			
(3)			
(4)			
(5)			
(6)	•		
(7)			
(8)			
(9) Total. (Column (b) must equal i	orm 990 Part Y col	(R) line 25.)	
2 Lightlity for uncertain tay nositio	ns In Part XIII provide t	he text of the footnote to the	organization's financial statements that reports the ne text of the footnote has been provided in Part XIII.

	AH)			48188	Pag
XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue	oer Return.		
Complete if the organization answered "Yes" on Form 990, Part	: IV, line	12a.			·
Total revenue, gains, and other support per audited financial statements	·		. 1		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	100		
Net unrealized gains (losses) on investments	2a	<del> </del>	32433	14.	1 -
Donated services and use of facilities	2b		i yira		
Recoveries of prior year grants	2c				
Other (Describe in Part XIII.)	2d	······································			
Add lines 2a through 2d			2e	1	
Subtract line 2e from line 1			. 3		٠.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
Investment expenses not included on Form 990, Part VIII, line 7b	4a		04.103.134 147.530.34		
Other (Describe in Part XIII.)	4b				
Add lines 4a and 4b		,	. 4c		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
XII Reconciliation of Expenses per Audited Financial Statemen				71	
Complete if the organization answered "Yes" on Form 990, Part	IV: line	12a	<b>5 5</b> 01 110122		
Total expenses and losses per audited financial statements	1	16.44.	1	<del>i                                     </del>	
Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • . • .	:	54,17%		
Donated services and use of facilities	2a		(A)		
Prior year adjustments	2b				
Other losses	2c				
Other (Describe in Part XIII.)	2d	<del> </del>			
Add lines 2a through 2d.			2e	1	
· · · · · · · · · · · · · · · · · · ·			3		·
	i ' ' i	• • • • • •	370380	<del> </del>	··· ·
Subtract line 2e from line 1		• 140 • 14 fe • 17 • 17			
Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b					<u> </u>
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b					
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4b		. 4c		
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4b				
Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4b )		4c 5	ne 4: Part )	C. line
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.).  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line 18.)  XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Inc.	4b ) Part IV, I	nes 1b and	4c 5	e 4; Part >	C, line
Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4b ) Part IV, I	nes 1b and	4c 5	e 4; Part >	C, line
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Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.).  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	4b ) Part IV, I	nes 1b and	4c 5	e 4; Part >	C, lin
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Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.).  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	4b ) Part IV, I	nes 1b and	4c 5	e 4; Part	K, lin
Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.).  Add lines 4a and 4b	4b ) Part IV, I	nes 1b and	4c 5	e 4; Part >	C, lin
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Part XIII	Supplemen	tal Informatio	on (continue	<u>a)                                    </u>			<u> </u>			
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

required to co ised funds throu or oral agreement Part VII) or entity	organizat mplete th igh any of t e So f So g So nt with any in connect	is part. the followin blicitation o blicitation o becial fund individual tion with pr	ered "Yes" on Follog activities. Check a find a government grant raising events (including officers, cofessional fundraising ant to agreements up a greements up a greement of the company	all that apply. grants s directors, trustees, ing services?	
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or oral agreemer Part VII) or entity viduals or entitle	e Soft Soft Soft Soft Soft Soft Soft Soft	olicitation o olicitation o pecial fund individual tion with pr	of non-government grant of government grant raising events (including officers, or ofessional fundrais)	grants s directors, trustees, ing services?	∏ Yes ∏ N
Part VII) or entity viduals or entitie	g Sont with any in connec	pecial fund individual tion with pr	raising events (including officers, or ofessional fundrais)	directors, trustees, ing services?	∏ Yes ∏ N
Part VII) or entity viduals or entitie	nt with any	individual tion with pr	(including officers, or	ing services?	☐ Yes ☐ N
Part VII) or entity viduals or entitie	in connec	tion with pr	rofessional fundralsi	ing services?	Yes N
Part VII) or entity viduals or entitie	in connec	tion with pr	rofessional fundralsi	ing services?	Yes N
Part VII) or entity viduals or entitie	in connec	tion with pr	rofessional fundralsi	ing services?	Yes N
	s (fundrais	ers) pursua	ant to agreements u	وسري عرجله علمتماني سمامي	۱۰ لیا ۲۰۰۰ لیب
			-	inger which the lund	Iraiser is to be
(II) Activity	custody o	draiser have r control of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid (or retained by) organization
	Yes	No			
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		·			
			·		
ion is registered	or license	d to solicit	contributions or has	been notified it is e	xempt from

	ion is registered				ion is registered or licensed to solicit contributions or has been notified it is e

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?	Yes No
10:	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? o If "Yes," explain:	

Schedule G (Form 990 or 990-EZ) 2019

11	Does the organization conduct gaming activities with nonmembers?
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
-	formed to administer charitable gaming?
3	Indicate the percentage of gaming activity conducted in: The organization's facility
a	The organization's facility
ь 4	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
5a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
D	amount of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	Name >
	Address >
6	Gaming manager information:
	Name ▶
	Gaming manager compensation > \$
	Description of services provided
	☐ Director/officer ☐ Employee ☐ Independent contractor
7	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
ar	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	Gee manachona.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No; 1545-0047 201 Open to Public Inspection

Employer Identification number

62-1448188

Department of the Treasury Internal Revenue Service Name of the organization

NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH)	62-1448188
Form 990, Part VI, Section B, Line 11A: EACH MEMBER OF THE BOARD IS PROVI	
THE PREPARED FORM 990. THEY ARE GIVEN AN OPPORTUNITY TO REVIEW T	THE DOCUMENT AND SUBMIT ANY
QUESTIONS TO THE PREPARER, WHO SHALL RESPOND TO THEIR INQUIRES.	ANY MODIFICATIONS, AS DEEMED
NECESSARY, WILL THEM BE MADE.	
Form 990, Part VI, Section B, Line 12C: EMPLOYEES AND BOARD MEMBERS ARE	ASKED ANNUALLY ABOUT
THE POSSIBLE CONFLICTS OF INTEREST. ANY POSSIBLE CONFLICTS ARE HA	NDLED AT BOARD MEETINGS.
Form 990, Part VI, Section B, Line 19: NOAH HOLDS PHOTOCOPIES OF ALL GOV	ERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS IN OUR OFFIC	CE. THEY ARE AVAILABLE FOR
PUBLIC INSPECTION, BY REQUEST, DURING REGULAR BUSINESS HOURS.	

Schedule O (Form 990 or 990-EZ) (2019)		Page 🚣
Name of the organization		Employer identification number
NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH)		62-1448188
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	Cash	Noncash
Federated Campaigns	10.440	
Membership dues	48,443	.,
Fundraising events	7,625	
Related organizations,.................................4 ]		
Government grants (contributions)		
All other contributions, gifts, grants, and similar amounts not included above:		
GRANTS	129,901	
NDIVIDUAL GIFTS	15,135	
ONATIONS		
UBLIC MEETINGS	760	
IEMBERSHIP GIFTS		
Other contributions total	145,796	
Total	201.864	

## Part X, Lines 10a and 10b (990) - Land, Bulldings, and Equipment

			Before Disposition: Less Disposed:		1,018	4,501	
		* Asset disposed during tax year	After Disposition:	5,519			
	*	Asset Description and Classification		Beginning of Year			
1	Check (X) if				Beginning		Curr
1	Investment		Asset	Cost/Other	Accumulated	Beginning	Yei
	Asset	Category or Item	Classification	Basis	Depreciation	Balance	Deprec
$\vdash$	1	COPIER	Equipment	5,519	1,018	4,501	