

**Federal Information Return
Form 990
for**

Allied Churches of Alamance County, Inc

1/1/2012 -- 6/30/2012

**CYNTHIA C. PERRY, CPA
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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning 1/1/2012, and ending 6/30/2012																																																			
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provide shelter and food for the homeless, offer support to those that desire to develop or enhance their life goals and assist others in the community with financial assistance for emergency household utilities' needs & prescription medicines.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 14		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 14		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 25		
	6	Total number of volunteers (estimate if necessary) 6 7		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0		
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	923,327	211,228
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,148	1,654
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,858	3,355
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	929,333	216,237
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	379,774	211,223
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,312		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	227,129	133,960
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	606,903	345,183
19	Revenue less expenses. Subtract line 18 from line 12	322,430	-128,946	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	865,690	749,018
	22	Net assets or fund balances. Subtract line 21 from line 20	46,747	57,258
			818,943	691,760

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Greg Seel	President, Board of Directors			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	CYNTHIA C. PERRY, CPA	CYNTHIA C. PERRY, CPA	12/5/2012		P00262087
	Firm's name ▶ CYNTHIA C. PERRY, CPA	Firm's EIN ▶ 26-2441063			
	Firm's address ▶ 2236 PINE KNOLL TERRACE, BURLINGTON, NC 27217-3177	Phone no. (336) 229-4567			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2011)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☐**1** Briefly describe the organization's mission:

Provide food & shelter for the homeless, offer support to those that desire to develop or enhance their life goals and assist others in the community with financial assistance for emergency household utilities' needs & prescription medicines.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 183,316 including grants of \$ 0) (Revenue \$ 173,158.)

Provide food & shelter for the homeless and case management support.

4b (Code:) (Expenses \$ 52,637 including grants of \$ 0) (Revenue \$ 27,906.)

Offer support to those that desire to develop or enhance their life goals, including computer skills training and job resource skills.

4c (Code:) (Expenses \$ 18,872 including grants of \$ 0) (Revenue \$ 10,164.)

Assist with meeting emergency utilities' needs & prescription medicines.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 254,825

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	25
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
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," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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 and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent . . .	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		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		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	X	
b Each committee with authority to act on behalf of the governing body? . . .	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . .	9		X

Section 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? . . .	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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	X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. . .	15a X	
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 arrangement with a taxable entity during the year? . . .	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►** The organization is not required to file Form 990.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►** Greg Seel (336) 229-0881
 206 N. Fisher St, Burlington, NC 27216

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Hunter Thompson Executive Director	40.00	X						33,000	0	0
(2) SEE ATTACHED-NONE ARE COMPENSAT Board Members	0.75	X						0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								33,000	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								33,000	0	0

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
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? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

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) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 11,407				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 13,626				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 47,838				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 138,357				
	g	Noncash contributions included in lines 1a-1f: \$ 4,750					
	h	Total. Add lines 1a-1f		211,228			
Program Service Revenue				Business Code			
	2a				0		
	b				0		
	c				0		
	d				0		
	e				0		
	f	All other program service revenue			0		
	g	Total. Add lines 2a-2f			0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,654		1,654
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)			0		
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		0	0		
	b	Less: cost or other basis and sales expenses		0	0		
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		a 0			
	b	Less: direct expenses		b 0			
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities. See Part IV, line 19		a 0			
	b	Less: direct expenses		b 0			
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances		a 0			
b	Less: cost of goods sold		b 0				
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code				
11a	Miscellaneous			3,355		3,355	
b				0			
c				0			
d	All other revenue			0			
e	Total. Add lines 11a-11d			3,355			
12	Total revenue. See instructions			216,237	0	0	5,009

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	33,000	11,155	14,195	7,650
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	149,529	131,287	18,237	5
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,322	1,484	614	224
9	Other employee benefits	14,718	9,552	5,166	0
10	Payroll taxes	11,654	9,090	2,009	555
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	4,962		4,962	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	164		164	
g	Other	0			
12	Advertising and promotion	279		279	
13	Office expenses	27,891	23,252	4,040	599
14	Information technology	575	175	400	
15	Royalties	0			
16	Occupancy	37,770	25,884	11,552	334
17	Travel	6,943	6,943		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	2,143		2,143	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,847	11,262	8,585	0
23	Insurance	8,292	5,051	2,992	249
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Emergency Assistance Network	12,500	12,500		
b	Repairs & Maintenance	7,384	6,272	1,112	
c	Printing & Newsletters	380		380	
d	Other	4,830	918	3,216	696
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	345,183	254,825	80,046	10,312
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	266,237	1	145,735
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,617	9	5,542
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 985,148		
	b Less: accumulated depreciation	10b 478,892	493,958	10c 506,256
	11 Investments—publicly traded securities	83,971	11	84,060
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	6,907	15	7,425
16 Total assets. Add lines 1 through 15 (must equal line 34)	865,690	16	749,018	
Liabilities	17 Accounts payable and accrued expenses	20,534	17	4,984
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,213	25	52,274
	26 Total liabilities. Add lines 17 through 25	46,747	26	57,258
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	681,179	27	608,811
	28 Temporarily restricted net assets	57,764	28	2,949
	29 Permanently restricted net assets	80,000	29	80,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	818,943	33	691,760
	34 Total liabilities and net assets/fund balances	865,690	34	749,018

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	216,237
2	Total expenses (must equal Part IX, column (A), line 25)	2	345,183
3	Revenue less expenses. Subtract line 2 from line 1	3	-128,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	818,943
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,763
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	691,760

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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 in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Allied Churches of Alamance County, Inc

Employer identification number

56-1553388

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☒ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2010. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Allied Churches of Alamance County, Inc

Employer identification number

56-1553388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,539	78,182	74,213	60,414	
b Contributions					
c Net investment earnings, gains, and losses	3,416	1,571	8,400	19,139	
d Grants or scholarships				0	
e Other expenditures for facilities and programs	2,149	3,888	4,110	5,017	
f Administrative expenses	164	326	321	323	
g End of year balance	76,642	75,539	78,182	74,213	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	910,689	434,759	475,930
c Leasehold improvements	0	0	0	0
d Equipment	0	74,459	44,133	30,326
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **506,256**

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Line of Credit	0
(3) Leases Payable	15,159
(4) Accrued Expenses & Withholdings	29,698
(5) Due to Endowment Fund	7,417
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	52,274

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	216,237
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	345,183
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-128,946
4	Net unrealized gains (losses) on investments	4	1,763
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,763
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-127,183

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	217,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,763
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-583
e	Add lines 2a through 2d	2e	1,180
3	Subtract line 2e from line 1	3	216,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	216,237

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	344,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	344,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	583
c	Add lines 4a and 4b	4c	583
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	345,183

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII Line 2d Unrealized gain on investments.

Part XIII Line 4b Disposal of assets, non-cash loss.

Part XIV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Allied Churches of Alamance County, Inc

Noncash Contributions

►Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
►Attach to Form 990.

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Employer identification number

56-1553388

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Van)	X	1	2,603	Blue Book
26 Other ► (Equipment)	X	28	2,147	Thrift Value
27 Other ► ()		0	0	
28 Other ► ()		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28
that it must hold for at least three years from the date of the initial contribution, and which is not
required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell
noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is
checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text on the page.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Allied Churches of Alamance County, Inc

Employer identification number

56-1553388

Form 990 Part VI Section B Line 11b The organization is not required to file Form 990,

although it is formally reviewed by the governing body at a regularly scheduled board meeting.

Form 990 Part VI Section C Line 19 Copies are available upon request.

Form 990 Part XI Line 5 Unrealized gain on investments

Employer identification number

56-1553388

[illegible]

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Allied Churches of Alamance County, Inc	Business or activity to which this form relates 990	Identifying number 56-1553388
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	19,659
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,324

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	13,198
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		12,268	5	HY	S/L	614
c 7-year property		4,788	7	HY	S/L	172
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	3/16/2012	13,070	39 yrs.	MM	S/L	98
				MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	441
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	19,847
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
1990 Ford Renger	9/30/2010	100.00%	4,000	4,000	5	S/L - HY	311		
Hi top Van	2/28/2012	100.00%	2,603	2,603	5	S/L - HY	130		
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	441	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicle

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employee See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Part X, Line 15 (990) - Other Assets

6,907 7,425

	Description	Beginning	End
1	Other receivables	0	0
2	Sales tax refunds	6,907	7,425
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X, Line 25 (990) - Other Liabilities

26,213

52,274

Description		Beginning	End
1	Federal income taxes		
2	Line of Credit	0	
3	Leases Payable	15,912	15,159
4	Accrued Expenses & Withholdings	1,870	29,698
5	Due to Endowment Fund	8,431	7,417
6			
7			
8			
9			
10			
11			
12			
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14			
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16			
17			
18			
19			
20			
21			

Assets by Classification - 990

6/30/2012 Allied Churches of Alliance County, Inc 56-1553388

em	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2011 Deprec.	2011 Accum. Deprec.
10.	***** indicates DISPOSED															

LT Software (qual 179 property)

IDS Nonprofit Software	1/4/1999	F-1	100.00%		1,010	0	0	0		1,010	5	SL	HY	1,010	0	1,010
Software	1/13/1999	F-1	100.00%		910	0	0	0		910	5	SL	FM	910	0	910
Software Conversion	9/13/1999	F-1	100.00%		1,257	0	0	0		1,257	5	SL	HY	1,257	0	1,257
Total: 3-yr Computer software (qualified 179 property)					3,177	0	0	0	0	3,177				3,177	0	3,177

LT Computers (not listed)

** Computer Outlet Install	2/12/1999	F-5	100.00%		300	0	0	0		300	5	SL	HY	300	0	300
** Printer	7/13/1999	F-5	100.00%		325	0	0	0		325	5	SL	HY	325	0	325
** Computer Buyout from (11/15/2003	F-5	100.00%		944	0	0	0		944	5	SL	HY	881	32	913
** Network-Omniview KVM	11/23/2003	F-5	100.00%		980	0	0	0		980	5	SL	HY	882	49	931
** Computer Equipment	11/26/2003	F-5	100.00%		9,678	0	0	0		9,678	4	SL	HY	8,671	504	9,175
** Dell Computers (6)	8/22/2005	F-5	100.00%		6,694	0	0	0		6,694	5	SL	HY	6,694	0	6,694
18 Dell Computer	8/22/2005	F-5	100.00%		953	0	0	0		953	5	SL	HY	953	0	953
112 Computer Equipment	7/1/2006	F-5	100.00%		14,982	0	0	0		14,982	5	SL	HY	14,980	1	14,981
Laptop-admin	3/10/2008	F-5	100.00%		554	0	0	0		554	5	SL	HY	388	33	421
1S Desktop & Laptop	4/30/2012	F-5	100.00%		1,784	0	0	0	0	1,784	5	SL/GDS	HY	0	89	1,873
3K Desktop	4/30/2012	F-5	100.00%		852	0	0	0	0	852	5	SL/GDS	HY	0	43	895
3M 4 Desktops & 1 Laptop	4/30/2012	F-5	100.00%		4,340	0	0	0	0	4,340	5	SL/GDS	HY	0	217	4,557
3C 3 Desktops	4/30/2012	F-5	100.00%		2,556	0	0	0	0	2,556	5	SL/GDS	HY	0	128	2,684
Server/backup	5/15/2012	F-5	100.00%		2,736	0	0	0	0	2,736	5	SL/GDS	HY	0	137	2,873
Total: 5-yr Computers and peripherals (not listed property)					47,678	0	0	0	0	47,678				34,074	1,233	35,307

LT Office mach. (data handling)

38 Clinical Alco-Sensor	2/21/2003	F-6	100.00%		470	0	0	0	0	470	5	SL	HY	470	0	470
Total: 5-yr Office machinery (data-handling equipment, except					470	0	0	0	0	470				470	0	470

LT Genl purp tools, mach, equip

19 Air Conditioner	7/20/1990	F-10	100.00%		8,000	0	0	0		8,000	10	SL	HY	8,000	0	8,000
1 Signs	12/31/1992	F-10	100.00%		3,674	0	0	0		3,674	10	SL	HY	3,674	0	3,674
19 Chair Caddy	1/26/1999	F-10	100.00%		325	0	0	0		325	7	SL	HY	325	0	325
5 Compressor/Lobby	7/1/1999	F-10	100.00%		896	0	0	0	0	896	10	SL/ADS	HY	629	0	1,525
Paper Folding Machine	1/1/2000	F-10	100.00%		800	0	0	0		800	5	SL	HY	800	0	800
2 Data Line installation	3/13/2000	F-10	100.00%		636	0	0	0		636	7	SL	HY	636	0	636
2 Wiring Installation-Network	2/5/2001	F-10	100.00%		815	0	0	0		815	7	SL	HY	815	0	815
30 Steam Table	3/1/2001	F-10	100.00%		2,378	0	0	0		2,378	7	SL	HY	2,378	0	2,378
5 Fire Suppression Sys	12/6/2002	F-10	100.00%		1,285	0	0	0	0	1,285	15	SL/GDS	HY	780	39	819
6 Sewer Lines Repairs	12/31/2002	F-10	100.00%		2,338	0	0	0		2,338	10	SL	HY	2,106	77	2,183
3 Library	12/31/2003	F-10	100.00%		4,665	0	0	0		4,665	7	SL	HY	4,329	0	4,329
105 Refrigerator-VR2 Reach In	3/30/2004	F-10	100.00%		2,100	0	0	0		2,100	7	SL	HY	2,100	0	2,100
6 Roof Repair & Painting	3/31/2004	F-10	100.00%		7,664	0	0	0		7,664	7	SL	HY	7,664	0	7,664
03 Roof Repair/Painting/McCl	3/31/2004	F-10	100.00%		15,041	0	0	0		15,041	7	SL	HY	15,041	0	15,041
04 Kitchen Repair-BurstPipes	3/31/2004	F-10	100.00%		2,843	0	0	0		2,843	7	SL	HY	2,843	0	2,843
4 Air Conditioner	7/27/2005	F-10	100.00%		1,095	0	0	0		1,095	7	SL	HY	1,014	27	1,041
1 Gas Hot Water System	5/1/2006	F-10	100.00%		6,456	0	0	0		6,456	7	SL	FM	5,225	461	5,686
2 Plumbing System	10/5/2006	F-10	100.00%		7,296	0	0	0		7,296	7	SL	FM	5,471	521	5,992
31 Sentry Alarm System	1/8/2008	F-10	100.00%		1,742	0	0	0		1,742	7	SL	HY	871	97	968
17 Champion Dishwasher-cor	2/18/2008	F-10	100.00%		9,283	0	0	0		9,283	7	SL	HY	4,641	516	5,197
106 Amer Range Convect Over	9/23/2008	F-10	100.00%		4,015	0	0	0	0	4,015	10	SL/ADS	FM	1,569	201	1,770
2 Outside Lighting	5/2/2009	F-10	100.00%		1,157	0	0	0	0	1,157	7	SL/GDS	FM	440	83	520

Assets by Classification - 990

em	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2011 Deprec.	2011 Accum. Deprec.
**** indicates DISPOSED																
17	mChampion Dishwasher-corr	10/1/2009	F-10	100.00%	1,445	0	0	0	0	1,445	7	SL/GDS	FM	464	103	
33	2 GE washers/install now	3/1/12010	F-10	100.00%	1,055	0	0	0	0	1,055	7	SL/GDS	HY	227	64	
18	Refrigerator stainless steel	3/23/2010	F-10	100.00%	450	0	0	0	0	450	7	SL/GDS	HY	96	27	
19	Sink/disposal/connect	8/18/2010	F-10	100.00%	822	0	0	0	0	822	7	SL/GDS	HY	176	50	
3K	Dishwasher Motor	9/13/2011	F-10	100.00%	1,459	0	0	0	0	1,459	7	SL/GDS	MQ3	78	99	
3K	Refrigerator 3 door 72 cu	11/28/2011	F-10	100.00%	3,936	0	0	0	0	3,936	7	SL/GDS	HY	281	281	
1S	Bunk beds *18	12/15/2011	F-10	100.00%	540	0	0	0	0	540	7	SL/GDS	MQ4	10	38	
	Security system	2/25/2012	F-10	100.00%	2,873	0	0	0	0	2,873	7	SL/GDS	HY	0	103	
3K	Freezer new motor	6/20/2012	F-10	100.00%	915	0	0	0	0	915	7	SL/GDS	HY	0	33	
Total: 7-yr General purpose tools, machinery, and equipment					100,199	0	0	0	0	100,199				73,442	2,977	76,419

Office furn, fixtures, equip																
27	Blinds	8/28/1991	F-11	100.00%	626	0	0	0	0	626	7	SL	HY	626	0	
20	Shelving	11/30/1991	F-11	100.00%	1,113	0	0	0	0	1,113	10	SL	HY	1,113	0	
	Sofa, Chairs, Table Lamp	12/23/1991	F-11	100.00%	1,795	0	0	0	0	1,795	10	SL/ADS	HY	1,795	0	
	Sofa & Table	12/23/1991	F-11	100.00%	721	0	0	0		721	10	SL	HY	721	0	
	Bulletin Board	6/25/1992	F-11	100.00%	64	0	0	0		64	5	SL	HY	64	0	
	Machine Stands	11/30/1992	F-11	100.00%	69	0	0	0		69	5	SL	HY	69	0	
	Bulletin Board	12/22/1992	F-11	100.00%	72	0	0	0		72	5	SL	HY	72	0	
	Conference Table	5/31/1993	F-11	100.00%	148	0	0	0	0	148	7	SL	HY	148	0	
	Plexiglass Display	10/31/1993	F-11	100.00%	755	0	0	0	0	755	7	SL	HY	755	0	
38	Shelter Bunk Beds	10/31/1997	F-11	100.00%	1,050	0	0	0	0	1,050	10	SL	HY	1,016	0	
	Folding Tables	2/10/1999	F-11	100.00%	90	0	0	0	0	90	5	SL	HY	90	0	
39	5 Folding Tables	2/29/2000	F-11	100.00%	425	0	0	0	0	425	7	SL	HY	425	0	
	2 Folding Tables	2/29/2000	F-11	100.00%	196	0	0	0	0	196	7	SL	HY	196	0	
77	Laundry Cabinets	5/26/2000	F-11	100.00%	230	0	0	0	0	230	7	SL	HY	230	0	
	Executive Office Chair	6/3/2000	F-11	100.00%	199	0	0	0		199	7	SL	HY	199	0	
8	Kitchen Floor/Tile Imp	7/24/2000	F-11	100.00%	3,429	0	0	0	0	3,429	15	SL/GDS	HY	2,613	91	
7	Copier-Graham Office	8/28/2003	F-11	100.00%	466	0	0	0		466	5	SL	HY	450	0	
6	Nexus Phone System	10/1/2005	F-11	100.00%	7,084	0	0	0	0	7,084	5	SL	FM	7,084	0	
1	Cubicles-Graham Office	10/19/2005	F-11	100.00%	275	0	0	0	0	275	7	SL	HY	254	7	
3	Furniture & Equipment	7/1/2006	F-11	100.00%	32,889	0	0	0	0	32,889	7	SL	HY	26,844	1,409	
3	Office Equipment	7/1/2006	F-11	100.00%	16,160	0	0	0	0	16,160	7	SL	HY	12,699	692	
8	Imagistics Copier	8/22/2007	F-11	100.00%	21,920	0	0	0	0	21,920	7	SL/GDS	FM	13,829	1,566	
34	70 mattresses now 50	10/8/2010	F-11	100.00%	1,000	0	0	0	0	1,000	7	SL/GDS	HY	214	60	
m	Sharp copier	9/7/2011	F-11	100.00%	16,789	0	0	0	0	16,789	7	SL/GDS	MM	700	1,341	
3K	Stackable chairs	11/30/2011	F-11	100.00%	555	0	0	0	0	555	7	SL/GDS	MQ4	10	39	
1S	25 Bunk beds w/mattresse	6/22/2012	F-11	100.00%	1,000	0	0	0	0	1,000	7	SL/GDS	HY	0	36	
Total: 7-yr Office furniture, fixtures and equipment					109,120	0	0	0	0	109,120				71,216	5,241	76,867

Electric transmission property																
5	Generator	2/3/2007	F-17	100.00%	25,000	0	0	0	0	25,000	15	SL	HY	7,501	761	
Total: 15-yr Electric transmission property					25,000	0	0	0	0	25,000				7,501	761	8,262

Land improvements																
6	Building Impl/Landscaping	3/13/2000	R-2	100.00%	242	0	0	0	0	242	7	SL	HY	242	0	
Total: 15-yr Land improvements					242	0	0	0	0	242				242	0	

Nonresidential real estate																
9	ACAC Building	11/1/1991	R-5	100.00%	497,366	0	0	0	0	497,366	40	SL/GDS	MM	250,761	6,165	
0	Parson	11/30/1992	R-5	100.00%	49,028	0	0	0	0	49,028	40	SL/GDS	MM	23,242	609	

Assets by Classification - 990

6/30/2012 Allied Churches of Alamance County, Inc 56-1553388

em	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2011 Deprec.	2011 Accum. Deprec.
2	Bathroom Renovations	12/31/1996	R-5	100.00%	9,581	0	0	0	0	9,581	40	SL/GDS	MM	3,616	119	3,735
15	Kitchen Renovations	12/16/1998	R-5	100.00%	12,751	0	0	0	0	12,751	40	SL/GDS	MM	4,146	159	4,305
15	Plumbing repairs	5/13/2011	R-5	100.00%	2,723	0	0	0	0	2,723	39	SL/GDS	MM	44	35	4,349
9	ACAC Building renovation:	12/31/2011	R-5	100.00%	120,843	0	0	0	0	120,843	39	SL/GDS	MM	129	1,589	1,718
	ACAC renovations	3/16/2012	R-5	100.00%	13,070	0	0	0	0	13,070	39	SL/GDS	MM	0	98	1,816
Total: 39-yr Nonresidential and commercial real estate					705,262	0	0	0	0	705,262				282,038	8,774	290,812

LT Qual nonpersonal use veh																
2	LME Van	5/7/2007	V-2	100.00%	4,100	0	0	0	0	4,100	5	SL	HY	3,690	137	3,827
10	2002 Pontiac Bonneville	3/15/2011	V-2	100.00%	2,220	0	0	0	0	2,220	5	150DB	HY	333	283	2,553
Total: 5-yr Qualified nonpersonal use vehicles					6,320	0	0	0	0	6,320				4,023	420	4,443

LT Truck, van, auto on trk chassis																
10	1990 Ford Renger	9/30/2010	V-7	100.00%	4,000	0	0	0	0	4,000	5	SL/GDS	HY	1,200	311	1,511
	Hi top Van	2/28/2012	V-7	100.00%	2,603	0	0	0	0	2,603	5	SL/GDS	HY	0	130	1,641
Total: 5-yr Light trucks, vans, and autos built on a truck chass					6,603	0	0	0	0	6,603				1,200	441	1,641

SubTotals																
Less: Disposed Assets					1,004,071	0	0	0	0	1,004,071				477,383	19,847	497,228
Ending Totals					(18,921)	0	0	0	0	(18,921)				(17,753)	585	18,338
					985,150	0	0	0	0	985,150				459,630	19,262	478,912

Allied Churches of Alamance County Board of Directors 2011-2012

Position	Name/Address
President (Executive Committee) Chair - Shelter Relations & Personnel Committee	Greg Seel 206 N. Fisher St. Burlington, NC 27217
1 st Vice-President (Executive Committee) Chair –Building & Grounds & Finance Committee Member	Bob Hair Retired 206 N. Fisher St. Burlington, NC 27217
2 nd Vice-President (Executive Committee) Chair – Church Involvement Committee	Rev. L. Alan Sasser 206 N. Fisher St. Burlington, NC 27217
3 rd Vice-President (Executive Committee) Chair – Finance Committee	William Austin Financial Advisor, Edward Jones 206 N. Fisher St. Burlington, NC 27217
4 th Vice-President (Executive Committee) Chair – Development Committee & Member of Shelter Relations Committee	Lois Priest 206 N. Fisher St. Burlington, NC 27217
Secretary (Executive Committee) Development Committee	Carolyn Christmas 206 N. Fisher St. Burlington, NC 27217
Treasurer (Executive Committee) Building & Grounds / Finance Committees	Bill Dishner 206 N. Fisher St. Burlington, NC 27217

**Allied Churches of Alamance County
Board of Directors
2011-2012**

Director Chair – Nominating Committee	Jenna Johnson 206 N. Fisher St. Burlington, NC 27217
Director Chair – Kitchen Committee	Connie Martin 206 N. Fisher St. Burlington, NC 27217
Director Development Committee Member	Robin Wintringham 206 N. Fisher St. Burlington, NC 27217
Director Development Committee Member	Missy Flora 206 N. Fisher St. Burlington, NC 27217
Director Personnel Committee Member	Roselee Papandrea 206 N. Fisher St. Burlington, NC 27217
Director Personnel Committee Members	Ed & Rene Burgess 206 N. Fisher St. Burlington, NC 27217